



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

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2006 / May 2007

PAPER I

MODEL ANSWERS

Note that these Mock Writtens papers are produced by local psychiatrists with no connection to the Examination Committee and are 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 2 full 3-hour papers and practising the technique of the various question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself. However, if you locate a clear typo feel free to email felicity@iprohome.co.nz so that it can be corrected.

Note that the SAQs in this mock paper seem to be a bit harder than is usual, partly due to the scoring system for SAQs which requires breadth so requires one *more* answer than the no. of points the Q is worth (the “n + 1” rule), and 1 or 2 were not very well constructed, in retrospect. Suggest you factor this in.

Markers in other Programs: please feel able to adjust these slightly according to the responses given, if needed. Suggest an initial scan of papers, then adjusting the scoring guide if needed, before applying the slightly revised scoring guide to all papers marked.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Paranoid schizophrenia
- B. Neuroleptic malignant syndrome
- C. Delirium tremens
- D. Psychotic depression
- E. Delusional disorder
- F. Schizoaffective disorder
- G. Catatonic schizophrenia
- H. Malignant catatonia
- I. Disorganised schizophrenia
- J. Melancholic depression
- K. Manic stupor
- L. Cannabis induced psychosis
- M. Catatonia due to hepatic encephalopathy

Which diagnosis listed above is the most likely to be demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

1. A young man is repeatedly admitted with the same pattern of symptoms, which always recur after he stops his clozapine. At these times he is mute and displays echopraxia and waxy flexibility. **G**
2. A woman with a bipolar disorder becomes deluded that her brain has rotted and that she is already dead. By the time of admission she has ceased to eat or drink, is barely moving and does not respond to questioning. **D**
3. A man with a history of recurrent depression and hypomania is admitted with an acute psychosis and then becomes incoherent. Shortly afterwards he is found mute and immobile, standing upright tilted at an odd angle. **K**
4. A medically admitted homeless man with portal hypertension develops confusion and asterixis and then falls into a mute and immobile state. **M**
5. A young apprentice begins to behave oddly and to talk to himself. He goes missing from home and is found collapsed in a local park. On admission he is mute, dehydrated and immobile, with rigid muscles, a low-grade fever and blood pressure of 150/90. **H**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Semantic memory
- B. Episodic memory
- C. Procedural memory
- D. Explicit (declarative) memory
- E. Short-term memory
- F. Echoic memory
- G. Paradigms
- H. Autobiographical memory
- I. Sensory memory
- J. Long-term memory
- K. Working memory
- L. Schemata

Which aspect of memory listed above is best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

6. A man listens to a list of 7 numbers then repeats them back in reverse order. **K**

7. A glowing coal spun rapidly is perceived as an unbroken circle of light. **I**

8. A journalist finds he can still touch type after 10 years imprisonment as a hostage. **C**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | |
|------------------------|------------------------------|
| A. Capgras delusion | H. De Clerambault's syndrome |
| B. Grandiose delusion | I. Cotard's syndrome |
| C. Delusion of poverty | J. Ideas of Reference |
| D. Frégoli delusion | K. Delusion of control |
| E. Primary delusion | L. Delusion of guilt |
| F. Jealous delusion | M. Erotic delusion |
| G. Othello syndrome | N. Thought broadcasting |

Which symptom listed above is the most likely to be demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

9. An economics student becomes isolative and preoccupied, has difficulty concentrating and studying and then suddenly realises that his problems stem from the World Bank which is paying his hall of residence to poison his food and spy on him. **E**
10. A young woman becomes animated, runs up debts of \$2000 on her credit card and drinks to excess. She gets hardly any sleep, wants to go clubbing frequently and insists that she has fallen in love with a colleague at work, who she telephones continually from the admission ward, leaving flirtatious and lewd messages on his voicemail. **M**
11. A middle-aged man becomes insistent that various strangers in the street are in fact all his brother who for some baffling reason is wearing a series of disguises. **D**
12. An elderly woman loses weight and becomes agitated and withdrawn. She is convinced that she has sinned grievously and that as a result her family have been arrested and killed. **L**
13. A young woman student becomes convinced that her professor is in love with her despite the fact that he is married with adult children of his own. She writes to him "Your feelings for me are obvious and I am forced to reciprocate". Later she is admitted to a forensic unit after stalking him and making threatening telephone calls to his wife. **H**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Thyroid disorder
- B. HIV
- C. Neurosyphilis
- D. Multiple sclerosis
- E. Acute Intermittent Porphyria
- F. Normal pressure hydrocephalus
- G. Renal failure
- H. Hypoglycemia
- I. Wilson's disease
- J. Encephalitis
- K. Systemic lupus erythematosus
- L. Psychomotor epilepsy
- M. Adrenal disorder

Which diagnosis listed above is best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

- 14. A young man presents with a manic psychosis and neurological signs several months after deciding to cease his zinc acetate medication and to take a homeopathic remedy instead. **I**
- 15. A young woman presents with brief outbursts during which she becomes flushed and experiences a feeling of rising warmth in her stomach. Shortly afterwards she becomes agitated, hallucinated and confused. She has no recall of the outbursts. **L**
- 16. A middle-aged European immigrant presents acutely to the Emergency Department with colicky abdominal pain, weakness of the legs, dysphoric mood and paranoid delusions. **E**
- 17. A retired maritime engineer develops a personality change and then becomes psychotic with paranoid and grandiose delusions. He also has hyper-reflexia, small irregular pupils, and a shuffling gait. **C**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | |
|-------------------|------------------------------|
| A. Carl Jung | J. Kurt Schneider |
| B. Aaron Beck | K. Richard von Krafft-Ebbing |
| C. Sigmund Freud | L. Irvin Yalom |
| D. Karl Jaspers | M. Ugo Cerletti |
| E. Thomas Szasz | N. Erik Kandel |
| F. Emil Kraepelin | O. Glen Gabbard |
| G. Irving Goffman | P. Eugene Bleuler |
| H. Fuller Torrey | Q. Jean Piaget |
| I. John Cade | R. John Bowlby |

Which individual as above is most closely linked to each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

18. Lithium I

19. Anti-psychiatry movement E

20. Electro-convulsive therapy M

21. Sexual disorders K

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Non-maleficence
- B. Utilitarianism
- C. Ethical relativism
- D. Value judgement
- E. Justice
- F. Categorical Imperatives
- G. Privacy
- H. Autonomy
- I. Practical wisdom
- J. Accountability

For each of the following examples, please select the corresponding ethical term or concept as listed above.

