



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

**MOCK WRITTENS
MODIFIED ESSAY PAPER
2023**

Written Nov 2022 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

CANDIDATE'S NAME:

DATE:

DIRECTIONS:

- This paper will take 150 minutes (2.5 hours) and is worth 125 marks. Candidates may begin writing their answers in this booklet at any point after the examination commences.
- Please use a black or blue ball-point pen to write your responses in the following pages. Write within the lines, on lined pages only. Answers written on blank pages will not be marked.
- You can request additional spare pages from the invigilator if needed. Write your name on the top of any extra page and interleave the page into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional lined pages.
- A Stimulus handout is provided for candidates to refer to.

MODIFIED ESSAY QUESTION 2 (23 marks)

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.

You are a junior consultant psychiatrist working in the CL team in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team. The patient, Hugo, is a 19-year-old man studying Veterinary Science. He normally lives with his mother. He has a difficult relationship with his father following his parents' separation when he was aged six. Their separation was acrimonious and was due to his father's excessive alcohol use and violence towards Hugo and his mother.

Hugo has a history of self-harm and has made a couple of previous suicide attempts by overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was aged 16 and the second after an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP started him on fluoxetine which he took for 3 months before stopping because he didn't feel that it helped.

Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge drinks alcohol.

On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier.

In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

Question 2.1 (8 marks)

Describe (list and explain) your approach to the situation and the advice you would provide regarding short term management while Hugo is in hospital.

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

Modified Essay Question 2 contd.

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Hugo has a history of self-harm and has made a couple of previous suicide attempts by overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was aged 16 and the second after an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP started him on fluoxetine which he took for 3 months before stopping because he didn't feel that it helped.

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On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier.

In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they've requested your input prior to this.

You return to see Hugo 48 hours after admission. He's alert, orientated and Toxicology are requesting his transfer to a mental health unit. He tells you that he felt distressed by the relationship breakup. He is also stressed about disagreements with a supervisor at his clinical placement. He expresses remorse over his suicide attempt and assures you that he would not harm himself again if discharged. He describes impulsive behaviour like reckless driving and binge eating, saying his mood is 'always up and down'. His relationship history is characterised by intense, short-lived relationships that he finds intense and overwhelming. Hugo wants to know why he feels this way.

Question 2.2 (7 Marks)

Outline (list and justify) the primary diagnosis and differential diagnoses you would discuss with Hugo.

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

Modified Essay Question 2 contd.

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Hugo says he wants to go home rather than continue being admitted. When you call his mother to discuss a discharge plan she expresses concerns about Hugo trying to self-harm again and wants to know why you won't keep him in hospital longer. You arrange a family meeting.

Question 2.3 (4 Marks)

Describe (list and explain) the key task needed so as to arrange this family meeting, and the issues you will raise at the meeting.

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

Modified Essay Question 2 contd.

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Hugo says he wants to go home rather than continue being admitted. When you call his mother to discuss a discharge plan she expresses concerns about Hugo trying to self-harm again and wants to know why you won't keep him in hospital longer. You arrange a family meeting.

Hugo mentions that he has been thinking about 'doing therapy'.

Question 2.4 (4 marks)

Describe (list and explain) the types of psychotherapy that may be suitable for Hugo.

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

Modified Essay Question 4 contd.

You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year-old boy, Jake, brought by the police and ambulance to the ED.

The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.”

The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak. His mother was seen in the ED yelling at him “if you keep doing this, you’ll never be allowed to come home. I’ve had enough!”

Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says, “This is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake, when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.”

When asked about drug use, he said: “Jake smokes ‘fortified tetrahydrocannabinol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.

Jake’s mother says that Jake has always been a bit odd, and that he can’t make or keep friends. She says he’s hated the cats forever, is always trying to teach them ‘human rules’, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think that he has a problem. She says he can be calm one minute and then ‘lose it’ if she asks him to stop obsessing over rules. His mother explains that he only ever refers to himself by his first name.

After your assessment, Jake appears to be calmer, and his mother is open to taking him home.

Question 4.4 (2 marks)

Outline (list and justify) the main differentials of your principal diagnosis.

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

Modified Essay Question 4 contd.

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Jake’s mother says that Jake has always been a bit odd, and that he can’t make or keep friends. She says he’s hated the cats forever, is always trying to teach them ‘human rules’, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think that he has a problem. She says he can be calm one minute and then ‘lose it’ if she asks him to stop obsessing over rules. His mother explains that he only ever refers to himself by his first name.

After your assessment, Jake appears to be calmer, and his mother is open to taking him home.

Question 4.5 (5 marks)

Outline (list and justify) your initial management plan, including which services you would refer Jake to.

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

MODIFIED ESSAY QUESTION 5 (30 marks)

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.

You are working as a junior consultant psychiatrist in a Youth Community Public Mental Health Centre. You have received a referral letter from a GP (with input from the school counsellor) regarding Marcie, an 18-year-old student who is in year 12 at the local co-ed high school. Marcie lives with her mother – her father died when she was two and she has no siblings.

The GP's letter states that Marcie started at her current school in year 9 – she was previously in an all-girls school. Marcie was previously well, engaged in a range of sports and had no academic concerns. However, her grades for the last term have been very poor. Lately, teachers have raised concerns about her lack of engagement with other students, and reported that she has suffered panic attacks when asked to speak in front of others.

They say she has been reluctant to come to any sports or swimming events this year. She prefers to wear her loose-fitting sports uniform to school every day. In addition, Marcie recently cut her hair very short. There has also been a steady decline in her body weight from 70 kg to 60 kg and to a BMI of 20 from a previous 23.

Marcie appears reluctant to mix with her previous friends. A brief same-sex relationship earlier this year did not go well.

Staff have not witnessed any bullying at school. The school counsellor has raised possible concerns about alcohol use and use of diuretics but was unsure and said this could just be school gossip. Marcie has recently been referring to herself as “Marc” rather than Marcie.

Marc/Marcie has asked to see you on their own today.

Question 5.1 (9 marks)

Describe (list and explain) the details of your assessment.

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

Modified Essay Question 5 contd.

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The GP's letter states that Marcie started at her current school in year 9 – she was previously in an all-girls school. Marcie was previously well, engaged in a range of sports and had no academic concerns. However, her grades for the last term have been near failing. Lately, teachers have raised concerns about her lack of engagement with other students, and reported that she has suffered panic attacks when asked to speak in front of others.

They say she has been reluctant to come to any sports or swimming events this year. She prefers to wear her loose-fitting sports uniform to school every day. In addition, Marcie recently cut her hair very short. There has also been a steady decline in body weight from 70 kg to 60 kg and to a BMI of 20 from a previous 23.

Marcie appears reluctant to mix with her previous friends. A brief same-sex relationship earlier this year did not go well.

Staff have not witnessed any bullying at school. The school counsellor has raised possible concerns about alcohol use and use of diuretics but was unsure and said this could just be school gossip. Marcie has recently been referring to herself as “Mar” rather than Marcie.

Marcie has asked to see you on her own today.

After a thorough assessment, including collateral information from Marc's mother (who is concerned and supportive), teachers, the counsellor and GP, and subsequent review, Marc has been diagnosed with Gender Dysphoria and Social Anxiety Disorder.

The service you refer Marc to requests a capacity assessment prior to accepting him in their care.

Marc wants to know how easy and quick it will be for him to start gender-transitioning treatment.

Question 5.5 (4 marks)

List possible barriers to treatment for people with gender dysphoria.
