THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

2013

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.

Critical Essay Question (40 marks)

In essay form, critically discuss this statement from different points of view and provide your conclusion.

"EBM fosters marginally effective treatments, based on population averages rather than individual need.
...The basic approach of medicine must be to treat patients as unique individuals, with distinct problems. This extends to biochemistry and genetics. An effective and scientific form of medicine would apply pattern recognition, rather than regular statistics."

From: Evidence-Based Medicine: Neither Good Evidence nor Good Medicine, by Steve Hickey, PhD and Hilary Roberts, PhD. (Orthomolecular Medicine News Service, December 7, 2011)

Reminder about marking process:
There are 5 dimensions. Each dimension scores up to 8 marks. A total of 40 marks is possible.

Marking Guide:
Dimension 1. Capacity to produce a logical argument (critical reasoning)

<table>
<tr><td>There is no evidence of logical argument or critical reasoning.</td><td>0</td><td rowspan="4">Comments: A logical structure needs to be demonstrated, rather than the writer seeming to have launched into the topic with no forethought, in a random or impulsive manner. Look for:
• Reasonable opening statement clarifying the quote (ideally not just parroting it)
• Should be a brief definition of “EBM" – more than just an expansion to 'Evidence Based Medicine'. If they know what "orthomolecular medicine' purports to be, they might also explain that here.
• A mid-section to essay with discussion addressing:
– Arguments/examples/references for and against the quote's initial statement ('EBM fosters marginally effective treatments, based on population averages rather than individual need')
– Arguments/examples/references for and against the rest of the quote (i.e. that medicine must 'treat patients as unique individuals, with distinct problems. This extends to biochemistry and genetics.')
– Arguments/examples/references for and against the last part of the quote (i.e. An effective and scientific form of medicine would apply pattern recognition, rather than regular statistics.")
• Closing statement summarising, and providing the writer’s overall “conclusions”

Ideally we want relevant examples and (ideally) references, and a good overall coherence and flow in the arguments and discussion.

Examples of points that may be included:
• The pros and cons of an EBM approach – view that only RCTs are part of "EBM" thus certain things tend to not be included, like qualitative research, psychodynamic psychotherapy research etc. Past problems with publication bias & pressure on researchers for positive results, degree of Power and meaningfulness of effect size varies acc. to study size, etc. etc.
• Versus the problems in relying only on individual need as determined by patient's doctor – subjective bias, unscientific beliefs and basis for decision-making. Pattern-recognition's limitations as a tool to determine management – largely useful in making diagnoses, not to determine management. Ignores the value of the weight of evidence across a large no. of studies – individual clinicians won't see enough, esp. low frequency disorders – to make an accurate judgement of any "pattern". etc. Could digress a bit re Hx of scientific method vs observation and inductive reasoning that preceded it (Hume's 'Problem of Induction' – bias, limited viewpoint).
• For all the above, ideally need examples at least, and preferably also some references (RANZCP and other College’s CPGs or Cochrane Collaboration, etc.).</td></tr>
<tr><td>Points are random or unconnected or listed or Assertions are unsupported or false or There is no conclusion</td><td>1-2</td></tr>
<tr><td>Points in essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.

The points in this essay follow logically to demonstrate the argument; and assertions are supported by correct and relevant knowledge.</td><td>3-4

5-6</td></tr>
<tr><td>The candidate demonstrates a highly sophisticated level of reasoning and logical argument.
(and extra points for good references)</td><td>7-8</td></tr>
</table>

Dimension 2. Flexibility

The candidate restricts essay to an extremely narrow and very rigid line of argument.	0	Comments: As over, need to argue both for and against the issues in the quote for marks on this domain. If the candidate only disagrees with the quote statements (or only agrees with these) they can only score 1-2 marks here. Note that candidates can't score higher marks unless they briefly discuss *the strengths and weaknesses of each viewpoint* and weigh these up. So presenting very weak arguments with little or no evidence to back them, and not acknowledging that, gets <4 points. Ideally we want statements such as "there is level 1 evidence that…" and "Numerous RCTs have shown that…" etc.
The candidate considers only one point of view.	1-2	
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated. The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	3-4 5-6	
The candidate demonstrates highly sophisticated ability to set out and evaluate >1 point of view	7-8	

Dimension 3. Ability to Communicate

The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0	NB: Also mark down if writing's illegible or if there are multiple deletions and insertions that make essay hard to read.
The spelling, grammar or vocabulary significantly impedes communication.	1-2	
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates limited capacity for written expression.	3-4	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5-6	
The candidate displays a highly sophisticated level of written expression.	7-8	

Dimension 4. Humanity/Experience/Maturity/Judgment

The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0	Comments: A black and white view is not helpful with this quote – ideally we want a more balanced approach that acknowledges the importance of tailoring treatment to the needs of the individual, but which does not dismiss research evidence and the scientific method wholesale. The ethics of research could usefully be mentioned – e.g. in some conditions it'd be unethical to do a RCT so other types of evidence are used. The ethical principles of Justice and Non-Maleficence in our treatment planning with patients could be raised – requiring us to do the best for them, based on the evidence *and* their individual needs.
Judgments are naïve; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1-2	
The candidate demonstrates some reasoned judgment, maturity of thinking, clinical experience and displays some awareness of the ethical issues raised by the quote. The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	3-4 5-6	
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7-8	

Dimension 5. Breadth - ability to set psychiatry in a broader context.

