THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS
MODIFIED ESSAY PAPER
2022 – MODEL ANSWERS

Written by the NSW Branch Training Committee and
the Health, Education and Training Institute for Higher Education, and
adapted for use in NZ by the NZ Training Committee

Note that these Mock Writtens papers are produced by local psychiatrists and academics 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 (login to college site first)

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. It's best to aim for well above 50% (60-65% is safer), to allow for that in the actual exam.

MODIFIED ESSAY QUESTION 1 (23 marks)

You are a junior consultant psychiatrist providing consultation-liaison services in a small District Hospital. Your registrar has been asked to see Mr Green, an 85 year old retired bus driver, regarding his failure to engage with rehabilitation after repair of a right-sided fractured neck of femur. Mr Green was admitted to hospital a week ago following a fall after ingesting over thirty 5mg Diazepam tablets. Mr Green usually lives independently in a retirement village. His only family is a 90 year old brother who lives in another city and suffers from dementia. Mr Green was prescribed the Diazepam to assist with sleep after his wife died six months ago.

Question 1.1 (8 marks)

Outline (list and justify) the most salient aspects of assessment that you would like the registrar to focus on.
Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Assessment of Depressive Symptoms associated with older adults – to clarify diagnosis/risks: - Sleep disturbance and sleep pattern - Fatigue, - Psychomotor retardation - Loss of interest in living - Hopelessness - Memory and concentration problems - Weight and appetite changes	2	0 1 2
B.	Assessment of symptoms commonly associated with grief – to clarify diagnosis/risks: - Preoccupation with his wife - Longing for his wife - Missing his wife - Seeking or avoiding reminders of his wife - Guilt about what he did or did not do for his wife	2	0 1 2
C.	Past Psychiatric History: earlier experience of depression increases risk of later life depression	1	0 1
D.	Recent and Past Medical History: pain, hypothyroidism, medications, any other recent illness associated with depression or lethargy	1	0 1
E.	Recent Functioning – to clarify his needs and risks, and as this may be a consequence and/or cause of depressive symptoms: - ADL/ IADL functioning (instrumental activities of daily living) - Social functioning	1	0 1
F.	Mental State Examination – to clarify diagnosis/risks: - Level of engagement and rapport - symptoms/signs of depression, mania, anxiety, psychosis, current intoxication	2	0 1 2
G.	Cognitive function – to clarify diagnosis/risks: - Cognitive screening results - Features or pattern of cognitive changes	1	0 1
H.	Cerebral imaging – to clarify diagnosis: Looking for focal/Generalised atrophy; cerebrovascular changes; lack of these	1	0 1
I.	Laboratory investigations – to clarify diagnosis: FBC, TFT, Urea Electrolytes & Creatinine (as differentials include physical illnesses such as anaemia, thyroid disease, hyponatraemia)	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
		Up to a maximum of 8 marks in total TOTAL:	

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

Modified Essay Question 1 contd.

After the initial assessment, the registrar is considering a diagnosis of grief versus Major Depression for Mr Green.

Question 1.2 (3 marks)

Outline (list and justify) other differential diagnoses that could be considered for Mr Green.

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

		worth	mark (circle)
A.	Adjustment Disorder – as his low mood followed the death of his wife and the stress of his injury	1	0 1
B.	Dementia/cognitive impairment – always needs to be considered in his age group, eg. did he accidentally take too many tablets?	1	0 1
C.	Substance use/withdrawal – a concern due to him taking diazepam tablets	1	0 1
D.	Pain i.e. suboptimal analgesia – could account for him being unable to engage with rehabilitation	1	0 1
E.	Demoralisation – could account for him being unable to engage with rehabilitation; he's been through many stressors and losses	1	0 1
F.	Physical illness – must be considered given his age and physical state	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
	Up to a maximum of 3 marks in total TOTAL:		

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

Modified Essay Question 1 contd.

