



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

**MOCK WRITTENS
EXAMINATION**

(from the Auckland New Zealand program)

December 2010 / May 2011

PAPER II

I hereby verify that I have completed and returned the Critical Essay Question and the Modified Essay Questions Examination booklet.

CANDIDATE'S NAME:

DATE:



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

**CRITICAL
ESSAY
QUESTION**

MOCK EXAMINATION

**December 2010 / May 2011
PAPER II**

CANDIDATE'S NAME:

DIRECTIONS:

Please write your responses in the following pages.

Write on the lined pages only. Answers written on blank pages will not be marked. Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided. Text outside these parameters will not be marked.

You can request additional spare pages from the invigilator if needed. Write your name on the top, and the question and sub-question number, 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 pages.



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

**MODIFIED
ESSAY
QUESTIONS**

MOCK EXAMINATION

December 2010 / May 2011

PAPER II

DIRECTIONS:

**There are six Modified Essay Questions worth a combined total of 140 marks.
Each Modified Essay Question is worth from 20-25 marks.**

**Please write your responses on the nominated pages applicable to the question. Write on
the lined pages only. Answers written on blank pages will not be marked.**

**Your answer is to be contained within the lines applicable to that question or on the
supplementary sheets provided. Text outside these parameters will not be marked.**

**You can request additional spare pages from the invigilator if needed. Write your name on
the top, and the question and sub-question number, and interleave the page into the
booklet at the appropriate place.**

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invigilator for additional pages.**

MODIFIED ESSAY QUESTION 1

CANDIDATE'S NAME:

Modified Essay Question 1 (24 marks)

You are working as a registrar in a community mental health team for people over the age of 65. A local General Practitioner (GP) has sent a referral to your service, seeking an urgent assessment:

“Could you please review Iris Daniels, a 72-year-old widow who lives by herself? Iris has had little contact with my practice. Today in clinic she reported being very anxious & low in mood. I couldn't otherwise get a clear picture from her of her symptoms and recent events in her life. She seems to have lost weight since I saw her a year ago, but otherwise appeared physically well. Her physical observations were within normal limits. According to my records Iris has mild hypertension, but no other medical problems. Her only medication is Atenolol (beta blocker). I'm not aware of any mental health disturbance previously.”

Question 1.1 (10 marks)

Outline your approach to this assessment.

You visit Mrs Daniels at home. She reports symptoms of anxiety and depression developing gradually over the past 3 months. She reports being “agitated” and “hopeless”. She reports eating very little & losing weight, but it's unclear how much. She wakes in the early hours of the morning and cannot get back to sleep. Mrs Daniel has stopped all of her usual external activities. She watches TV at home, but doesn't enjoy her favourite programmes. She reports intermittent passive death wishes, but denies any suicidal ideation or plans. Mrs Daniel is convinced she has no money and will be declared bankrupt soon. She also firmly believes she has a sinister medical illness such as cancer that will kill her soon. There are no other psychotic symptoms.

On mental state examination Mrs Daniels is thin, has dry mucous membranes in her mouth, exhibits significant psychomotor agitation, is objectively severely agitated, has affect restricted to the anxious range with little or no reactivity, speaks very little, and is excessively concerned regarding money and dying soon. Her Mini Mental State Examination scores 28/30, with 2 marks lost for attention. She acknowledges being anxious, but denies having a mental health disorder.

Blood and urine tests obtained that day are unremarkable, apart from mildly elevated urea and creatinine, and mildly decreased albumin.

Question 1.2 (5 marks)

State and justify your preferred diagnosis and the main differentials to be excluded, and discuss what additional assessments you might obtain to support or exclude the diagnosis.

Mrs Daniels is admitted involuntarily to an acute old age psychiatry inpatient unit two days after your initial assessment, after continuing to eat and drink very little, and refusing community contact with either your team or the General Practitioner. Her mental state is otherwise unchanged. On physical examination Mrs Daniels is moderately dehydrated. On the ward Mrs Daniels is unable or unwilling to drink more than 300ml of fluids per day, while her only solid food consists of 2-3 biscuits and a pottle of yoghurt per day. The nursing staff feel able to manage Mrs Daniels on the old age psychiatry inpatient unit, and can provide basic medical cares.