Candidate shows no awareness of the broader scientific, social, cultural or historical context.	0	Comments: Obvious "breadth" areas that may be covered are: <u>History</u> – history of the scientific method rather than purely subjective clinician-driven judgements about treatment choices. Could us as an e.g. the prior excessive doses of neuroleptics prescribed last century, until research showed lower doses to be effective and less toxic. <u>Cultural</u> issues could be raised – research often not done within the same cultural group as local population, so can be problems basing Rx decisions on it (argument for a more individual approach). Quote itself is in the context of the <u>wider medical field</u> – need to bring it home to psychiatry, with examples/references, and to discuss general scientific issues such as the critical appraisal of any research in terms of local applicability, cost/benefit and practicality of applying research findings, esp. those from overseas studies which were carried out in very different populatns & circumstances.
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1-2	
The candidate demonstrates an ability to understand psychiatry or mental illness in only one of the following contexts: broader scientific, socio-cultural, historical context. The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	3-4 5-6	
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7-8	

Reminder of actual CEQ Dimensional Scoring:

Dimension 1. Capacity to produce a logical argument and critical reasoning	
There is no evidence of logical argument or critical reasoning.	0
Points are random or unconnected or listed; **or** assertions are unsupported or false; **or** there is no conclusion.	1 2
The points in this essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.	3 4
The points in this essay follow logically to demonstrate the argument; **and** assertions are supported by correct and relevant knowledge.	5 6
The candidate demonstrates a highly sophisticated level of reasoning and logical argument.	7 8

Dimension 2. Flexibility	
The candidate restricts him or herself to an extremely narrow and very rigid line of argument.	0
The candidate considers only one point of view.	1 2
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated.	3 4
The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	5 6
The candidate demonstrates a highly sophisticated capacity to set out and evaluate more than one point of view.	7 8

Dimension 3. Ability to communicate	
The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0
The spelling, grammar or vocabulary significantly impedes communication.	1 2
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates poor capacity for written expression.	3 4
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5 6
The candidate displays a highly sophisticated level of written expression.	7 8

Dimension 4. Judgment, experience and maturity, ethical awareness	
The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0
Judgments are naive; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1 2
The candidate demonstrates some reasoned judgment or maturity of thinking or clinical experience or awareness of the ethical issues raised by the quote.	3 4
The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	5 6
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7 8

Dimension 5. Breadth: ability to set psychiatry in a broader context	
The candidate shows no awareness whatever of the broader scientific, social, cultural or historical context.	0
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1 2
The candidate demonstrates an ability to understand psychiatry or mental illness in a broader scientific or socio-cultural or historical context.	3 4
The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	5 6
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7 8

MODIFIED ESSAY QUESTION 1

Modified Essay Question 1: (23 marks)

Tom is a 20 year old unemployed youth living with his parents, who has no known past psychiatric history. His parents have become concerned about his behaviour during the past year, and brought him to his G.P. who referred him to you for assessment.

They describe Tom as behaving strangely, spending long periods in his room and often up wandering about the house during the night. At times they hear him talking aloud and arguing when he is by himself. He has become extremely suspicious of their neighbours and they have caught him checking the neighbour's mailbox and leafing through their mail. He seems to believe that he has won a competition but the neighbours have stolen the letter stating that he has won. He showed his mother a flyer from the local supermarket on which he had scribbled odd nonsensical symbols, as proof of this belief. Yesterday he threw a stone over the fence and broke their neighbours' glasshouse.

He last worked at a chocolate factory a year ago but had to leave there after an argument with his boss, who he claimed was harassing him. He has been unable to manage job interviews or to find work since, but does spend periods of time away from the house with various friends. His eating is erratic but he has not lost weight.

Question 1.1 (8 marks)

In your initial interview with Tom and his parents, what are the main things to determine, to further evaluate the degree of risk he poses to the neighbours or anyone else, including himself?

		worth	mark (circle)
A.	Detailed history from Tom and his parents to check: • if any other incidents of concern re threats or aggression/forensic history • premorbid personality re tendency to aggression • premorbid relationship with the neighbours • drug and alcohol history re possible precipitants for worsening	max. 2	0 1 2
B.	Careful mental state assessment, especially to check: • Details of persecutory delusional beliefs • Any ideas of needing to act on these so as to retaliate or defend self and/or family • Presence of hallucinations esp. command hallucinations • Presence of passivity phenomena which might cause him to act on beliefs	max. 2	0 1 2
C.	Tom's degree of insight and cooperation re: • engaging with treating team, allowing close follow-up and starting medication • promising that he will not act on his concerns again so as to threaten neighbours	max. 2	0 1 2
D.	Detailed history and mental state regarding risk to self: • degree of distress/agitation due to symptoms • command hallucinations or delusions that might increase risk to self • history of any past risk to self/attempts/mood symptoms	max. 2	0 1 2
	Up to a maximum of 8 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes.