It is now clear that Mr Green has a melancholic Major Depression complicated by grief. He has pervasive anhedonia, early morning wakening, constipation and a sense of a foreshortened future. He does not believe he can walk again. Your registrar has proposed a management plan for Mr Green.

Question 1.3 (6 Marks)

Describe (list and explain) the key elements of the management plan you would like the registrar to focus on.

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

		worth	mark (circle)
A.	Risk management: • Need for ongoing reassessment to monitor risks and adjust management • Managing his risk of suicide/self-harm – monitoring this, supports, observations, effective treatment, instillation of hope • Managing risks from declining physical health – physical treatment and support, ongoing investigations, management of disability • Managing other risks – financial, reputation, loss of accommodation (interventions would depend on the situation eg. involve social worker, OT)	3	0 1 2 3
B.	Antidepressant (any first line agent, not a TCA or MAOI) – need an effective antidepressant with an appropriate safety profile in older patients	1	0 1
C.	Adjunctive or alternative treatment (eg. lithium, antipsychotic, ECT if there's failure to respond or a further decline in his mental state) – to ensure the treatment of his depression is effective	2	0 1 2
D.	Psychological interventions (eg. CBT, supportive psychotherapy, grief counselling) – to ensure the treatment of his depression is effective, for rehabilitation, and to assist him with his grief	1	0 1
E.	Continuing or resuming his physical rehabilitation (eg. adapting it by setting smaller steps in goals, connecting physical goals to his lifestyle or personal goals) – as rehabilitation is essential to his recovery and quality of life	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
	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.

After one week of antidepressant therapy there has been no change in Mr Green's engagement with rehabilitation and his treating team are recommending that he be discharged to residential aged care.

Question 1.4 (6 Marks)

Outline (list and justify) appropriate actions that you might undertake to support Mr Green as the consulting psychiatrist.

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

		worth	mark (circle)
A.	Psychoeducation of treating team – so as to educate/inform them regarding his condition/prognosis/timeline of response to treatment	2	0 1 2
B.	Advocate for his continued stay in rehabilitation ward – as effective treatment will take more time	1	0 1
C.	Explore suitability for management in an older person's mental health ward – as a possible alternative to further treat his depression	1	0 1
D.	Offer to increase the frequency/intensity of psychiatry input – to support the rehabilitation ward staff	1	0 1
E.	Seek access for Mr Green to an independent advocate – to support his right to appropriate and adequate treatment	1	0 1
F.	Clarify Mr Green's capacity and need for an independent consent provider – to support him in making appropriate treatment and care choices	2	0 1 2
	Did not attempt		
	Did handwriting affect marking?		
		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 (24 marks)

You are a junior consultant psychiatrist working in a community mental health clinic in a regional town. Your patient, Hemi, is a 41 year old unemployed Māori man who is separated from his partner. They have a 7 year old son, whom he sees fortnightly. He currently lives alone in a private rental unit owned by his elderly parents who live nearby. Hemi was admitted to the local public hospital a year ago after he threw himself in front of a bus due to constant derogatory auditory hallucinations. He sustained multiple injuries requiring surgery. Hemi was discharged from hospital on Paliperidone depot which was changed to oral Olanzapine in the community due to a lack of therapeutic response. Six months ago, Hemi was readmitted for three weeks for a Clozapine trial due to ongoing psychotic symptoms. He still experiences auditory hallucinations, although they have significantly reduced since he started Clozapine.

Question 2.1 (12 marks)

Outline (list and justify) the key factors you would consider while completing a risk assessment for Hemi.