Please select only ONE option, but any option may be used more than once, if required.

22. Lorraine is a successful arbitrator as she knows the right thing to do in a particular circumstance through understanding the circumstance rightly, knowing what matters, and using effective reasoning with the parties to bring this about. **I**
23. A judge orders compulsory community rather than inpatient treatment as the "least restrictive" option for a man with chronic schizophrenia. **H**
24. Prioritised hospital waiting lists. **B**
25. A psychiatric registrar takes care to explain the possible side effects of a proposed new treatment to her patient. **A**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | |
|--|--------------------------------|
| A. Restriction fragment length polymorphisms | N. Introns |
| B. Probe | O. Codons |
| C. Allele | P. Exons |
| D. Translation | Q. Base-pair substitutions |
| E. Autosomal | R. Recessive |
| F. Complementary DNA | S. Southern blotting |
| G. Mitochondrial DNA | T. Polymerase chain reaction |
| H. Identity by state linkage | U. Haplotype relative risk |
| I. Amniocentesis | V. Penetrance |
| J. Plasmid | W. Ribosome |
| K. Transmission disequilibrium test | X. Identity by descent linkage |
| L. Single nucleotide polymorphisms | Y. Transcription |
| M. Gel electrophoresis | Z. Junk DNA |

Which term as listed above is the most likely to be represented by each of the following definitions.

Please select only ONE option, but any option may be used more than once, if required.

26. Traits carried on chromosomes other than the sex chromosomes **E**

27. Sequences of three nucleotides each **O**

28. Process of converting genetic instructions coded in a segment of DNA into mRNA
Y

29. Intrauterine genetic testing of foetal cells **I**

30. Common sequence variations in genetic code **L**

31. A circular piece of bacterial DNA **J**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Failure of empathy
- B. Restricted affective range
- C. Flat affect
- D. Labile affect
- E. Good rapport
- F. Disinhibition
- G. Ambivalence
- H. Fatuousness
- I. Humour
- J. Incongruous affect
- K. Dysphoric mood
- L. Guardedness
- M. Euphoric mood

Which concept as above is the most likely to be demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

- 32. Sylvia tries to kiss the assessing registrar and wants to take off her blouse. **F**
- 33. Mrs Taylor shows no feelings at all and has a mask-like face. **C**
- 34. Nathan stands perplexed in the doorway, putting one foot forward and then taking it back. **G**
- 35. Rajeev is generally sad and smiles only occasionally during the interview. **B**
- 36. Andrew copes with his anxiety by making jokes about “shrinks”. **I**
- 37. Sione laughs and jokes, then suddenly bursts into tears. Shortly afterwards he becomes angry and leaves the room abruptly. **D**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Boundary violation
- B. Empathic failure
- C. Parallel process
- D. Holding environment
- E. Mirroring
- F. Counter-transference
- G. Resistance
- H. Process interpretation

Which concept listed above is best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

38. Paula talks at length in sessions but only about day to day events and superficialities. **G**
39. Snezana's therapist asks if her more withdrawn state in a session after his return from leave could represent anger with him for having abandoned her. **H**
40. Martin becomes angry and less forthcoming after his therapist makes an interpretation which he feels is completely irrelevant. **B**
41. Beth's therapist points out that she tends to raise important and emotionally charged issues in the last five minutes of sessions. **H**
42. Petros mentions that his prior therapist used to tell him about her problems with men and had coffee with him one day when they met at the mall. **A**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Omega-3 oil
- B. Grapefruit juice
- C. Aloe vera
- D. Tea tree oil
- E. Valerian
- F. Homeopathy
- G. Cannabis sativa
- H. Hypnosis
- I. Echinacea
- J. Garlic
- K. Crystal healing
- L. St John' s Wort

Which of the treatments listed above best corresponds to each of the following statements.

Please select only ONE option, but any option may be used more than once, if required.

- 43. Some evidence-base of efficacy as an anaesthetic during childbirth. H
- 44. Certain preparations appear effective in mild to moderate depression. L
- 45. Some evidence-base of efficacy in preventing and treating dementia. A
- 46. Can be effective in managing nausea in chemotherapy patients. G

Extended Matching Questions

Questions 47 – 50

**All questions are worth 2 marks.
Please select UP TO TWO responses for each question.
More than two responses will incur a mark of zero.**

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- A. Post-ictal confusion
- B. Pneumonia
- C. Panic disorder without agoraphobia
- D. Excessive caffeine intake
- E. Lewy body dementia with delirium
- F. Alcohol withdrawal
- G. Hyperthyroidism
- H. Cardiac arrhythmia
- I. Adjustment disorder with anxiety
- J. Delirium due to urinary tract infection
- K. Pick's disease with delirium

For each of the following examples, select the TWO most likely differential diagnoses from the list above.

Please select only TWO options for each question, but any option may be used more than once, if required.

47. An elderly man who copes quite well living alone with some visits from relatives is admitted for a geriatric review and shortly after admission develops urinary retention. He is catheterised, but four days later he becomes agitated and disorientated, calling out that there are rats running over his bed. **F J**
48. A middle-aged travelling sales manager realises that his drinking has become problematical so ceases alcohol and starts attending AA meetings every day. Although he enjoys socialising over coffee at the meetings, after a few days he becomes anxious, tremulous and sweaty and has difficulty getting off to sleep. The next day he finds it hard to drive due to fatigue so has several "energy drinks", but he feels worse by evening, with sweating, panic symptoms and a racing heart. **D F**

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- | | |
|----------------------------|--------------------------------|
| A Agnosia | N Incoherence |
| B Alogia | O Jamais vu |
| C Answering past the point | P Knight' s move thinking |
| D Avolition | Q Loss of goal |
| E Circumstantiality | R Paraphasia |
| F Clanging | S Neologism |
| G Confabulation | T Over inclusiveness |
| H Déjà Vu | U Palilalia |
| I Derailment | V Poverty of speech |
| J Dysphoria | W Poverty of content of speech |
| K Dysthymia | X Tangentiality |
| L Dyspraxia | Y Word salad |
| M Echopraxia | Z Verbigeration |

For each of the following definitions, select the TWO most appropriate terms from the list above.