Question 1.3 (5 marks)

Outline optimal management at this point, excluding the use of electro-convulsive therapy (ECT).

Mrs Daniels is now refusing oral medications.

Question 1.4 (4 marks)

Outline the main indications and potential risks regarding the use of ECT to treat Mrs Daniels.

Modified Essay Question 1 contd

You are working as a registrar in a community mental health team for people over the age of 65. A local General Practitioner (GP) has sent a referral to your service, seeking an urgent assessment:

“Could you please review Iris Daniels, a 72-year-old widow who lives by herself? Iris has had little contact with my practice. Today in clinic she reported being very anxious & low in mood. I couldn’t otherwise get a clear picture from her of her symptoms and recent events in her life. She seems to have lost weight since I saw her a year ago, but otherwise appeared physically well. Her physical observations were within normal limits. According to my records Iris has mild hypertension, but no other medical problems. Her only medication is Atenolol (beta blocker). I’m not aware of any mental health disturbance previously.”

You visit Mrs Daniels at home. She reports symptoms of anxiety and depression developing gradually over the past 3 months. She reports being “agitated” and “hopeless”. She reports eating very little & losing weight, but it’s unclear how much. She wakes in the early hours of the morning and cannot get back to sleep. Mrs Daniel has stopped all of her usual external activities. She watches TV at home, but doesn’t enjoy her favourite programmes. She reports intermittent passive death wishes, but denies any suicidal ideation or plans. Mrs Daniel is convinced she has no money and will be declared bankrupt soon. She also firmly believes she has a sinister medical illness such as cancer that will kill her soon. There are no other psychotic symptoms.

On mental state examination Mrs Daniels is thin, has dry mucous membranes in her mouth, exhibits significant psychomotor agitation, is objectively severely agitated, has affect restricted to the anxious range with little or no reactivity, speaks very little, and is excessively concerned regarding money and dying soon. Her Mini Mental State Examination scores 28/30, with 2 marks lost for attention. She acknowledges being anxious, but denies having a mental health disorder.

Blood and urine tests obtained that day are unremarkable, apart from mildly elevated urea and creatinine, and mildly decreased albumin.

Mrs Daniels is admitted involuntarily to an acute old age psychiatry inpatient unit two days after your initial assessment, after continuing to eat and drink very little, and refusing community contact with either your team or the General Practitioner. Her mental state is otherwise unchanged. On physical examination Mrs Daniels is moderately dehydrated. On the ward Mrs Daniels is unable or unwilling to drink more than 300ml of fluids per day, while her only solid food consists of 2-3 biscuits and a pottle of yoghurt per day. The nursing staff feel able to manage Mrs Daniels on the old age psychiatry inpatient unit, and can provide basic medical cares.

Question 1.3 (5 marks)

Outline optimal management at this point, excluding the use of electro-convulsive therapy (ECT).

Modified Essay Question 1 contd

You are working as a registrar in a community mental health team for people over the age of 65. A local General Practitioner (GP) has sent a referral to your service, seeking an urgent assessment:

“Could you please review Iris Daniels, a 72-year-old widow who lives by herself? Iris has had little contact with my practice. Today in clinic she reported being very anxious & low in mood. I couldn’t otherwise get a clear picture from her of her symptoms and recent events in her life. She seems to have lost weight since I saw her a year ago, but otherwise appeared physically well. Her physical observations were within normal limits. According to my records Iris has mild hypertension, but no other medical problems. Her only medication is Atenolol (beta blocker). I’m not aware of any mental health disturbance previously.”

You visit Mrs Daniels at home. She reports symptoms of anxiety and depression developing gradually over the past 3 months. She reports being “agitated” and “hopeless”. She reports eating very little & losing weight, but it’s unclear how much. She wakes in the early hours of the morning and cannot get back to sleep. Mrs Daniel has stopped all of her usual external activities. She watches TV at home, but doesn’t enjoy her favourite programmes. She reports intermittent passive death wishes, but denies any suicidal ideation or plans. Mrs Daniel is convinced she has no money and will be declared bankrupt soon. She also firmly believes she has a sinister medical illness such as cancer that will kill her soon. There are no other psychotic symptoms.