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

		worth	mark (circle)
A.	Historical and static risk factors: (as past and ongoing risks can predict current/future risks) - Male (higher actuarial risk) - Past high-lethality suicide attempt - Previous violence - History of instability in relationships - History of treatment resistant psychotic illness - Possible maladaptive personality traits - Possible cognitive deficits from schizophrenia	4	0 1 2 3 4
B.	Clinical factors: (contribute to current day-to-day risks) - Residual psychotic symptoms - Possible impairment of insight and judgement - Mood & self-esteem changes from stigma and sequelae of long-term psychotic illness - Chronic pain or disability after his suicide attempt - Potential for side effects due to clozapine	4	0 1 2 3 4
C.	Psychosociocultural factors: (contribute to his stressors and thus risks) - Low socioeconomic status - Lack of a meaningful occupation - Relative social isolation and lack of confiding relationships - Limited access to services and supports - Possible cultural alienation exacerbated by his psychiatric diagnosis - Cultural beliefs around mental illness and its management	4	0 1 2 3 4
D.	Protective factors: (important to factor mitigating issues into any risk assessment) - Contact with his son is a positive factor - His son may be an impetus to find work (to provide for son and act as a role model) - Past treatment adherence (i.e. medication and follow-up) - No evidence of past substance use	3	0 1 2 3
	Did not attempt		
	Did handwriting affect marking?		
		Up to a maximum of 12 marks in total TOTAL:	

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

Modified Essay Question 2 contd.

Question 2.2 (6 Marks)

Outline (list and justify) strategies to optimise Hemi's clozapine treatment.

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

		worth	mark (circle)
A.	Optimisation of clozapine itself – important to ensure levels are optimal for best therapeutic efficacy, while reducing risk of adverse effects: - Explore helping him with smoking cessation - Clozapine serum levels to check adherence, optimise dose, avoid toxicity - Check clozapine/norclozapine ratio; optimise it to improve efficacy - Cautiously consider adding metabolic inhibitors (e.g. Fluvoxamine)	4	0 1 2 3 4
B.	Adjuncts to clozapine therapy – strategies to enhance clozapine's efficacy: - Augment with a second antipsychotic medication - Consider use of mood stabiliser and/or antidepressant to treat any mood disturbance - Consider psychotherapeutic interventions such as CBT or ACT - Consider ECT	4	0 1 2 3 4
	Did not attempt		
	Did handwriting affect marking?		
	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 2 contd.

Hemi feels he is a failure as he has been trying to re-establish employment as a kitchen hand, without success. A recent application for work rehabilitation funding was declined due to Hemi not meeting the criteria. He still experiences chronic pain and is unable to do tasks requiring physical strength due to his injuries. Hemi feels that he is not a good role model for his son as he doesn't have a job.

Question 2.3 (6 Marks)

Describe (list and explain) how you would address Hemi's current concerns.

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

		worth	mark (circle)
A.	Optimise his symptom control – as his real, ongoing physical and mental health disabilities are hampering his rehabilitation and demoralising him: - Optimise or augment the pharmacological management of any residual psychotic or mood symptoms - Address any clozapine-induced side effects impacting his function - Arrange psychotherapy in the community (eg. CBT for psychosis &/or for low mood) - Referral to pain specialist &/or to orthopaedic specialist and physiotherapist	4	0 1 2 3 4
B.	Arrange socio-cultural supports – he's fairly isolated and lacks supports: - Attempt to engage Hemi's parents &/or ex-partner in his treatment plan - Arrange OT input to support him in reapplying to the work rehab service and to link him with any available mental health rehab services, NGOs, etc. - Refer him for peer support (eg. a community support worker) - Refer him to the local Māori cultural support team or cultural worker	4	0 1 2 3 4
	Did not attempt		
	Did handwriting affect marking?		
	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 (28 marks)

You are a junior consultant psychiatrist covering the Emergency Department of a metropolitan hospital. Tim is a 42 year old man who is serving a 25 year sentence after being convicted for the murder of his father. He has a diagnosis of mild intellectual disability and while in prison, was diagnosed with schizophrenia seven years ago. Tim is treated with Zuclopenthixol Decanoate 400mg IMI every 2 weeks and Quetiapine 400mg PO nocte. He has remained stable on these medications but due to a weight gain of 15 kgs over recent years, his treating team reduced and ceased the Quetiapine.