Modified Essay Question 1

Question 1.2 (8 marks)
List up to four differential diagnoses for Tom in order of probability, with your rationale for these, and discuss how you would further investigate differentials to clarify the diagnosis.

		worth	mark (circle)
A.	**Schizophrenia** Most likely subtype is paranoid or undifferentiated. Largely clarified from detailed assessment to clarify his symptoms meet criteria for schizophrenia, timeframe/prodrome, rule out mood disorder, rule out organic cause. Careful mental state examination to clarify symptoms, full assessment covering aspects listed below, to rule out differentials.	max. 3	0 1 2 3
B.	**Substance-induced psychotic disorder** E.g. from amphetamine or heavy hallucinogen abuse. Clarify by careful history from Tom, parents, possibly friends, re drug and alcohol use, plus screening as below. Detailed history of symptoms and of drug and alcohol use. Urinary quantitative cannabinoids and narcotic screening. Physical screening looking for signs of substance abuse.	max. 2	0 1 2
C.	**Delusional disorder** Persecutory type. Clarify symptom pattern and that these are largely confined to delusions thus his illness does not meet criteria for schizophrenia. Careful history and mental state examination to clarify symptoms	max. 2	0 1 2
D.	**Less likely differentials** *Schizophreniform disorder* – not likely from 1 year Hx of concerns mentioned but need to check this as exact time-length of Symptoms not mentioned in vignette – they need to mention this issue to score the mark *Major depression or Bipolar disorder with psychosis* – possible but not likely from history given. Detailed assessment of any current mood symptoms and history of these. *Schizoaffective disorder or Bipolar disorder with prominent psychosis* – again, possible but unlikely. Assessment of mood symptoms and history, esp. the timecourse of mood Sx and psychotic Sx. Criterion of 2 weeks of mood Sx in the absence of psychosis should be mentioned. *Psychosis due to a GMC* - ruling out an organic cause (not likely from the history but it must always be excluded). Physical examination, blood testing for usual screening, GP collateral re medical history, other tests as indicated. Neuroimaging as this is 1st presentation of psychosis. (Mention of any one in this section, if reasonably discussed, can earn 2 marks).	max. 2	0 1 2
	Up to a maximum of 8 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8.
Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8)

Modified Essay Question 1

You make a plan with Tom and his parents, to start oral antipsychotic medication. Later that day, Tom's mother calls you to say that she also wants to take him to see a naturopath for a consultation as she feels no option to help Tom should be overlooked.

Question 1.3 (4 marks)

How would you respond to this development?

		worth	mark (circle)
A.	Recognise mother's distress and need for support • Be supportive and understanding of her wish to help Tom, and not dismissive of her suggestion • Handling this well is important for trust and therapeutic relationship with family at this stage.	max. 2	0 1 2
B.	Be open to a combined approach: • Explain that medications can be used alongside natural remedies and that there need not be a clash • Re-emphasise the importance of not delaying treatment with antipsychotic medications alongside any other treatment tried.	max. 2	0 1 2
C.	Address possible complications that might arise: • Explain to his mother that Tom is easily confused due to being unwell currently and that there might be a risk that a naturopath, if not familiar with psychiatric treatments, could give contradictory or confusing advice – see if she would agree to you liaising with the naturopath about working together. • If possible, try to ensure the naturopath does not recommend that Tom cease or not start antipsychotic medication.	max. 2	0 1 2
	Up to a maximum of 4 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 4.
Final Mark is to be set at not more than 4. (i.e. if they score more, final mark is still 4)

Modified Essay Question 1

Tom is commenced on risperidone medication, at a dose of 1 mg daily, increased to 2 mgs daily after 2 weeks. A week after the dose increase you are asked to review him as he is very restless. You determine that he has moderately severe akathisia. He is insistent that you provide some immediate relief from the symptoms.

Question 1.4 (3 marks)

How would you alter Tom's medication regime?

		worth	mark (circle)
A	• Change to an antipsychotic less likely to cause akathisia, possibly after a few days off all antipsychotic medication (options such as quetiapine or olanzapine may be mentioned, but specific drug names are not required) • For immediate relief, prescribe a longer half-life benzodiazepine - for the initial few days only • Prescribe a beta-blocker until the akathisia has resolved • Prescription of an anticholinergic may also be tried but is less likely to be effective	max. 3	0 1 2 3
	Up to a maximum of 3 marks in total	**TOTAL:**	

Note to Examiners: Please mark all boxes.

MODIFIED ESSAY QUESTION 2

Modified Essay Question 2: (27 marks)

Brian is a single 34 year old European sales executive living alone in an apartment, who presents with a seven year history of panic attacks. You carry out a full assessment. His first panic attacks occurred following a minor motor vehicle accident which happened while driving home from work. On that day he had been passed over for promotion for a job that he believed was rightfully his. Over the following years, the panic attacks have become increasingly frequent and are now occurring spontaneously. As a result, Brian has become increasingly reluctant to leave his house, and has had to cease work in the last six months. He has however been living off his investments and is not in financial difficulties. You establish a baseline for the frequency and severity of his symptoms - both the panic attacks and his avoidant behaviour. Brian denies any substance abuse and is physically well. He is currently between GPs, as his last GP retired and he has decided to change to a practice closer to his home.