Please select only TWO options for each question, but any option may be used more than once, if required.

49. Speech that is unintelligible due to the fact that although the individual words are real words, the manner in which they are strung together results in gibberish. **N Y**

50. Replying to questions in an oblique or irrelevant manner. **C X**

KFCs

KEY FEATURE CASES

Case 1 (6 marks)

Maria is a 35 year old beautician sharing a house with two friends. She presents with a three month history of panic attacks following a particularly stressful time when she had to move house and had financial problems. During the panic attacks Maria experiences intense fear and dread and she tells you that she fears “losing my mind”. She says that her grandmother developed dementia in her sixties and had “anxiety attacks” at that time. Maria says that she feels desperate and has begun to have thoughts of not being able to go on. She has been able to continue working on most days, but has increasingly avoided social situations is not going out shopping. She is now reliant on her flatmates to go to the supermarket for her.

Question 1 (2 marks)

What are the MOST URGENT AIMS of psychoeducation with Maria at the initial assessment? Give up to TWO answers only.

Scoring key:

- A. Educate her about panic disorder and its treatment to reduce desperation and self-harm risk
- B. Reassure her that she is not developing dementia like her grandmother

1 mark for either A or B to a max. of 2

This section scores zero if A. is not given, with specific mention of reducing self-harm risk.

Scores zero if more than 2 answers given

Question 2 (3 marks)

You advise Maria about treatment options.

Which of the following treatment options has the best evidence-base, in her case?

Select up to THREE answers only.

No	Panic disorder support group
No	Relaxation training
Correct	Tricyclic antidepressant
No	Lorazepam
Correct	SSRI antidepressant
Correct	Cognitive behavioural therapy (CBT)
No	Tranlycypromine

Scoring key:

1 mark for each correct to a max. of 3

Scores zero if more than 3 answers selected

Question 3 (1 mark)

Of the possible treatment choices, which is the BEST INITIAL OPTION for Maria?

Give ONE answer only.

Cognitive behavioural therapy / CBT = 1 mark

Scores zero if more than 1 answer given

KEY FEATURE CASES

Case 2 (6 marks)

Mushtaq is a 31 year old married Iranian immigrant, who has been living in your community mental health team's area for four years, working as a casual labourer and carpenter. He was referred to the community mental health centre by his GP for treatment of depression after he failed to respond to a trial of Paroxetine 20 mgs, commenced 3 weeks ago. He has no past medical history of note but has complained of low energy and some stomach pains in the last few weeks. Mushtaq had achieved a residency permit however his residency status was revoked several months ago, following suspicions of him having political involvement after he visited Iran several times. He has engaged a lawyer and at his last meeting with an Immigration Department official he explained the motives for his visits which were to see his family and his wife who is still in Iran, as she has not yet been able to obtain a visa. Mushtaq has a few friends locally, mainly co-workers. He shares a rented flat with a fellow Iranian immigrant. He has no family locally - all his family are in Iran. He has a good relationship with the builder who employs him.

Question 1 (3 marks)

What are the MOST IMPORTANT initial steps required?

Select up to THREE answers from the list below.

No	Organise a urine toxicology screen
No	Switch to venlafaxine
Correct	Clarify the diagnosis, and the duration and severity of depressive symptoms
Correct	Obtain collateral information from his flatmate and his employer, with his consent
No	Increase his paroxetine dose to 40 mgs daily
No	Perform a complete physical examination
Correct	Assess his safety - especially regarding any suicidal ideation and his self care

Scoring key:

1 mark for each correct to a max. of 3

Scores zero if more than 3 answers selected

Six weeks after your assessment, his lawyer phones you to tell you that the decision regarding Mushtaq's immigration status will be made in the next two weeks. The lawyer explains that he will receive official notification and will then contact Mushtaq to convey this. The lawyer asks for your advice as Mushtaq has that day told him that he will kill himself if the decision is unfavourable, saying he would feel unable to tell his wife as this would ruin her chances of joining him. Mushtaq also said that if he were sent back to Iran his life would be under threat from extremists there.

Question 2 (3 marks)

Which KEY INTERVENTIONS would be most appropriate to minimise Mushtaq's risk of serious self harm in the event of an unfavourable immigration decision?

Write up to THREE answers.

Scoring key

- A. Reassess Mushtaq to review the risks / perform a risk assessment
- B. Make a collaborative crisis management plan together with your local Crisis service and the lawyer
- C. Have Crisis team/Community team staff present when the lawyer tells Mushtaq the decision, if this is unfavourable

Scoring Algorithm

1 mark for A B C as above – to a max. of 3 marks (these can be marked as separate points even if the issues are run together in one sentence – as long as the total no. of interventions described is only 3 for this section). More than 3 answers given = 0

KEY FEATURE CASES

Case 3 (6 marks)

Jim, a 7 year old boy, is referred to you by his teacher, concerned about his increasingly poor focus during lessons, his forgetfulness, "blank spells" and reluctance to undertake class work. Jim was concussed and hospitalised overnight after a playground fall three months ago. He has lived with his grandparents since age four, after social services removed him from parental custody due to their itinerant lifestyle, heavy substance abuse and violent behaviour towards each other.

You obtain collateral from his grandparents and teacher. His grandmother says that he is "a nervous kid" and his grandfather describes him as "getting upset over nothing". They mention that he has thrown tantrums when asked to do homework since the class has been working on the topic "My Family". His teacher says that he often seems "distant" and that he was away sick when these projects were to be presented to the class.

