



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

**MODIFIED  
ESSAY  
QUESTIONS**

**Produced and delivered by the NSW Branch Training  
Committee in collaboration with Health Education and  
Training Institute Higher Education**



**MOCK EXAMINATION PAPER  
NOVEMBER 2023**

**STIMULUS**

To be used as a handout while answering questions.

**You can annotate and highlight in this handout, as it is not the  
answer booklet.**

## MODIFIED ESSAY QUESTION 1 (22 marks)

You are a junior CL consultant working in a small hospital. A 23 year old Indian woman who is an overseas student doing a Master's degree in Economics presents to ED with one month history of epigastric pain, rectal bleeding and frequent postprandial vomiting. She reports 5 kg weight loss in the past month. Prior to this, she was experiencing increased fatigue. She has intermittently used cannabis, the last time around a month ago.

She is clinically dehydrated with a persistent tachycardia, and her bloods demonstrate hypoglycemia and a metabolic acidosis. There is no medical history of note. The ED gives her IV fluids, thiamine, metoclopramide and pantoprazole and she is admitted under general medicine.

The team refers to you with concerns for "major depressive disorder, suicidal ideation and eating disorder".

She has been in Australia for 18 months and is living with her boyfriend of 8 months who is also Indian. His parents are now pressuring them to get married, but she is reluctant to make this commitment, as she had a conflict with the boyfriend four weeks ago, after which he blocked her on all social media for three days. She also has significant financial stressors, having taken out an \$85,000 loan for her studies and works to keep up with repayments. She has no other family or friends in Australia.

She contacted the mental health line around four weeks ago, however they referred her back to her GP. The GP commenced her on venlafaxine at the time. She has not been compliant with this.

As a child in India, she had no friends in primary school and changed schools but was then "bullied" by a teacher. She attempted to jump in front of a bus at the age of fifteen. Following this, she had several relationships where her partner was either physically or sexually abusive towards her.

At her undergraduate university (in India), she was sexually assaulted by a professor. Her complaint was disregarded by the university. She was subsequently diagnosed with depression by a psychiatrist.

### Question 1.1 (10 marks)

**Outline (list & justify) the differential diagnoses you would consider.**

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

---

The medical team feel she has acute gastritis and want psychiatry to take over care as her bloods have normalised after two days of medical treatment. She continues to vomit every day. They have charted venlafaxine 75mg. Your provisional diagnosis is an adjustment disorder with depressed mood, and you note she is still vomiting.

### Question 1.2 (9 marks)

**Outline (list and justify) your approach in your dealings with the medical team.**

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

## **MODIFIED ESSAY QUESTION 1 Cont'd (22 marks)**

The medical team continue treating her with IV antiemetics. She becomes increasingly agitated, and the next day requests to discharge home without completing all the planned investigations.

The team believes the boyfriend is insisting she return home. The medical registrar asks you whether she can be allowed to discharge against medical advice. They have told her she needs to stay to have her potassium monitored and explained the risks.

She does not meet criteria to detain under the Mental Health Act.

### **Question 1.3 (3 marks)**

**List the key factors you would consider when assessing the woman's decision-making capacity to discharge against medical advice.**

---

## **MODIFIED ESSAY QUESTION 2 (21 marks)**

You are an early career psychiatrist working in a community health centre with the acute care team. You have been asked to see a new patient referred for assessment by his GP.

Jack Bower is a 17-year-old male in year 12 of a public high school and living with his parents and two younger siblings aged 15 and 12 in an outer metropolitan area. Jack had a normal developmental history, met all his developmental milestones, and was an average student academically. He typically played soccer on weekends and gamed online with his friends.

Over the last few months Jack's family have observed him to be increasingly withdrawn spending more time in his room and he has not been attending soccer practice. There has been a marked decline in his school marks and his teachers have commented about poor attention in class.