Question 2.1 (10 marks)
Outline your short to medium-term management plan. Do not cover work rehabilitation.

		worth	mark (circle)
A	Develop the therapeutic relationship – reassure him, establish rapport.	max. 2	0 1 2
B	Psychoeducation	max. 1	0 1
C	Teach practical anxiety-management skills: • distress tolerance • hyperventilation control/breathing • relaxation training (muscular or visualisation)	max. 3	0 1 2 3
D	Progressive desensitisation (Behavioural therapy) • Exposure to panic-inducing stimuli in office (e.g. visualisation) • In vivo exposure to phobic situations • 1 mark for any other reasonable details about desensitisation therapy such as getting Brian to do homework, regular ABC analyses, etc.	max. 3	0 1 2 3
E	Cognitive behavioural therapy	max. 1	0 1
F	Pharmacological interventions: Medication options - SSRI / TCA / MAOI Use of benzodiazepines Any reasonable details about how to prescribe and monitor the above	max. 2	0 1 2
G	Advice on lifestyle modifications e.g. reducing caffeine	max. 1	0 1
H	Provide regular follow-up (and encourage him to get a new GP)	max. 1	0 1
	Up to a maximum of 10 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 10.
Final Mark is to be set at not more than 10. (i.e. if they score more, final mark is still 10)

Modified Essay Question 2

Brian describes a fear of losing control when he panics and wants to know how to avoid this. It is apparent that more detailed information about panic attacks and agoraphobia and the treatment of these conditions will be helpful.

Question 2.2 (8 marks)
What are the essential points that you will cover in psychoeducation?

		worth	mark (circle)
A	Describe the nature and course of the condition: • information about panic disorder and agoraphobia • the basis of anxiety and the cognitive model of anxiety	max. 2	0 1 2
B	Describe how lifestyle factors can contribute to anxiety e.g. coffee, stimulants, lack of sleep	max. 1	0 1
C	Describe cognitive interventions as part of CBT - how this works and what it involves	max. 2	0 1 2
D	Describe behavioural interventions and how these work: • importance of needing to experience anxiety to overcome it • use of relaxation training etc. to manage anxiety • progressive desensitisation	max. 2	0 1 2
E	Describe use of antidepressants or anti-anxiety medication as an adjunct to CBT/BT	max. 2	0 1 2
F	General information about treatment for this condition: • the likelihood of a positive response and time-frame for this • likelihood of experiencing anxiety in the course of treatment and having some residual anxiety when treatment is finished	max. 2	0 1 2
		Up to a maximum of 8 marks in total **TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8.
Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8)

Modified Essay Question 2

Brian responds well to psychoeducation and has been considering other treatment options while you were away on a month's leave. In the interim he has been making good progress, with a reduction in both the frequency and severity of his panic attacks and a lessening of avoidance behaviour. However, at your six week appointment with him, Brian admits that his brother Neil, a GP, has been prescribing lorazepam 1mg bd for him which he has been taking since first seeing you.

Question 2.3 (7 marks)
Discuss how you would approach this issue, including the information that you would provide to Brian.

		worth	mark (circle)
A	Clarify the history: • Explore the reasons for Brian's use of benzodiazepines • Recheck whether he is using any other substances	max. 2	0 1 2
B	Discuss the relative merits of CBT/antidepressants/benzodiazepines and the advantages of non-benzodiazepine treatments	max. 2	0 1 2
C	Discuss the risks in using benzodiazepines: • dependence • other adverse effects (e.g. on driving, memory) • possibility of rebound anxiety with short-acting benzodiazepines • possibility of benzodiazepine use reducing the effectiveness of a trial of CBT	max. 2	0 1 2
D	Agree on a strategy for withdrawing the benzodiazepine	max. 2	0 1 2
E	Manage the fact of Brian's brother prescribing for him: • discuss the need for clarity regarding Neil's roles as brother vs treatment provider • with Brian's consent, talk with Neil and ensure that you are the only prescribing doctor for Brian • firmly encourage Brian to arrange his own GP	max. 2	0 1 2
	Up to a maximum of 7 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7.
Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7)

Modified Essay Question 2

You discuss trialling an SSRI medication for his panic disorder. Brian asks how long it will take before he might expect some benefits.

Question 2.4 (2 marks)
What is your reply?

		worth	mark (circle)
A	The same amount of time that antidepressants take to work, in treating depression (e.g. about 1 to 3 weeks, but it can take several weeks at times). (Markers: any approximation of this timeframe is adequate for 1 mark but a more detailed explanation is required for the full 2 marks)	max. 2	0 1 2
		Up to a maximum of 2 marks in total TOTAL:	

<u>Note to Examiners:</u> Please mark all boxes.

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (25 marks)

Alren, age seven, is referred to the local Community Child Mental Health service with behaviour problems. Alren is a refugee from a country at war and came here at age two with his mother and two older sisters. His father disappeared when Alren was one year old and is presumed dead.
The referral information describes Alren as aggressive to other children and uncooperative with ordinary routines. His verbal language is limited and he ignores other people much of the time. He likes to play by himself, usually with a set of toy cars.
Alren is well and has never had any serious illness. His birth was normal, but his mother was malnourished during pregnancy. He is on no medications. He has not been seen by mental health services before although the school has received extra staffing to help him settle into the classroom. His mother speaks reasonably good English and does not need an interpreter.