Approximately three months after the cessation of Quetiapine, the prison guards report that Tim is increasingly paranoid and hostile. He is reassessed by a forensic psychiatrist in prison, who orders Zuclopenthixol Acetate 150 mg as a stat dose. Tim continues to deteriorate, refusing any oral intake and becoming incontinent of urine and faeces, prompting his transfer to the medical wing. The next morning, nursing staff find him with a reduced Glasgow Coma Scale (GCS) of 12, prompting an urgent transfer to the nearby Emergency Department. His observations at triage are: Heart rate 105 bpm, Blood pressure 135/85 mm Hg, Temperature 37.9 degrees C, Respiratory rate 15 bpm.

You attend the Emergency Department with your registrar to assess Tim.

Question 3.1 (9 marks)
Outline (list and justify) the key information you wish to gain in your initial assessment of Tim.
Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Past Medical History (as he sounds to have an organic condition, possibly NMS): – Any falls, head injuries, assaults, bleeding, urinary symptoms, GI or respiratory symptoms, etc. – Clarify medical history and any other medications he's on that may have predisposed to NMS	2	0 1 2
B.	Collateral History (regarding his past and recent history and to help clarify differentials): – from the prison: nursing observations from prison, and information from the prison doctor or forensic psychiatrist about his recent symptoms, functioning, medications, Hx of poor oral intake – from his family: anything observed on visits about his symptoms, his usual level of functioning – esp. looking for any Hx of mental state changes, behavioural changes, changes to eating, sleep, fluid intake, any agitation or aggression, catatonic symptoms eg. Bush Francis Catatonia scale	3	0 1 2 3
C.	Drug and alcohol history (to rule out differentials): evidence of access and use in prison; of what?	1	0 1
D.	MSE – esp. observation/examination (looking for organicity esp. NMS & to clarify differentials): - Catatonia/NMS: look for stupor, mutism, staring, posturing, grimacing, echolalia/echopraxia, stereotypy, mannerisms, verbigeration, rigidity, negativism, waxy flexibility, withdrawal, agitation - NMS: look for muscle rigidity, increased tone, skin colour change, salivation - Delirium/NMS: attempt to assess for confusion, disorientation, reduced level of consciousness - Any other signs/symptoms of Psychosis or Mood Disorder if possible to assess for those	4	0 1 2 3 4
E.	Physical observations (regarding NMS differential diagnosis): repeat his vital signs looking for tachycardia, fever, hypertension, autonomic instability. Also look for signs of dehydration	2	0 1 2
	Did not attempt		
	Did handwriting affect marking?		
		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 3 contd.

Tim is mute and uncooperative with your assessment. Your registrar attempts to conduct a physical examination and reports that Tim is rigid. However, Tim tries to hit the registrar and the physical examination attempt is terminated. The Emergency Department decide to administer 5mg IMI Midazolam to facilitate taking blood for investigations.

Question 3.2 (5 marks)

List the most relevant investigations you would want ordered for Tim.

		worth	mark (circle)
A.	Bloods – to clarify and determine the severity of any NMS: Creatinine Kinase – elevated in NMS, rhabdomyolysis Full Blood Count – elevated white count suggests infection or NMS Urea Electrolytes & Creatinine – assess for renal failure	3	0 1 2 3
B.	ECG – look for tachycardia, cardiac dysfunction	1	0 1
C.	CT or MRI Brain – to rule out acute processes	1	0 1
D.	Discussion around need for a lumbar puncture – not necessarily required, but maybe to rule out an autoimmune condition or other encephalitis	1	0 1
E.	Urine MCS – to rule out infection, check renal functioning	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
	Up to a maximum of 5 marks in total TOTAL:		

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

Modified Essay Question 3 contd.