You have done basic cognitive testing and reviewed the paediatric admission notes. His GP has done a physical examination and a screening blood test.

Question 1 (3 marks)

To exclude the effects of a head injury as a possible cause for Jim' s presentation, what are the NEXT MOST IMPORTANT INVESTIGATIONS you would need to obtain?

Write up to THREE answers.

Scoring key

- A. MRI or CT (or accept brain scan)
- B. EEG
- C. Neuropsychiatric /Neuropsychological testing (not "cognitive testing")

Scoring Algorithm

1 mark for each of A B C as above - to a max. of 3 marks

More than 3 answers given = 0

Question 2 (3 marks)

Which KEY CRITERIA of PTSD as a diagnosis for Jim are indicated by features in the vignette as above? Write up to THREE answers.

Scoring key

- A. History of exposure to trauma (domestic violence, possible neglect)
- B. Increased arousal (nervousness / easily upset / tantrums)
- C. Avoidance of reminders of trauma, and numbing (blank spells, forgetful, distant, avoids schoolwork about families, etc.)

Scoring Algorithm

1 mark for each of A B C as above – to a max. of 3 marks

More than 3 answers given = 0

KEY FEATURE CASES

Case 4 (6 marks)

Julian is a 40 year old man who complains of chronic problems sleeping. He goes to bed at 10 pm not really sleepy, and it then takes him about two hours to get to sleep. During the night his sleep is broken, with wakeful periods when he lies awake fretting about not being able to get back to sleep. Julian does not describe depression or an anxiety disorder. He has a stable marriage and no particular stress in his work at an insurance company, apart from fatigue and poor concentration due to his insomnia, which is affecting his work performance. He is medically well other than mild hypertension and hypercholesterolaemia for which he is on no treatment. Julian thinks that his mother had similar problems sleeping.

Question 1 (4 marks)

Which **KEY FEATURES** mentioned in the vignette as above are most diagnostic of primary insomnia? Write up to **FOUR** answers.

Scoring key

- A. Difficult initiating sleep
- B. Difficulty maintaining sleep / broken sleep
- C. Daytime fatigue affecting coping at work
- D. Family history

Scoring Algorithm

1 mark for each of A B C D as above – to a max. of 4 marks
More than 4 answers given = 0

Question 2 (2 marks)

What are the **MOST EFFECTIVE** and evidenced-based interventions to assist Julian? Select up to **TWO** answers from the list below.

No	Hypnotic medication for 2 weeks, plus sleep hygiene education
No	Primary focus on improving sleep hygiene and encourage him to try yoga or meditation
Correct	Correct his maladaptive beliefs about sleep, and use sleep rescheduling and restriction
No	Relaxation training and a program of regular exercise each day
Correct	CBT focussed on the insomnia, relaxation training and sleep hygiene education
No	A program of regular exercise and sleep hygiene education

Scoring key:

1 mark for each correct to a max. of 2
Correct answers include use of CBT techniques which are essential alongside other interventions such as sleep hygiene etc.

Scores zero if more than 2 answers selected

KEY FEATURE CASES

Case 5 (6 marks)

You are a consultation-liaison registrar working with an organ transplantation team. You assess Bruce, a 49 year old ex-army major with a history of alcohol dependence who has been 'dry' for 8 months. He has liver failure due to cirrhosis and needs a transplant. The transplant team ask you to assess his suitability and likelihood of remaining abstinent from alcohol post transplant. Bruce is in a stable marriage and his wife is supportive of him attending AA regularly. Bruce says that he now goes to church regularly instead of going to the pub, and is proud that he is "a reformed character". He has a past history of delirium tremens with hallucinations but no other past psychiatric history. Bruce has recently become mildly depressed at the prospect of a long wait for a donor, and has been tearful at times, but he denies any thoughts of suicide and still has some hope for the future.

Question 1 (1 mark)

Are there any ABSOLUTE CONTRAINDICATIONS to transplantation in Bruce' s case, from the details in the vignette above? Give ONE answer only.

Scoring Key:

Answer: No (1 mark if correct)

Alcoholism as cause of liver failure is not a contraindication (quite common in transplant patients). Past DTs and current depression are not contraindications - the depression is recent, mild, and should be treatable. Only acute suicidality or refractory major psychiatric illness is a contraindication (and the latter only a relative one re Human Rights issues).

Question 2 (5 marks)

Which KEY FEATURES about Bruce in the vignette as above were identified by Vaillant as likely predictors of future abstinence? Give up to FOUR answers:

Scoring Key: Vaillant's key features indicating future abstinence are:

- A. Presence of adverse and consistent consequences to drinking (terminal illness, i.e. liver failure)
- B. Person has developed a substitute activity (church and/or AA)
- C. Person has a relationship with someone committed to their welfare and rehabilitation (wife supports AA)
- D. Abstinence is a source of improved self-esteem or hope (pride re being "reformed")

Scoring guide: 1 mark for each of A, B, C and D

All 4 points are conveyed = 5 marks

More than 4 answers = 0

NB: the main point of each factor as above needs to be conveyed. E.g. merely "attends AA" or "attends church" is not sufficient for the mark.

KEY FEATURE CASES

Case 6 (6 marks)

Julia is a 42 year old woman who has been diagnosed with Bipolar Disorder type 2. She lives alone and has no immediate family other than an elderly aunt living in the United Kingdom. Julia works as an office manager and can no longer afford to see her private psychiatrist so has been referred to the public system and this is the first time that you have seen her. For the last three months she has experienced symptoms of depression with melancholic features but with no psychosis. She was commenced on venlafaxine XR six weeks ago by her private psychiatrist and is currently on 300 mgs daily. Julia has no obvious side effects from the venlafaxine but she says that it has not helped and that her depression is worse, and she is insistent that it be ceased. She is taking no other medication and has no significant past medical history. As an initial step you agree to cease venlafaxine and to commence an alternative medication.

Question 1 (4 marks)

With reference to the available evidence-base, WHICH MEDICATION would you consider instituting for Julia instead of venlafaxine at the first consultation, before obtaining the results of any additional investigations? Give up to THREE alternatives.