Question 3.1 (10 marks)
Outline the most important information you will gather in your first assessment appointment with Alren and his mother, to clarify Alren' diagnosis. Be specific about what you will need to find out.

		worth	mark (circle)
A	Detailed developmental history, covering: • early socialisation and relationships • history of exposure to trauma & violence • developmental insults such as malnutrition or head injury • current level of development: motor, verbal and social	max. 3	0 1 2 3
B	Assessment of Alren's behaviour: • history of behavioural difficulties, e.g. ABC analysis (or similar) • observation of Alren - his response to you, behaviour, verbal skills	max. 2	0 1 2
C	Information about Alren's family: • family psychiatric history and history of odd/eccentric/unusual people • his mother's mental health status especially grief, depression, PTSD • the family structure, supports and their responses to Alren	max. 3	0 1 2 3
D	Cultural assessment: • issues & beliefs in Alren' family and culture, relating to mental health • would a cultural or refugee worker's involvement (if available) assist?	max. 2	0 1 2
E	Assessment for autism: • history of resisting change, poor social interactions, restricted interests • assessment using standardised measures for autism	max. 2	0 1 2
		Up to a maximum of 10 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 10.
Final Mark is to be set at not more than 10. (i.e. if they score more, final mark is still 10).

Modified Essay Question 3

Alren's mother asks you what she should do when he hits other family members.

Question 3.2 (8 marks)

Outline the advice and information you will give to Alren's mother.

		worth	mark (circle)
A	How to do an ABC analysis: • look for the antecedents to unwanted behaviour - what promotes it • look for the consequences – what might encourage the behaviour	max. 2	0 1 2
B	Try to reduce precipitants and perpetuating factors: • talk to his older siblings if their behaviour is a trigger • consider environmental changes (rearranging bedtime, etc.) • modify her own behaviour if needed (calm tone, no hitting)	max. 2	0 1 2
C	Have consequences for the unwanted behaviour: • explain the rules and consequences for hitting to all three of the children • time out - explain how to use 'time out' effectively	max. 2	0 1 2
D	Explain about rewards for good behaviour: • determine what would work for Alren as rewards • determine small day to day rewards verses larger once-a-week rewards	max. 2	0 1 2
E	Describe and demonstrate the use of a Star Chart (or similar)	max. 1	0 1
F	Discuss the need to review progress and adapt the plan as needed	max. 1	0 1
		Up to a maximum of 8 marks total	
		Total:	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8.
Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8).

Modified Essay Question 3

Alren's teacher makes contact with you, and asks you to come to the school to discuss refugee families' mental health needs. You do some quick research and agree to talk to a small group of teachers at the school.

Question 3.3 (7 marks)

Describe the main points you would make at such a talk.

		worth	mark (circle)
A	Vulnerability to mental health problems: • high rates of PTSD • high rates of depression	max. 2	0 1 2
B	Family dislocation issues: • traditional family structures and parenting methods may be dismantled by cultural displacement and losses • "Second generation" issues: children finding peers in new country, challenging their parents, being more competent in some respects	max. 2	0 1 2
C	Language barriers in assessments and interventions: • may be little shared language/concepts about mental health • use of interpreters can be complex (stigma/trust issues, interpreter skill varies, skill in using an interpreter varies) • pitfalls in using family members as interpreters	max. 2	0 1 2
D	Cultural barriers: • stigma - negative view of mental illness delaying and complicating access to services, and engagement • Lack of trust - refugees may fear perceived 'authorities' (specialist services)	max. 2	0 1 2
E	Importance of other social structures in assessment and interventions: • refugees may more readily accept help from teachers, GPs etc. than from mental health services • Important to collaborate in assessment and interventions	max. 2	0 1 2
	Up to a maximum of 7 marks total. **Total:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7. Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7).

MODIFIED ESSAY QUESTION 4

Modified Essay Question 4: (25 marks)

Marion is a 27 year old social worker from the local Child Welfare office. She is known to mental health services and has a diagnosis of a borderline personality disorder, with two previous suicide attempts and some history of superficial lacerations to her forearms. She is however generally quite high functioning and sees a private psychotherapist in the community on a weekly basis.

Marion is estranged from her parents after a history of childhood sexual abuse by her father and her main support in the community is her partner Rosalie who is a teacher. Marion and Rosalie rent a house together. Marion's usual medication is fluoxetine 20mgs mane, quetiapine 200mgs and clonazepam 1 mg nocte, which is prescribed by her GP. She says that the quetiapine and clonazepam are for her chronic sleep problems.

Marion has been more stressed lately as one of the children under her care was badly beaten by his violent stepfather and a story criticising the Child Welfare service has been in the local newspaper. Marion was admitted two days ago to the psychiatric unit where you work, after a paracetamol overdose. She is under your care on the unit and is presently in the locked High Dependency Unit. Rosalie has visited her daily. Marion is now asking to transfer out onto the main ward, which is not locked.