You check the blood tests and find them unremarkable except for a white cell count of 11.5 (normal range 3-11), C-reactive protein of 23 (normal <5), Creatinine kinase of 1250 (normal 45-250). Other investigations cannot be carried out due to Tim's level of agitation. You advocate for a medical admission as Tim cannot be safely returned to prison. However, no medical team wishes to admit him, arguing that "the prisoner clearly only has mental health problems as his bloods are fine. He should just be managed by psychiatry."

Question 3.3 (14 marks)

Describe (list and explain) your approach to this situation and your management plan.

Please note: a list without explanation will not receive any marks.

		worth	mark (circle)
A.	Request an urgent MDT meeting and educate staff about Tim's diagnoses, risks, and ongoing risk from Acuphase on top of Zuclopenthixol Decanoate so his NMS won't improve rapidly	2	0 1 2
B.	Advocate for Tim, manage the stigma. He needs a medical setting due to his life-threatening illness and risk, i.e. ICU or an acute medical ward. CL psychiatry will be closely involved with daily reviews of physical and mental health symptoms	2	0 1 2
C.	Liaise with hospital clinicians such as the Nursing Coordinator, Social Worker, OT, Physio – eg. Nursing Coordinator re his nursing care, Social Worker to support his mother and other family, ensure he has Physio to maintain joint and muscle function as needed	2	0 1 2
D.	Ensure daily bloods for Creatinine Kinase	1	0 1
E.	Ensure close observations (as he has a life-threatening illness): eg. consider 1:1 or frequent nursing observations (at least every 15 min initially)	1	0 1
F.	Medication – (to ameliorate and not worsen the NMS) – Stop antipsychotics & avoid any further antipsychotics. Unfortunately the depot's still in him – Lorazepam trial for catatonia (IV preferably as IMIs may elevate CK) – Consider other muscle relaxants such as dantrolene – Consider dopamine agonist such as bromocriptine	3	0 1 2 3
G.	Ensure ward team closely monitors and manages his vitals: (he's seriously ill) – Treat hyperthermia, i.e. cooling. – Food and fluid intake chart with probable IV fluids – If NMS is prolonged consider parenteral feeding	2	0 1 2
H.	Consider urgent ECT as a treatment option (it treats NMS, catatonia & underlying psychosis)	1	0 1
I.	Consider the legal issues (re consent, & he may anyway have had reduced capacity) – Mental Health Act and 2nd opinion for any ECT – Possibly PPPR Act - eg. for aspects of medical treatment if family don't have an EPOA	2	0 1 2
J.	Liaise with prison/forensic clinicians (need to plan future care and he cannot have the depot again so he will likely need an olanzapine or clozapine trial) – to update them on Tim's condition and plan further treatment and his eventual discharge – maybe future transfer to Forensic facility if clozapine's needed (legalities may be complex)	2	0 1 2
	Did not attempt		
	Did handwriting affect marking?		
		Up to a maximum of 14 marks in total TOTAL:	

Note to Examiners: Final mark is set at not more than 14. (i.e. if they score more, final mark is still 14)

MODIFIED ESSAY QUESTION 4 (25 marks)

You are working as a junior consultant psychiatrist in an outpatient clinic in a metropolitan city. A local General Practitioner (GP) has referred a patient, Lara, a 25 year old single woman in a clerical job, for review and advice. Lara has a diagnosis of low mood and of alcohol use disorder. She has just been charged with driving under the influence with a mid-range level of alcohol. This is her second such charge and her lawyer has suggested she seek counselling and psychiatric review.

Question 4.1 (10 marks)

Describe (list and explain) the key aspects you would cover in your assessment of Lara's alcohol use disorder.