Scoring key

- A. Lithium
- B. Sodium valproate
- C. Lamotrigine

Scoring Algorithm

1 mark for each of A B C as above.

Scores 4 if all 3 are given correctly.

More than 3 answers given = 0

Note that only one medication was asked for, as each of the 3 alternatives – thus an answer “lithium and fluoxetine” etc. counts as more than 1 answer and the section scores zero.

You order an ECG which is reported as showing that Julia has a possible diagnosis of Wolf-Parkinson-White syndrome. Before you can consider any treatment change and while you are waiting for a cardiology assessment, a cardiac ECHO and her previous notes, Julia's mental state deteriorates. She becomes increasingly hopeless, desperate and suicidal. She cannot keep herself safe and her arms are covered in self-inflicted bruising. She has stopped eating and drinking, is not taking her medication and feels that she would be better off dead.

Question 2 (2 marks)

What are the MOST URGENT treatment intervention steps that you would need to take at this point? Write up to TWO answers.

Scoring key

- A. Arrange urgent hospital admission
- B. Organise involuntary/compulsory treatment (mental health act)
- C. Urgent physical assessment and treatment for dehydration etc.
- D. Course of ECT

Scoring Algorithm

1 mark for A - scores zero if A is not given

1 mark for B or C or D as above.

More than 2 answers given = 0

KEY FEATURE CASES

Case 7 (6 marks)

John is a 21 year old IV opiate user who presents to your addiction service requesting help to manage his substance use difficulties. He is about to face criminal charges and his lawyer has recommended he self-refer to a treatment service. He is unemployed and seems well integrated into the 'drug scene'. He has been injecting daily for about four months but seems somewhat naïve about the risks this involves.

Your preliminary assessment of John's motivation to change using the 'stages of change' model, is that he is pre-contemplative. You use a motivational approach with him throughout the rest of the interview.

Question 1 (2 marks)

Miller and Rollick described several **KEY PRINCIPLES** of "motivational interviewing". Select up to **TWO** of these principles from the list below.

No	Clarify the core (clarify client's core beliefs about their drug use)
Correct	Roll with resistance (use momentum to shift focus, help client find solutions to problems)
No	Uncover the cause (determine underlying psychological and developmental issues)
No	Distract the desire (teach distraction techniques to help client resist cravings)
No	Positive reframing (reframe substance use positively to avoid blaming the client)
Correct	Support self-efficacy (self-responsibility, optimism, belief in the individual's capacity to change)

Scoring key:

1 mark for each correct to a max. of 2

Scores zero if more than 2 answers selected

You discuss substitution treatment with John but he is not interested in this at present. He does however ask how he might reduce the potential physical health risks he faces from injecting drugs.

Question 2 (4 marks)

What are the **MOST IMPORTANT** overall harm minimisation principles related to injecting opiates, that you would need to discuss with John? Write up to **FOUR** answers.

Scoring key

- A. *Use of clean needles* (i.e. using a needle exchange, never sharing needles)
- B. *Safe injecting practices* (i.e. safe technique, safe injection sites, safe use of tourniquets)
- C. *Avoidance of 'dirty hits'* (i.e. avoiding adulterants and contamination of drug - such as by use of filters for impurities and bacteria (wheel filters etc), or by buying drug from a reliable supplier)
- D. *Reducing risk of overdose* (i.e. not injecting alone, having action plan in case of overdose - ambulance)

A, B, C or D = 1 mark for a reasonable explanation of a harm minimisation principle, up to a max. of 4
More than 4 answers given = 0

If the candidate lists several component of the same harm minimisation principle separately, only score once for the overall principle of harm minimisation. e.g. if they list as 2 answers:

- use a needle exchange
 - never share needles
- this only results in 1 mark.

KEY FEATURE CASES

Case 8 (6 marks)

Mabel is a 73 year old woman who lives in a rest home, and has been brought to the Emergency Department because she has become aggressive with staff over the last 1 week. You are told she has a diagnosis of Alzheimer's dementia, of moderate severity with an MMSE 3 months ago of 16/30. When you meet her she appears highly aroused and frightened and cannot remember where she lives or her age. She is disoriented to time and place. During the night she has slept poorly; and has been frightened by "seeing a man hiding behind the curtain". You find that you must ask questions repeatedly, and that she will often reply with the same answer to several questions.

Question 1 (3 marks)

Which KEY FEATURES suggest a delirium in addition to Mabel's diagnosis of dementia?
Write up to THREE answers.

Scoring key

- A. Recent rapid deterioration in mental state and behaviour
- B. Poor attention (also accept distractibility)
- C. Level of arousal (also accept agitation)
- D. Perceptual abnormality (also accept hallucinations or illusions)

Scoring Algorithm

1 mark for each of A or B

1 mark for either C or D

To a max. of 3 marks

More than 3 answers given = 0

Question 2 (2 marks)

What are the KEY PRINCIPLES you would follow in treating Mabel's delirium?
Write up to TWO answers.

Scoring key

- A. (identify and) Treat the underlying cause (ideally identify too, but just "treat" is adequate)
- B. Manage environmental factors

(Can write some examples here if express it all as one principle: e.g. manage her environment by low lights, quiet and constant observations. This would not count as ">1 answer")

- C. Use a minimum amount of psychotropic medication (and low dose medication or similar)

Scoring Algorithm

1 mark for each of A or B or C

To a max. of 2 marks

More than 2 answers given = 0

Question 3 (1 mark)

From the list below, which medication would you chose to treat Mabel's current state?
Select ONE OPTION ONLY.

No	Olanzapine
No	Diazepam
No	Rivastigmine
Correct	Haloperidol
No	Chlorpromazine

Scoring key:

1 mark for correct answer

Scores zero if more than 1 answer selected

KEY FEATURE CASES

Case 9 (6 marks)

Rudi is a 60 year old married man on a disability allowance after a farming accident 15 years ago when he sustained leg fractures and a concussion. He has a history of recurrent depression and chronic pain, is treated with citalopram 40 mgs daily and is dependant on 20 mgs diazepam daily. He is prescribed paracetamol for the pain and is reportedly in a stable state.