Question 4.1 (2 marks)

Briefly explain how the ethical principle of non-maleficence applies, in making this decision.

		worth	mark (circle)
A	Detaining Marion for too long against her will could cause her to decompensate, thus making her coping poorer and increasing acting out and self-harm behaviour. i.e. we would have "done harm" by detaining her. (NB: answers must specifically address how detaining Marion might *cause her harm* rather than just talking about lack of autonomy as a problem, in order to gain the marks.)	max. 2	0 1 2
		Up to a maximum of 2 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes.

Modified Essay Question 4

You have read Marion's psychiatric records and have liaised with her GP about contacts with her, prescribing, and the GP's management recommendations.

Question 4.2 (9 marks)

What other information would you want to gather so as to make the decision about allowing Marion to leave the HDU, and from where would you obtain this information?

		worth	mark (circle)
A	Information as below, so as to review her Risk Assessment	max. 1	0 1
B	History from Marion regarding: • her coping in the past 2 days including sleep, eating, ADLs • her wishes regarding her management at this point • her sense of control – vulnerability to self-harm behaviour or acting out • her willingness to cooperate in a management plan • any other relevant symptoms e.g. psychotic or dissociative symptoms	max. 2	0 1 2
C	Information from a review of Marion's mental state: • her affective state regarding depression, anger, aggression • thought content re thoughts of harming self or others (intent, plans) • any abnormal perceptions or dissociative symptoms • insight and judgement	max. 2	0 1 2
D	From HDU Staff: Details of Marion's coping in the HDU. Her sleep, eating, ADLs, evidence of any symptoms or signs of depression, dissociation or psychosis. Staff's assessment of her current level of safety.	max. 2	0 1 2
E	From Rosalie: With Marion's permission, get Rosalie's view of Marion's current coping and safety.	max. 1	0 1
F	From Marion's therapist: Therapist's overall management recommendations including degree of containment, length of stay.	max. 2	0 1 2
		Up to a maximum of 9 marks total **Total:**	

Note to Examiners: Please mark all boxes, even if the total adds up to more than 9. Final Mark is to be set at not more than 9. (i.e. if they score more, final mark is still 9).

Modified Essay Question 4

You find out that Marion has had some past crisis contacts with mental health services but there is no overall Management Plan in place for her.

Question 4.3 (9 marks)

Outline the main features that might be helpful in such a plan, and the process by which you would determine the details of the plan and set it in place.

		worth	mark (circle)
A	*Plan for Regular Follow-up:* • frequency of regular therapy and therapist contact number • plan for Marion's usual medication, aim being to keep this stable and involve therapist and GP in any alterations • a limit-setting statement may be needed re frequency of contacts	max. 3	0 1 2 3
B	*Crisis intervention from local mental health team* • what can be offered via crisis contacts and after hours contact details • reminder about methods that work for Marion to self-soothe • possibly plan for brief respite care/admissions, possibly with a respite budget • a limit-setting statement may be needed re frequency of contacts	max. 3	0 1 2 3
C	*Plan to Maintain Marion's Autonomy and Avoid Regression* • helpful to emphasise importance of maintaining her coping and autonomy • needs to be a plan to avoid prolonged admissions – usually plans specify an upper limit of days • avoid use of Mental Health Act if possible	max. 2	0 1 2
D	*Statement regarding Suicidality and Risk Holding* A statement that there are some ongoing risks and that all involved will need to live with these is helpful, esp. where there is ongoing suicidal ideation and where self-harming behaviour (like cutting) is a coping mechanism.	max. 1	0 1
E	*Collaborative process* • some description of this as a collaborative process • generally involves a meeting of all or most of the involved parties • all involved people and services need a copy of the plan	max. 2	0 1 2
F	*Timeframe* - for a review of plan. A review date is usually set	max. 1	0 1
		Up to a maximum of 9 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 9.
Final Mark is to be set at not more than 9. (i.e. if they score more, final mark is still 9).

Modified Essay Question 4

Just before being discharged home, Marion asks to see you and says that she wants to read her psychiatric file.

Question 4.4 (5 marks)

Discuss your response to this request.

		worth	mark (circle)
A	*Immediate Response and your attitude* Important to discuss this carefully with Marion and to arrange a process to meet her request as collaboratively as possible.	max. 1	0 1
B	*Information about her Rights and the Process* (Note to markers: local policies will vary, as will the person expected to organise access to records for patients. e.g. this might be a clinician or a manager. However, some of the issues below will apply) Explanation about local Privacy Act, who owns the records (the hospital, not Marion), the process for Marion to take issue with any details in the records (e.g. that details in the records cannot be deleted once recorded, but additional information can be added). Info about local policies may need to be explained and followed. e.g. a manager may need to authorise access to records.	max. 2	0 1 2
C	*Timing and Risk Assessment Negotiation* May need to negotiate with her about when to do this if • reading some of the details might increase her risk of self-harm and worsen her coping or prolong the current admission • the file needs to be screened first to check if there is any personal information obtained from other collateral sources about other individuals which it would not be appropriate for Marion to see. (an e.g. would be info from her mother about Marion's sister also having been sexually abused)	max. 2	0 1 2
D	*Ethical Issues* Autonomy – Marion accessing her records aids her autonomy. But there may be conflict with duty of care (beneficence and non-maleficence) if her reading them increases her risk or causes risk to others.	max. 2	0 1 2
		Up to a maximum of 5 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 5. Final Mark is to be set at not more than 5. (i.e. if they score more, final mark is still 5).