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

		worth	mark (circle)
A.	Lara's attitude to the referral and to counselling, her motivation to change and her expectations (This is crucial as it will influence engagement, rapport, treatment planning)	2	0 1 2
B.	Full substance use history, including severity of her alcohol dependency with any physical and psychosocial sequelae, plus any other substances used, or other dependency issues like gambling (Basic and essential, and will determine treatment)	3	0 1 2 3
C.	Psychiatric history and mental state (To assess her mood and for any other psychiatric disorders)	2	0 1 2
D.	Risk assessment (Essential - both re her substance use and also her mood)	2	0 1 2
E.	Full medical history (Not only regarding any sequelae of alcohol use)	1	0 1
F.	Personal history, social situation and supports (Basic and essential, and will determine treatment – often minimised but is crucial to outcome)	1	0 1
G.	Forensic history, current legal situation (Basic and essential, and will determine treatment)	1	0 1
H.	Assessment/examination regarding the physical and cognitive impacts of her alcohol use (Often minimised but crucial to outcome - also to plan any necessary investigations)	2	0 1 2
	Did not attempt		
	Did handwriting affect marking?		
		Up to a maximum of 10 marks in total TOTAL:	

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

Modified Essay Question 4 contd.

You arrange for Lara to receive outpatient alcohol withdrawal management and counselling via the local Community Alcohol And Drug Services. You review her two weeks later, at which time she is abstinent from alcohol and has been prescribed Acamprosate 666 mg TDS. Her mood has deteriorated but she is not suicidal and has no thoughts of self-harm. She explains that alcohol usually helps her escape from her feelings and that she does not know how to cope without it. She says she is tired of being "miserable all the time" and worries that she will end up like her mother who had "manic depression and a truckload of addictions."

Question 4.2 (8 marks)
Outline (list and justify) your differential diagnoses for Lara, other than alcohol use disorder.
Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Major depressive disorder (Common comorbid condition and vignette indicates tiredness and low mood – she may currently have a major depressive episode)	2	0 1 2
B.	Persistent depressive disorder (Common comorbid condition and vignette could indicate longer-term low mood)	2	0 1 2
C.	Alcohol induced mood disorder (Only two weeks since her last drink, so she may still be experiencing alcohol-related mood disturbance)	2	0 1 2
D.	Personality disorder (A common comorbid condition and the prompt indicates maladaptive coping mechanisms and risk-taking behaviour – recurrent DUIs. Also her mother might not have been able to nurture her adequately due to her own illness/addictions)	2	0 1 2
E.	Bipolar disorder (From the vignette her mother has bipolar disorder and Lara has longstanding mood problems so there could be a mood disorder with associated alcohol use)	1	0 1
F.	Adjustment Disorder (Her mood change might be caused by her legal issues)	1	0 1
G.	No mental illness (May be solely Alcohol Use Disorder – insufficient info to be sure of anything else yet)	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
		Up to a maximum of 8 marks in total TOTAL:	

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

Modified Essay Question 4 contd.

You review Lara after another four weeks and she remains abstinent from alcohol. Her mood has improved but she still feels low a lot of the time. You decide that Lara would benefit from an antidepressant trial but when you begin to discuss options she asks you to prescribe Quetiapine. She says that her counsellor told her that it could be helpful because she is "a bit borderline". She would like to know what this means and whether Quetiapine could be "the silver bullet" for her depression and alcohol dependence.

Question 4.3 (7 marks)

Describe (list and explain) your further management of Lara.

Please note that a list without explanation will not receive any marks.

		worth	mark (circle)
A.	Psychoeducation for Lara about borderline personality disorder and exploration of this: (A major question raised by the counsellor and clarity is needed.)	2	0 1 2
B.	Discuss her expectations for treatment and the indications for Quetiapine: (It's used off-label for management of emotional distress and for symptomatic management, or it could be used to augment her antidepressant if that's needed in the future.)	1	0 1
C.	Discuss your recommendations for Lara's treatment: (Combination of pharmacological, psychological and lifestyle interventions would be the most useful. Answers should mention relevant treatments, eg. - SSRI trial, possible adjunctive Quetiapine in future if needed, - Motivational interviewing &/or CBT with the counsellor and depending on the development of therapy, possibly future DBT or individual psychodynamic therapy in future. - lifestyle changes like healthy eating, adequate sleep, exercise, time spent with people who are a positive influence and don't use, new interests/hobbies, relaxation techniques, attend a support group, etc.)	4	0 1 2 3 4
D.	Liaise with the counsellor: (Important to establish a collaborative partnership and enable him to contact you as needed in future. Also need to discuss his clinical impression and Lara's working diagnosis. Also need to provide education about the role of medications like Quetiapine in treatment.)	2	0 1 2
E.	Liaise with Lara's GP about the treatment plan: (important to keep the GP informed)	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
	Up to a maximum of 7 marks in total TOTAL:		