Rudi develops gastritis and a locum general practitioner commences cimetidine. Two weeks later, while his wife is away visiting relatives, Rudi is admitted medically in a confused, ataxic and drowsy state.

Question 1 (2 marks)

Which KEY FACTOR is most likely to have led to Rudi's admission in this state?
Give ONE answer only.

Drug interaction - or accept toxic/excessive levels diazepam (NOT: "overdose diazepam")
(1 mark)

This scores the full 2 marks if in answering they explain that his sedation is due to cimetidine elevating diazepam serum levels (NB: "due to drug overdose" is insufficient for the mark.)

Total = 2 marks

Question 2 (4 marks)

During Rudi's admission for this episode, his wife confides to a social worker that she has in fact been struggling to cope with Rudi at home for some time, due to the combination of his pain and physical disability, and his anxiety. His wife says she did not like to 'bother' anyone about this.

Which interventions would be the MOST APPROPRIATE to assist Rudi and his wife?
Select up to FOUR answers from the list below.

No	Admit to a psychiatric ward (not required)
No	Arrange a rest home placement (not appropriate)
Correct	Cognitive behavioural therapy for anxiety
Correct	Refer to a specialised Pain Management team for a review
No	Arrange a more prolonged medical admission (unnecessary)
Correct	Occupational therapy assessment at home
No	Arrange for Rudi to attend a local geriatric day-programme (inappropriate re his age)
Correct	Arrange respite care periods to allow his wife to have more breaks

Scoring key:

1 mark for each correct to a max. of 4

Scores zero if more than 4 answers selected

SHORT ANSWER QUESTIONS

Short Answer 1 (4 marks)

Trevor is a middle-aged man whose marriage has broken down due to his gambling and who has alienated friends and family by borrowing from them to meet serious debts. He describes repetitive gambling on pokie machines across several years. He says that he has stolen money so as to gamble, has lied about his problem repeatedly, and tends to react to losing money by trying to win it back again.

Question 1 (4 marks)

List the other diagnostic features of a gambling disorder not given in the vignette above.

- A. Preoccupied with gambling
- B. Increased money gambled to achieve the desired excitement
- C. Unsuccessful attempts to reduce or stop
- D. Restless or irritable when attempting to reduce or stop
- E. Use of gambling to reduce negative emotions

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

3 marks for any 4 correct answers

4 marks for any 5 correct answers

Up to a max. of 4 marks

Short Answer 2 (4 marks)

Question 1 (1 mark)

State the two main causes of borderline personality disorder proposed in the dialectical behavioural therapy (DBT) model.

- A. Emotional Vulnerability (or accept inherited or biological vulnerability)
- B. Invalidating Environments

Scoring:

1 mark for any 2 correct answers

Up to a max. of 1 mark

Question 2 (3 marks)

List in note form the core skill modules taught in DBT group skills training.

- A. Interpersonal effectiveness
- B. Distress tolerance
- C. Emotion regulation
- D. Mindfulness (aka Core Mindfulness)

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

3 marks for any 4 correct answers

Up to a max. of 3 marks

Short Answer 3 (3 marks)

Beth is a young woman with schizophrenia, who is treated with risperidone. She is recovering well but blood tests show her prolactin to be extremely elevated. She is not in a close relationship and is on no other medication apart from risperidone.

Question 1 (3 marks)

List in note form the physical sequelae Beth may develop due to elevated prolactin levels.

- A. Galactorrhoea
- B. Amenorrhoea
- C. Infertility
- D. Decreased bone density / osteoporosis / osteopenia
(Not: "fractures" etc. re further sequelae, unless osteoporosis is also mentioned)

(Not: Increased risk of breast cancer, as there is no solid evidence for this risk being increased by raised prolactin in vivo vs in vitro research, in young women and in women not on oral contraceptives.)

Scoring:

- 1 mark for any 2 correct answers
- 2 marks for any 3 correct answers
- 3 marks for any 4 correct answers
- Up to a max. of 3 marks

Short Answer 4 (4 marks)

Angelo is a middle-aged man recovering from a traumatic brain injury caused by a motor vehicle accident. He has a past history of migraines and smokes 15 cigarettes a day. In the past Angelo suffered from a depressive episode and from generalised anxiety. He develops a post-concussion syndrome after the accident.

Question 1 (3 marks)

List in note form several cognitive problems which can occur in post-concussion syndrome.

- A. Memory impairment
- B. Reduced concentration
- C. Attention deficits
- D. Delayed information processing
- E. Reduced reaction time

Scoring:

- 1 mark for any 2 correct answers
- 2 marks for any 3 correct answers
- 3 marks for any 4 correct answers
- Up to a max. of 3 marks

Question 2 (1 mark)

List in note form any factors mentioned in the vignette that may have increased Angelo's risk of developing a post-concussion syndrome.

- A. History of depression
- B. History of generalised anxiety

Scoring:

- 1 mark for any 2 correct answers
- Up to a max. of 1 mark

Short Answer 5 (4 marks)

Gloria is assessed at a private clinic and found to have a mild major depression. She prefers not to have medication and is reluctant to engage in psychotherapy, so is offered treatment with Transcranial Magnetic Stimulation (TMS).

Question 1 (3 marks)

List in note form the possible side effects of TMS that Gloria might experience.

A. Seizures (low risk) B. Headaches C. Memory impairment (low risk, transient) D. Concentration impairment (low risk, transient) E. Scalp discomfort (mild) F. Hearing loss (prevented by earplugs)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 4 marks
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Question 2 (1 mark)

Discuss the likely methodological problems to date which have resulted in a lack of definitive research results demonstrating the efficacy of TMS in depression.

A. Small sample sizes B. In most studies time period was too short - only about 2 weeks of TMS treatment	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark
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Short Answer 6 (4 marks)

Marvin is a 19 year old youth recently diagnosed with schizophrenia. He lives at home with his mother, his stepfather and his 22 year old sister. His father has remarried and lives in the same city. Family therapy is considered as part of Marvin's treatment plan.