On mental state examination Mrs Daniels is thin, has dry mucous membranes in her mouth, exhibits significant psychomotor agitation, is objectively severely agitated, has affect restricted to the anxious range with little or no reactivity, speaks very little, and is excessively concerned regarding money and dying soon. Her Mini Mental State Examination scores 28/30, with 2 marks lost for attention. She acknowledges being anxious, but denies having a mental health disorder.

Blood and urine tests obtained that day are unremarkable, apart from mildly elevated urea and creatinine, and mildly decreased albumin.

Mrs Daniels is admitted involuntarily to an acute old age psychiatry inpatient unit two days after your initial assessment, after continuing to eat and drink very little, and refusing community contact with either your team or the General Practitioner. Her mental state is otherwise unchanged. On physical examination Mrs Daniels is moderately dehydrated. On the ward Mrs Daniels is unable or unwilling to drink more than 300ml of fluids per day, while her only solid food consists of 2-3 biscuits and a pottle of yoghurt per day. The nursing staff feel able to manage Mrs Daniels on the old age psychiatry inpatient unit, and can provide basic medical cares.

Mrs Daniels is now refusing oral medications.

Question 1.4 (4 marks)

Outline the main indications and potential risks regarding the use of ECT to treat Mrs Daniels.

MODIFIED ESSAY QUESTION 2

CANDIDATE'S NAME:

Modified Essay Question 2 (24 marks)

You are the registrar for a consultation liaison service. At the morning triage meeting for the team, you are allocated a patient, Mr Paleopa, from the Emergency Department (ED) short-stay ward who has been referred by the Private Hospital where he has been living. The Private Hospital manager says they cannot cope with him and they are not willing to have him back.

Mr Paleopa is a Samoan gentleman aged 62 who, last year, was diagnosed with a tumour on his jaw. He underwent surgery, chemotherapy and radiotherapy but he was unable to return home because of ongoing high nursing needs, hence the Private Hospital placement.

He moved to the Private Hospital three months ago and has been generally irritable and abusive to the staff and other residents. Now, he has struck a staff member, leading to the admission to your hospital's Emergency Department short-stay ward last night.

You have been specifically requested by the Emergency Department team to organise placement in a dementia unit where his challenging behaviours can be appropriately managed.

Question 2.1 (8 marks)

Describe how you would proceed from this point, excluding the interview with the patient.

Question 2.2 (4 marks)

What are the three most likely categories of differential diagnoses that should be considered at this point to account for Mr Paleopa's challenging behaviour, prior to interviewing the patient?

You go to see Mr Paleopa at the ED short-stay ward. He is in a partially curtained-off bed in the main area, with several other patients also in the large room and a central nursing station. When you arrive he is talking angrily to someone, in Samoan, on a cordless phone. His nurse tells you that he has been very irritable so they allowed him to call his wife so as to "calm him down a bit".

Question 2.3 (8 marks)

Outline your approach to assessing Mr Paleopa.

You have now interviewed Mr Paleopa and gathered background and collateral information. Although you are not certain of the diagnosis at this point, you have concluded that he does not have dementia and that the plan suggested by ED of organising his transfer to a dementia unit is completely inappropriate. Despite this, the ED staff are putting pressure on you to discharge him from the ED short-stay ward.

Question 2.4 (4 marks)

Describe your approach to this situation.

MODIFIED ESSAY QUESTION 3

CANDIDATE'S NAME:

Modified Essay Question 3 (23 marks)

You are a registrar working in a community mental health centre. A local General Practitioner (GP) refers Doug, a 35 year old man of European descent, to your clinic for “anger problems” and “depression”. The referral letter notes Doug is a loner and mistrustful of others. Doug has been taking paroxetine 20 mg daily for the past five years as prescribed by his GP following a break up with his wife and has been on a long-term social welfare benefit/pension across that time. He has one son to his estranged partner – the boy is in his ex-partner’s care. Doug has a history of intravenous opiate dependence but has been “clean” for 10 years.