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

MODIFIED ESSAY QUESTION 5 (25 marks)

You are a Junior Consultant Psychiatrist covering the Emergency Department (ED) of a small suburban hospital. The triage nurse gets a call in the morning from a local boarding school saying they are sending a 16 year old Māori girl, Mikayla, to the ED with one of their teachers. Mikayla is in the care of her great-grandmother who lives in a rural area. Child Protection Services are involved and she has a case manager. Mikayla saw the school counsellor today and said she was feeling suicidal. She has been prescribed Fluoxetine 20 mg daily by her General Practitioner which she apparently takes intermittently. Your Stage 1 registrar is planning to go to the ED to assess Mikayla and requests your guidance.

Question 5.1 (9 marks)
Outline (list and justify) what collateral information you would want the registrar to obtain to guide Mikayla's assessment.
Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Teachers – the teacher who accompanied her – is this her class teacher and does she know Mikayla well? Check the circumstances surrounding Mikayla being sent to ED. If it's not a teacher who knows her, liaise with her class teacher or any teacher at the school who Mikayla's close to	2	0 1 2
B.	School Counsellor– for current history, psychiatric history, whether any specialist input in the past, and any risk issues identified. Also check the school arrangements for storage and supervision of medication re whether Mikayla could access this, and the boarding house situation	1	0 1
C.	Great Grandmother (her legal carer) to ask about her cultural history, developmental history, family history (re intergenerational trauma), current problems and her level of support and coping	4	0 1 2 3 4
D.	Child Protection case worker – to check the circumstances around Mikayla's removal from parental care, current child protection arrangements and the support for her great grandmother. Who is her legal guardian?	2	0 1 2
E.	GP – contact the GP to clarify when the prescription was given and any medical issues or past history of which they're aware	1	0 1
F.	School Principal – to clarify whether Mikayla is able to return to the boarding school, and what the school expects from the assessment	1	0 1
G.	Any other health, mental health or cultural specialists/professionals involved	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
		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 5 contd.

The registrar calls you from ED saying that she has assessed Mikayla who has been stockpiling her Fluoxetine. Mikayla is unwilling to give details about where the medication is; she does not want admission and wants to go back to the boarding school. She says she is not suicidal anymore and is only holding the medication for a time when she might feel suicidal again. The teacher has had to leave to return to the school and the registrar has only been able to speak to Mikayla's great-grandmother by phone, who supports Mikayla's decision to be discharged.

Question 5.2 (8 marks)
Describe (list and explain) what further advice you would want to give the registrar regarding assessing Mikayla at the ED.