Upon review with his parents, Jack appeared reasonably well dressed and groomed, however his engagement was limited, and rapport was not easy to establish. His affect appeared flat; however, he denied feeling depressed. When asked about his social withdrawal and poor school performance, Jack just shrugged his shoulders. Jack said that he thought he would do fine in the HSC.

You interview Jack alone briefly. He was not much more forthcoming and there was little spontaneity in conversation. He continued to deny feeling depressed and denied thoughts of suicide or self-harm. However, when specifically asked about hearing voices, he conceded that he sometimes heard whispers or people calling his name when there was nobody around. He has this experience daily for about 10 minutes per day. He also said he sometimes saw shadowy figures at night. When asked about persecutory ideation, he said that he sometimes feels like he is being watched, but he doesn't know by whom.

There is no history of substance use.

There is no family history of mental illness, however Jack's paternal uncle was described as eccentric and reclusive.

### **Question 2.1 (5 marks)**

**Describe (list and explain) your preliminary diagnostic impression and differential diagnoses you would consider?**

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

---

### **Question 2.2 (4 marks)**

**List and justify what further history and investigations would you like to obtain, including what structured clinical tools would you consider useful at this stage to aid in diagnosis and treatment planning?**

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

---

## **MODIFIED ESSAY QUESTION 2 cont'd (21 marks)**

Jack's parents are concerned about the impact of his poor mental health on the HSC and that it may limit his future vocational opportunities.

### **Question 2.3 (7 marks)**

**Describe (list and explain) what immediate and longer-term actions you would suggest to address these concerns?**

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

---

While meeting Jack's parents, you also wish to take this opportunity to provide some psychoeducation.

### **Question 2.4 (5 marks)**

**List the main points you would discuss with them.**

---

## MODIFIED ESSAY QUESTION 3

(18 marks)

You are a Junior Consultant Psychiatrist working in the acute adult unit in a General Hospital. You are also the principal supervisor for Dr Will Smith, a first-year trainee registrar who has completed seven months of psychiatry training.

You receive a phone call from the Clinical Director informing you that a patient, Jordan McKenzie, who had presented to the Emergency Department 2 days ago with suicidal ideation and was assessed and discharged by Dr Smith in the after-hours shift has been found dead yesterday. The Clinical Director has just informed Dr Will Smith and is conveying this to you, as his supervisor.

### Question 3.1 (8 marks)

**Outline (list and justify) how you would approach the situation?**

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

---

You have supported Dr Smith through the immediate phase. He has gone back to his usual inpatient work on the ward and appears to be coping reasonably.

A week later, Dr Smith receives a letter inviting him to an interview as part of the associated Root Cause Analysis. He becomes distressed and panicked and approaches you regarding the process.

### Question 3.2 (6 marks)

**Outline (list and explain) the purpose, framework, and steps of an RCA.**

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

---

The RCA interview occurs, and Dr Smith appears to manage the RCA interview. After three weeks, you receive a call from the clinical director asking about Dr Smith's welfare. It has come to his notice that he had called in sick with late notice for two after-hours shifts and the reserve registrars had to be called in.

You had not been aware of this as Dr Will Smith had not had any sick leave or absences from his day work.

You wonder what might be behind these absences and whether perhaps your registrar is continuing to struggle with distress post the patient's death.

### Question 3.3 (4 marks)

**Outline (list and explain) how you would approach the situation.**

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

---

## **MODIFIED ESSAY QUESTION 4 (22 marks)**

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

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

The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak.

His mother was seen in the ED yelling at him “if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”

### **Question 4.1 (3 marks)**

**Describe (list and explain) how you would approach the interview with Jake as part of a comprehensive psychiatric assessment.**

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

---

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

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

### **Question 4.2 (8 marks)**

**Outline (list and justify) the aspects of the history that you need to explore with Jake.**

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

---

Jake’s mother says that “Jake has always been a bit odd, and he can’t make or keep friends. He’s hated the cats forever, is always trying to teach them human rules, and then yells at them when they don’t do what he wants. He’s refused to see a paediatrician or psychologist because he doesn’t think anything is a problem. He can be calm one minute and then loses it whenever I ask him to stop obsessing over rules. He’s always referring to himself by his first name only.”