Question 1 (2 marks)

Discuss the issues which would need to be considered before making a referral to a family therapist.

A. Marvin's degree of recovery – he'd need not to be too acutely unwell B. The family and Marvin's willingness to engage in family therapy C. Whether Marvin's father and stepmother should also be involved D. The model of therapy preferred (if choices are available) E. How therapy would be provided – venue (public vs private) and cost F. Goals/focus of family therapy	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Question 2 (2 marks)

List in note form the main differences between a psychoeducational approach with Marvin's family, and a systemic family therapy approach.

A. Psychoeducation has no focus on dynamics/family system but focuses on the provision of information B. Detailed psychoeducation is not generally provided in FT C. FT would focus on the relationships between family members D. FT would focus on communication between family members E. FT focuses on "emergent properties" of families as systems, rather than focussing on an identified individual patient	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Short Answer 7 (4 marks)

Bert is a 25 year old man living in staffed sheltered accommodation. Bert has moderate intellectual disability. He has been referred for psychiatric assessment due to increased behavioural disturbance. On assessment, he is not depressed or psychotic.

Question 1 (2 marks)

List in note form several preventable causes of intellectual disability at birth, which can be addressed by public health measures.

A. Iodine deficiency (cretinism – iodine added to salt, etc.) B. Foetal alcohol syndrome (better public health measures regarding pregnant women with alcohol abuse or dependency) C. Maternal cigarette smoking (provision of information and treatment programmes) D. Maternal malnutrition during pregnancy E. Morbidity due to birth complications F. Maternal rubella infection	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Question 2 (2 marks)

List in note form several interventions which could be appropriate for Bert.

A. Work closely with the staff at his accommodation to identify and manage any environmental issues which might be upsetting him B. Behavioural therapy (<i>not</i> CBT) C. Trial of an SSRI D. Trial of low dose risperidone	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Short Answer 8 (4 marks)

Marko is a 15 year old youth with a history of repeated voyeurism, who has begun making obscene telephone calls to women.

He says that making these calls helps him to feel “not so stink”.

Question 1 (3 marks)

List in note form several sub-types of adolescent sexual offender as described by O’Brien and Bera.

A. Naïve experimenter B. Unsocialised child sexual exploiter C. Pseudo-socialised child exploiter D. Sexually aggressive offender E. Sexually compulsive offender F. Disturbed impulsive offender G. Group influenced offender	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 4 marks
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Question 2 (1 mark)

Which sub-type would Marko fall into.

Sexually compulsive offender = 1 mark

This was a hard question and too obscure – resulted from a desperate need to complete the paper for a deadline - sorry! Note that there are several different systems attempting to “categorise” such offenders, and no clear agreement as yet regarding this.

Short Answer 9 (4 marks)

Question 1 (3 marks)

List in note form the features which are unique to schizotypal personality disorder as opposed to schizoid or paranoid personality disorders.

A. Cognitive or perceptual distortions and eccentricities of behavior B. Odd beliefs or magical thinking C. Unusual perceptual experiences, including bodily illusions D. Odd thinking and speech E. Inappropriate affect F. Behavior or appearance that is odd, eccentric, or peculiar	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks
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Question 2 (1 mark)

List in note form the additional features which must be present for a diagnosis of schizotypal personality disorder to be made where there is also a diagnosis of schizophrenia.

A. The schizotypal personality disorder features must be present <i>before</i> onset of schizophrenia B. The schizotypal personality disorder features must <i>persist</i> after the psychotic symptoms of schizophrenia are in remission	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark
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Short Answer 10 (5 marks)

Question 1 (2 marks)

List in note form the main reasons to obtain serum lithium levels, in patients with bipolar disorder.

A. To ensure it is in the therapeutic range B. To avoid toxicity C. To check adherence to medication	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Question 2 (3 marks)

List the possible effects of lithium on the kidneys and thyroid.

A. Blocks the effect of ADH causing dilute urine (polyuria) B. Glomerular damage with long-term use (rarely) C. Renal failure is possible after an overdose or (rarely) with long-term use D. Blocks release of thyroxine by the thyroid gland E. Can cause thyroid enlargement (goitre) F. Can cause hypothyroidism G. Can precipitate thyrotoxicosis	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks
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This should have been an absolute doddle but remarkably few got all 5 marks.

Short Answer 11 (3 marks)

Margot is a 37 year old woman with chronic schizophrenia, with marked negative symptoms. She has been treated for many years via her GP, with trifluoperazine 10 mgs daily, and has developed oro-buccal tardive dyskinesia. After assessment it is clear that she has no depression and that the positive symptoms of her illness are mild and not in relapse. She uses no drugs or alcohol and is cooperative, but lacks motivation. Margot lives at home with her elderly mother and rarely goes out.

Question 1 (3 marks)

List in note form several treatment interventions which would assist Margot's negative symptoms.

A. Involvement in a day programme for greater stimulation	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3marks for any 4 correct answers Up to a max. of 3 marks
B. Regular visits and practical help from a support worker / case manager / social worker	
C. Change medication to clozapine (preferred re the TD)	
D. Change medication to olanzapine	

Short Answer 12 (4 marks)

Briony presents several months after being traumatised during a home invasion burglary, with trance-like episodes during which she feels she is an automaton. During these episodes she feels that she is watching herself from a distance and experiences micropsia. She has no psychotic symptoms and does not use drugs or alcohol.

Question 1 (2 marks)

List in note form the main differences between trance-like states caused by temporal lobe epilepsy as opposed to depersonalisation disorder.

A. In depersonalisation disorder there is no loss of reality testing – the person is aware at all times of themselves being in an unusual state	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
B. Following a depersonalisation episode there is no amnesia for the episode	
C. Behavioural manifestations of TLE are not present (disturbed behaviour, lip smacking, chewing, etc.)	