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

		worth	mark (circle)
A.	Engaging an adolescent – be non-judgmental, create a safe space to talk, explain confidentiality and the limits of confidentiality, explain that if no information's provided it will prolong the assessment. Be empathic that she may well have trust issues but explain our need to know where she has stockpiled any Fluoxetine before discharge can be considered	2	0 1 2
B.	Risk assessment – Discuss key aspects of Mikayla's risk assessment with the junior registrar: *Predisposing/underlying factors* Developmental, Personal and Family Hx, Trauma/abuse Hx, Medical Hx, Substance Use Hx, Hx of past self-harm or suicide attempts – esp. to clarify her temperament, any PTSD or attachment trauma, any exposure to domestic violence/abuse, parental mental illness or AOD use, or bullying. Check the reason she's in care, any environmental stressors. *Precipitating Factors* – recent AOD use, self-harm, grief/loss, transition/separation issues, emotional dysregulation, interpersonal issues, academic pressures, illness or sleep deprivation, suicidal intent or plans, access to means for suicide. *Perpetuating factors* – ongoing AOD use, poor medication compliance, PTSD symptoms, ongoing stressors, feelings of isolation, poor self-esteem, lack of support or lack of supervision *Protective Factors* – premorbid functioning, response to medications, resilience and reflective capacity, supportive relationships including friendships, motivation to be helped and being able to access help, being future focussed, having caregivers who can work with a safety plan, having a sense of belonging or identity, eg. whānau, cultural identity	4	0 1 2 3 4
C.	Risk Management – Need to call the School Principal and/or the Child Protection case worker to locate a responsible person with whom risk issues can be explored further and safety planning can be discussed – ensure her Child Protection case worker attends ED as soon as possible. Ask if school staff can check Mikayla's room/belongings to locate any stockpiled pills	2	0 1 2
D.	Liaison with Whānau – Need to include her great-grandmother in the discussion while assuring her that hospitalisation would be a last resort, but Mikayla's safety is the main consideration. Invite great-grandmother to talk with Mikayla to encourage her to cooperate with the risk assessment	2	0 1 2
E.	Consent issues – Mikayla has the legal ability to give consent as she's aged ≥16, provided her capacity is not impaired (eg. by depression or intoxication)	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
		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 5 contd.

The registrar calls you again to say that Mikayla has vomited and has now admitted that she took an overdose of 20 Fluoxetine tablets that morning. She is becoming abusive and is refusing to lie down. Her Child Protection Services case worker is on his way to the hospital.

Question 5.3 (8 marks)
Describe (list and explain) your recommendations for further management for Mikayla.
Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	<u>De-escalation in order to allow medical assessment:</u> Examples of suggestions you might make: advise ED staff to make Mikayla feel less threatened – keep her in a quiet area, soft voices, offer a warmed blanket, food and drink if safe to give, involve case worker if he gets on well with her. Involve a Māori cultural worker if possible. If she's still uncooperative with medical assessment and treatment, offer oral benzodiazepine or low dose anti-psychotic like Quetiapine (important to select a safe medication for behavioural disturbance in young person) and allow more time to gain her consent. Phone call for great-grandmother to talk with Mikayla, if possible.	3	0 1 2 3
B.	<u>Importance of avoiding (further) trauma:</u> Better answers will mention trauma informed care, with discussion of cultural risks – ideally closely involve her whānau or a cultural worker. Is the ED the appropriate treatment venue? Consider transferring her eg. to a paediatric or child psychiatric ward. Mention may usefully be made of potential trauma caused by having hospital security guard watch her rather than a trusted adult (eg. teacher, whānau member, case worker)	2	0 1 2
C.	<u>Legal issues</u> – better answers will discuss the possibility of acting in Mikayla's best interests without her consent if there's an urgent medical need plus parental consent from great-grandmother &/or her case worker (depending who has legal guardianship). Possible use of Mental Health Act in a 16 year old if they are unwell and meet the criteria. Principle of the least restrictive intervention.	2	0 1 2
D.	<u>Communication/Liaison</u> – close liaison is needed between you and the registrar, ED, paediatrics, toxicology/Poisons Centre, social worker, whānau, case manager, possibly the hospital legal advisor, etc.	1	0 1
E.	<u>Risk management</u> – she may need urgent physical care/medical assessment, eg. if develops a delirium or serotonergic overload. Depending on her state, she may well need constant or very frequent observations eg. via a 1:1 special nurse	2	0 1 2
F.	<u>Support for registrar and medical staff</u> – offer to come in and review Mikayla yourself	1	0 1
	Did not attempt		
	Did handwriting affect marking?		
	Up to a maximum of 8 marks in total **TOTAL:**		

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