MODIFIED ESSAY QUESTION 5

Modified Essay Question 5: (20 marks)

Melanie, a 26 year old hairdresser, is recovering from a manic episode which has led to her being admitted for a three week period of compulsory treatment. She has a history of one prior hypomanic episode two years ago while on holiday in Fiji, which was followed by a major depression during which she took an overdose of sleeping tablets which required brief treatment at an Emergency Department. This depression was treated by her GP with fluoxetine 20 mgs for a period of four months.

She currently lives with her sister and brother in law after breaking up with her boyfriend of 1 year's standing when becoming manic and disinhibited prior to the recent admission.

While manic she spent $1500 on clothes and worried her family by going to clubs late at night in a disinhibited state. She received two speeding tickets across this period.

She is currently treated with lithium carbonate 1000 mgs nocte (serum level stable at 0.8 umol/L), and olanzapine 10 mgs nocte. Her insight is now good, and she is euthymic and cooperative with treatment, and an informal patient. You have been managing her care as an inpatient and she is now being discharged to your care at a local clinic.

Question 5.1 (7 marks)

What will you recommend to Melanie regarding long-term prophylactic treatment with a mood stabiliser at this stage? Give details regarding your rationale and any evidence-base or criteria regarding your recommendations.

		worth	mark (circle)
A.	Melanie definitely needs long-term prophylactic treatment with a mood stabiliser. Recommend indefinite prophylaxis.	max. 2	0 1 2
B.	Reason - risks if she relapses again: • Risk to self and others during manic episodes – disinhibition, speeding, debts. • Risk of severe depression after each manic episode, carrying its own morbidity, and risk of self-harm/suicide.	max. 2	0 1 2
C.	Reason - number and frequency of relapses: • two significant mood episodes (manic or depressive) within 2 years so further recurrences are likely. • all criteria agree - Angst; NIMH Consensus development panel guidelines; Goodwin & Jamison. See RANZCP Clinical Guidelines for Bipolar Disorder	max. 2	0 1 2
D.	Recommendations about longer-term prophylactic treatment for Melanie - sensible details about how prophylactic treatment will be carried out and monitored.	max. 2	0 1 2
	Up to a maximum of 7 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7. Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7).

Modified Essay Question 5

Melanie expresses concern to you that her medication may cause her to gain weight. It is clear that this could interfere with her adherence to treatment in the longer term.

Question 5.2 (7 marks)
How would you respond to her, and how would you manage this risk?

		worth	mark (circle)
A	Attitude of openness and collaboration: • Acknowledge risk honestly but explain it varies, is not inevitable and is limited • Discuss strategies that can be helpful to manage this if it occurs	max. 2	0 1 2
B	Practical management of risk of weight gain – minimise medication causes: • Taper and cease olanzapine as soon as possible (should not be needed for overall prophylaxis and is very likely to cause weight gain) • Possibly reduce LiCO3 to lower maintenance dose after this as it's not yet clear what her minimum effective LiCO3 dose is as yet (aim for serum level not lower than 0.6-0.7 umol/L) • Be prepared to try another mood stabiliser if weight gain's a serious problem and nothing else works – e.g. Carbamazepine	max. 3	0 1 2 3
C	Practical management of risk of weight gain – lifestyle changes: • Advice about avoiding sweet drinks if any increased thirst on LiCO3 • Support with a sensible diet plan (dietician referral as needed) • Advice about a sensible exercise plan	max.3	0 1 2 3
	Up to a maximum of 7 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7.
Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7).

Modified Essay Question 5

Two weeks after leaving hospital, Melanie appears flat in mood and more anxious. You are concerned that she may be becoming depressed again.

Question 5.3 (6 marks)
Discuss how you would respond to this development.

		worth	mark (circle)
A.	Careful reviews and close follow-up: • Assess carefully looking for features of depression, especially suicidality or reduced self-care • Monitor closely, increase support and provide crisis back-up if needed • Involve her family in the support and monitoring plan – make sure she has an early warning signs/relapse prevention plan.	max. 2	0 1 2
B.	Psychosocial support re managing losses due to mania: • if her relationship is salvageable, see them as a couple or arrange couple counselling • provide supportive psychotherapy for Melanie • provide CBT if she's not too depressed to use this • support her return to work when appropriate and help liaise with her employer if she wishes this	max. 2	0 1 2
C.	Medication interventions if major depression recurs: • restart fluoxetine • watch LiCO3 levels and ensure they're optimal • possibly reinstate olanzapine at a lowish dose (as adjunctive treatment for depression, may help anxiety and sleep as well) • consider use of lamotrigine as a mood stabiliser	max. 3	0 1 2 3
D.	Check there's no substance abuse complicating matters (not as likely in a depressed phase however, and not very likely to be the cause of a depressed phase).	max. 1	0 1
	Up to a maximum of 6 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 6.
Final Mark is to be set at not more than 6. (i.e. if they score more, final mark is still 6).