Question 2 (2 marks)

List the main psychiatric disorders not mentioned in the vignette that you would need to exclude, to make a definite diagnosis of depersonalisation disorder in Briony.

A. Major depression	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
B. Anxiety disorder such as panic disorder	
C. Post traumatic / acute stress disorder	
D. Another dissociative disorder such as Dissociative Identity Disorder	

Short Answer 13 (4 marks)

Question 1 (4 marks)

List in note form the main features in a patient with depression that would indicate their lack of suitability for Problem-Solving Therapy.

<ul style="list-style-type: none">A. Lack of motivation to participateB. Severe depression with poor concentration and attentionC. Psychotic depressionD. Significant suicide riskE. Significant brain damage or learning difficultiesF. Significant substance abuse or dependency	<p>Scoring:</p> <p>1 mark for any 2 correct answers</p> <p>2 marks for any 3 correct answers</p> <p>3 marks for any 4 correct answers</p> <p>Up to a max. of 4 marks</p>
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Short Answer 14 (3 marks)

Curtis is an aerobics instructor who becomes convinced that his nose is enormous, ugly and dwarfs his whole face. He spends a great deal of time peering at his face in the mirror at home, worrying about this. His GP, friends and family cannot understand his concerns and feel that his nose is slightly prominent, but perfectly normal. Curtis has two rhinoplasty operations which reduce the size of his nose so that it now appears smaller than average to others, but he himself is dissatisfied and remains completely certain that his nose is huge and disfiguring. He is not depressed, but is preoccupied and distressed.

Question 1 (1 mark)

List in note form Curtis's Axis I diagnoses.

<ul style="list-style-type: none">A. Body dysmorphic disorderB. Delusional disorder <p>(note that both of these are correct as joint diagnoses)</p>	<p>Scoring:</p> <p>1 mark for any 2 correct answers</p> <p>Up to a max. of 1 mark.</p>
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Question 2 (2 marks)

Using the Georgetown principles, list in note form the ethical issues that face the next plastic surgeon Curtis goes to see, requesting a third rhinoplasty.

<ul style="list-style-type: none">A. Non-maleficence – doing no further harm by unwarranted surgeryB. Curtis's autonomy – his competence to decide about treatmentC. Curtis's autonomy – his confidentiality versus the need to involve psychiatric servicesD. Beneficence – the need to act in Curtis's best interests	<p>Scoring:</p> <p>1 mark for any 2 correct answers</p> <p>2 marks for any 3 correct answers</p> <p>Up to a max. of 2 marks</p>
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Short Answer 15 (3 marks)

Question 1 (3 marks)

List in note form the poor prognostic features in anorexia nervosa.

(note that the following are those that are evidence-based from research studies)

<ul style="list-style-type: none">A. Poor insight / persistent denialB. Vomiting / bulimic symptomsC. Initial lower minimum weightD. Failure to respond to previous treatment / chronicityE. Disturbed family relationships / parental conflicts	<p>Scoring:</p> <p>1 mark for any 2 correct answers</p> <p>2 marks for any 3 correct answers</p> <p>3 marks for any 4 correct answers</p> <p>Up to a max. of 3 marks</p>
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Short Answer 16 (4 marks)

Margery lives alone in a pensioner's flat. She presents at age 73 with mild depressive and anxiety symptoms after suffering the loss of several friends. It is felt that she would benefit from psychotherapy.

Question 1 (4 marks)

List in note form the ways in which psychological therapies may need to be tailored for older adults.

<ul style="list-style-type: none">A. More time / sessions are likely to be needed to learn new skillsB. Expressive therapies may be needed for those with sensory deficitsC. Often a greater focus on grief issuesD. More often appropriate to involve families as wellE. Greater focus on developmental issues and adjustmentsF. Greater use of reminiscence as part of therapyG. Simpler interventions or CBT may be needed in presence of cognitive deficits	<p>Scoring:</p> <p>1 mark for any 2 correct answers</p> <p>2 marks for any 3 correct answers</p> <p>3 mark for any 4 correct answers</p> <p>4 marks for any 5 correct answers</p> <p>Up to a max. of 4 marks</p>
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Short Answer 17 (4 marks)

Question 1 (1 mark)

List in note form different ways that depression can present, in different cultures.

A. Primarily affective and psychological symptoms presented – e.g. “Western” nations B. Primarily physical symptoms presented (somatising) – e.g. Asia	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark
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Question 2 (3 marks)

List in note form some methodological problems that may impede the collection of accurate cross-cultural epidemiological data in psychiatry.

A. Differences in population sampling methods B. Differences in methods of clinical assessment C. Assessors may misdiagnose those from other cultures due to ignorance or bias D. Differences in classification systems E. Lack of culturally appropriate instruments F. Problems with translation & validation of instruments G. Greater stigma in certain cultures H. Lack of resources in developing nations	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks
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Short Answer 18 (4 marks)

Gary has a 10 year history of a delusional disorder and has become non-compliant with his medication. He assaults his neighbour after an argument about the need to repair their boundary fence. He is arrested and charged.

Question 1 (2 marks)

List in note form the principles of natural justice.

A. Innocent until proven guilty B. Everyone is accountable for their actions C. Have the right to be tried by one’s peers D. Equal before the law E. Must have the capacity to defend one’s self	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Question 2 (2 marks)

List in note form the issues that would need to be determined to decide whether Gary were fit to plead.

A. Can he understand the charge and possible penalties B. Can he understand the court proceedings C. Is he able to give instructions to a defence lawyer	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks
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Short Answer 19 (3 marks)

Question 1 (3 marks)

List in note form several inaccurate stereotypes that may negatively affect the attitudes of mental health workers toward older adults.

- A. With age inevitably comes senility
- B. Older adults are unable to work
- C. Older adults are inevitably frail and ill, or depressed
- D. Older adults are socially isolated
- E. Older adults have no interest in sex or intimacy
- F. Older adults are inflexible and stubborn (unable to change)
- G. Older adults are "difficult" (demanding, complaining, etc.)
- H. Older adults are of no value to society

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

3 marks for any 4 correct answers

Up to a max. of 3 marks