Question 3.1 (7 marks)

Outline your approach to the assessment of this man.

At interview Doug is a thin man looking older than his stated years. He has a number of home-made tattoos on his face and hands. He makes poor eye contact and rapport is difficult to establish. Doug is reluctant to disclose much about his past but does tell you he has previously spent time in prison for assault. He accuses you of making fun of him during the interview and is sarcastic. He is angry with his ex-father-in-law who he says is “making my life difficult by going behind my back” and says that he intends to “sort him out”. Doug forbids you to seek collateral information from any family or friends. He tells you he is sleeping poorly and asks for sleeping pills. He laughs when asked about any suicidal ideas.

Question 3.2 (10 marks)

Discuss your initial management.

In your second session with Doug he reveals he has a rifle and has been carrying it in his car “for protection”. He reveals he has been thinking of using it on his ex-father-in-law who he believes is making it difficult for him to access his son by conspiring with the Child Protection Services.

Question 3.3 (6 marks)

Discuss your approach to managing the violent threats made by Doug.

MODIFIED ESSAY QUESTION 4

CANDIDATE'S NAME:

Modified Essay Question 4 (23 marks)

You are working as a registrar in a Community Mental Health Centre where you are asked to urgently see a 51 year old man, Tom, who is expressing suicidal ideation. This is Tom's first contact with psychiatric services. He has been treated by a GP and is taking 300mg venlafaxine daily, having previously trialled therapeutic doses of paroxetine and nortriptyline. The referral letter gives a history of depression for the past year, excessive alcohol consumption and a significant family history of suicide in the men of the family. Tom's wife is very career-focussed, he has two teenage sons and has a responsible job working as a manager in a pharmaceutical company. He is knowledgeable about pharmaceuticals, has easy access to these and feels an extreme sense of shame about being referred to psychiatric services. He denies any stressors or precipitants. His wife is concerned about his safety.

Question 4.1 (8 marks)

Outline which aspects you would focus on when interviewing this patient.

Tom tells you that he is not imminently suicidal but feels desperate as the venlafaxine does not seem to be working. He has neurovegetative features of depression, has lost a significant amount of weight and insists that he needs to continue working. He minimises his use of alcohol and does not believe that this interferes with his work. He insists that he requires more medication and denies any relationship problems. He describes a troubled childhood with emotional neglect due to a chronically depressed mother and an abusive father who was frequently intoxicated.

Question 4.2 (6 marks)

Outline the main aspects of your management plan for this patient.

You are looking for a long psychodynamic psychotherapy training case and Tom is interested to engage in this as well as his biological treatment options. He tells you that he has had a somatic symptom, which he describes as "reflux", since doing weight training in his twenties. He eventually resorted to surgical intervention for this as no medication was helpful. In spite of a subtotal gastrectomy he still complains of "reflux". He now says that his mental state is the result of a genetic loading for depression and that he had a "good" childhood. He thinks that if he keeps working it means that he is capable and indispensable.

Question 4.3 (3 marks)

What defence mechanisms are demonstrated above which could potentially interfere with the therapy process?

You commence psychodynamic psychotherapy with Tom. Tom attends his weekly therapy appointments with you, although he maintains that therapy is not helping. He has been suspended from work due to arriving intoxicated one morning and he is still depressed. He arrives at his next therapy session with a gift for you.

Question 4.4 (6 marks)

How should you approach this situation?

MODIFIED ESSAY QUESTION 5

CANDIDATE'S NAME:

Modified Essay Question 5 (24 marks)

Jane is a 14 year old, locally born Chinese girl living with both parents, her maternal grandmother and her younger brother. She is in Year 9 at school. Her parents were born overseas and immigrated shortly before Jane's birth.

Jane presents to the Emergency Department (ED) after hours because of a fainting episode and is noted to be extremely thin. You are called to see her because her parents say that she "won't eat." She has never been seen by any services in relation to this.