MODIFIED ESSAY QUESTION 6

Modified Essay Question 6: (20 marks)

You work in a mental health service for older people and have assessed Mrs Betty McKay, a 75 year old woman who has developed a major depression with melancholic and psychotic features, several months after her husband Bill's death from Alzheimer's disease. She has been admitted to a geriatric ward after having been found collapsed and hypothermic in her own home. She has recovered sufficiently to talk with you a little, but remains frail.

Her only relative Sarah, her daughter, lives in England and ward nursing staff tell you that Sarah has been contacted by phone and is very concerned about her mother but is unable to travel to be involved in her mother's care as one of her children has been hospitalised with severe asthma.

Mrs McKay is receiving intravenous fluids but is not eating or taking any oral medication. She declines all medication whenever this is discussed, telling you that she is "beyond all help" and "just a burden to everyone". She has a fixed belief that her brain is damaged "it's like Swiss cheese – full of holes".

A friend from her book club has visited her and is shocked by her deterioration. She says that Betty was always a cheerful, outgoing person, independent and sociable, up until the death of her husband.

Question 6.1 (4 marks)

Describe the indications for electroconvulsive therapy (ECT) to treat Mrs McKay.

		worth	mark (circle)
A	She has a depressive illness of the type likely to respond to ECT: • severe depression - she is requiring IV fluids and not eating • melancholic and psychotic depression which is likely to respond to ECT • she has a treatable illness - was well until a few months ago	max. 3	0 1 2 3
B	Other treatment options are not feasible: she refuses oral medication so you cannot use antidepressants and antipsychotic medication alone is not likely to be effective	max. 1	0 1
C	Urgent need for treatment: • her illness is life-threatening • a treatment like ECT which is more rapidly effective is indicated	max. 2	0 1 2
	Up to a maximum of 4 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 4.
Final Mark is to be set at not more than 4. (i.e. if they score more, final mark is still 4) .

Modified Essay Question 6

Mrs McKay also expresses the fixed belief that she has Alzheimer's disease as she can no longer concentrate or remember anything, and says that she cannot bear to "go the same way as my Bill" and wants to be put out of her misery. A medical student tells you that she asked the student if she could have ECT "to end it all".

Question 6.2 (7 marks)

Discuss the ethical issues and related practical problems in the use of ECT to treat Mrs McKay. How would you attempt to overcome any such barriers to the use of ECT?

		worth	mark (circle)
A	*Principle of Beneficence* • duty of care – Mrs McKay needs ECT or she's likely to die, so our duty is to treat her appropriately even if she can't consent • need to use mental health act to provide treatment	max. 2	0 1 2
B	*Principle of Autonomy*: • issues around her *competency* - she's *not* competent to give consent • need to get family's agreement to the treatment plan (as a proxy for her autonomy to some degree) • need to continue explaining situation to Mrs McKay during ECT so as to maintain her autonomy as she recovers and get her consent once she is again competent	max. 3	0 1 2 3
C	*Practical problems arranging family's agreement to ECT* • No local relatives, just daughter in UK • Overcome by communicating with daughter by phone or email. Can make treatment decisions like this and send her information or suggest suitable websites she can read	max. 2	0 1 2
D	*Principle of Non-maleficence* • is she medically fit enough for ECT? Ensure she has a full medical workup re ECT fitness, and ideally, neuroimaging • cause of her collapse - careful liaison with medical team, ensure recent CVA or MI ruled out	max. 2	0 1 2
	Up to a maximum of 7 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7. Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7) .

Modified Essay Question 6 contd.

Mrs McKay's daughter Sarah raises concerns, saying she has heard that ECT can cause memory loss.

Question 6.3 (9 marks)

Discuss how you would respond to Sarah about this.

		worth	mark (circle)
A	Attitude of honesty and clarity of communication: • acknowledge that her concerns are understandable as ECT does affect the memory • explain issues in appropriate language	max. 2	0 1 2
B	Approach: • collaborative sharing of information and discussion of the risks and the pros and cons of treatment • reassurance – check where she got her information as some anti-ECT sites are very extreme and inaccurate	max. 2	0 1 2
C	Provide information about the cognitive effects of ECT: • main effect is a temporary effect on STM • some longer-lasting memory loss is possible but is partly caused by the depression itself and is mainly for the time immediately round treatments • low risk of permanent autobiographical memory deficits with modern ECT technique/equipment	max. 3	0 1 2 3
D	Discuss minimising the memory & cognitive side-effects of ECT: • via using lowest effective stimulus dose • modern equipment with square wave charge delivery • electrode placement (unilateral ECT) • reduced frequency of treatments	max. 2	0 1 2
E	Weigh up the risks: • of memory effects from ECT vs morbidity/mortality of severe depression • no other effective treatment so no real choice as ECT in her case is lifesaving	max. 2	0 1 2
	Up to a maximum of 9 marks in total	**TOTAL:**	

Note to Examiners:
Please mark all boxes, even if the total adds up to more than 9.
Final Mark is to be set at not more than 9. (i.e. if they score more, final mark is still 9).