ED staff have made the following observations: "extremely emaciated, BMI 16.2, weight less than 3rd percentile, height 50thile, acrocyanosis of hands and feet, standing BP 70/50, lying 95/75, pulse 52, T 35. Mild dehydration, examination including neurological otherwise normal". Her Full Blood Count shows a mildly low white count, ESR is 10, liver function tests, sodium and potassium are normal. Jane's urea and creatinine are mildly raised. An ECG shows low voltages but is otherwise normal. The ED staff think that she has Anorexia Nervosa and are planning to admit her to a paediatric ward. They ask you to assess her and advise on inpatient management in a medical setting.

Question 5.1 (10 marks)

Describe your assessment of Jane's eating problems and how you would gather this information so as to develop a plan for her inpatient management.

Jane's parents say that she is a top student and she is sitting a school exam tomorrow as well as a Grade 8 music exam in two days. Jane herself is insistent that she doesn't need to be in hospital. Both her parents and Jane want to continue with these plans and don't want her to go into hospital. They say that they want to take her home so that her grandmother can cook her special food.

The medical staff say that Jane requires hospitalization and ask you to "convince" her parents to make her stay.

Question 5.2 (8 marks)

Outline what information you would require and how you might intervene.

Jane's parents eventually agree to the medical admission. The paediatric team begin a process of re-feeding, including using naso-gastric feeding. Jane finds this very distressing and scratches her arms every time, after she eats or is fed. The paediatric team ask you to advise on strategies for supporting Jane during this period in hospital. Jane's family are also asking what kind of therapy she will require in the future.

You assess Jane's history of distress, including her cognitions, mood and behaviour in relation to feeding. You also get collateral history from staff and her family about their strategies for helping Jane.

Question 5.3 (6 marks)

Describe your recommendations for Jane's therapeutic management in hospital and after discharge. Note any supporting evidence for these therapies.

MODIFIED ESSAY QUESTION 6

CANDIDATE'S NAME:

Modified Essay Question 6 (22 marks)

Maria is a 49 year old locally born woman of Serbian parentage who lives with her 43 year old sister Tatjana in their own home. Maria has been referred to the Community Mental Health Centre (CMHC) where you are a registrar, for assessment, by her General Practitioner (GP). The GP's letter states that he is concerned that Maria is "excessively religious, not eating or sleeping properly, losing weight, and becoming a risk to herself and her sister." The sisters have lived alone since the death of their father from a heart attack 15 years previously. Their mother died when they were aged 22, of cancer. Their father was a wealthy furniture store owner and the sisters now live (frugally) off their inheritance, and do not need to work. They both used to be closely involved with their local Orthodox church, but Maria has drifted away and no longer attends. The GP's letter says that Maria has become more and more "eccentric and isolated" across the past year. He apparently managed to get her to see a psychologist for some psychotherapy eight months ago, but she ceased attending after three sessions, saying that the therapist tried to use "demonic possession" on her.

The CMHC triage nurse reports that she called Maria to explain about the GP referral, but that Maria denied any problems and refused an assessment.

Question 6.1 (6 marks)

How would you approach this situation so as to decide whether or not to proceed with an assessment under the Mental Health Act?

Tatjana tells you that Maria is actually a saint and the second incarnation of "the Holy Mother". She says that Maria realised this over a year ago "in a vision from God" and that although Tatjana at first did not believe it, now she is convinced. Tatjana says that Maria believes that she does not need to eat "earthly foods" and has been fasting so as to be "closer to God". Tatjana says that she feels blessed to share her home with a "living saint" but that she worries about how thin Maria has become. Also, Maria sometimes talks of "going to God" by which Tatjana thinks she means ending her life by jumping off a local motorway overpass. Maria also once said that Tatjana would be with her when she "goes to God". This frightened Tatjana, even though she loves her sister and believes that she is a "holy saint".

Question 6.2 (2 marks)

What is Tatjana's most likely diagnosis?

Maria is assessed via the Mental Health Act and a diagnosis of Delusional Disorder is made. She is refusing treatment, but Tatjana is more open to follow-up and medication.

Question 6.3 (8 marks)

Outline your approach to managing Maria's and Tatjana's mental disorders in the short to medium term – cover initial management and biological management.

Question 6.4 (6 marks)

Outline your approach to managing Maria's and Tatjana's mental disorders in the short to medium term – cover other aspects of their management and follow-up.