### **Question 4.3 (4 marks)**

**Outline (list and justify) any additional information would you seek from Jake’s mother or any other sources.**

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

---

## **MODIFIED ESSAY QUESTION 4 cont'd (22 marks)**

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

### **Question 4.4 (2 marks)**

**Outline (list and justify) your provisional diagnosis.**

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

---

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

### **Question 4.5 (5 marks)**

**Outline (list and justify) your initial management plan, including which services you would refer this young person to. For at least two of referrals, please justify why this referral is needed.**

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

---

## MODIFIED ESSAY QUESTION 5

(23 marks)

You are a junior consultant working at an acute community mental health team. You receive a referral from a young woman, Lisa, who is concerned about her 60-year-old mother Megan. Over the last two years, since the death of her husband two years ago, Megan has been isolating herself in her house. The council has complained about scrap furniture in the front yard, and unmown grass. Megan has not allowed her family to visit for the last six months after they suggested that she get rid of her pet cats. She has always been a worrier but has never seen a psychiatrist before. She has only been on treatment for hypertension and diabetes before this.

Megan does not answer phone calls from your service and so you plan to make a home visit to her – there is no message service on her phone, and you have sent her a letter to this effect.

### Question 5.1 (8 marks)

**Describe (list and explain) how you would perform a comprehensive psychiatric assessment with Megan at her home?**

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

---

### Question 5.2 (5 marks)

**Outline (list and justify) all the differential diagnoses you will keep in mind.**

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

---

On your home visit, you note the house smells because of 5 cats and 4 dogs that are living in the home and animal faecal matter on the floor of the house. Megan has furniture piled up in the garage and her living room which she has obtained from neighbours' kerbside and intends to repair and use them. She refuses to throw away any of the rusty furniture and intends to continue 'rescuing animals'. You are concerned she might have a hoarding disorder.

### Question 5.3 (4 marks)

**Outline (list and justify) potential risks associated with her disorder.**

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

---

Megan refuses to consider any treatment or community intervention. You are concerned about the risks to her and decide that she needs an admission under the mental health act.

### Question 5.4 (3 marks)

**Outline (list and justify) the important factors to consider when transporting a patient under the Mental Health Act to hospital.**

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

---

You call Lisa to inform her about your decision to admit Megan to hospital. She asks you what treatment a person with hoarding disorder might receive. She also wants to know whether she should go into Megan's home and get rid of her clutter while she is hospital.

### Question 5.5 (3 marks)

**Outline (list and justify) a treatment plan.**

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

---

## MODIFIED ESSAY QUESTION 6

(19 marks)

You are a junior consultant psychiatrist at a community older persons mental health service. Anna is a 78-year-old widow who lives with her adult son, Jeff. She is referred to you by her GP for assessment of memory impairment over the last 6 months, as reported by her son. The referral letter states that Jeff has been concerned that Anna is increasingly forgetful, cannot remember appointments or recent conversations, has at times left the stove on or the fridge door open, and is having increasing difficulties managing her bills and finances independently. The GP commented that Anna seemed more anxious than usual and said she had not been sleeping well, but that she did not seem confused during her appointment.

### Question 6.1 (8 marks)

**Describe (list and explain) the most important aspects of assessment in this case.**

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

---

When Anna comes for her appointment with you, Jeff also attends and asks to be present for the interview, which you allow. During the interview, you notice that Jeff often does not allow Anna to speak for herself and answers for her. He is somewhat pushy and seems to be hurrying you along to make a diagnosis of dementia. You insist that he go to the waiting room while you perform cognitive testing, explaining that this is standard practice in order to reduce the risk of Anna underperforming due to feeling self-conscious in front of her son.

### Question 6.2 (4 marks)

**Describe (list and explain) how you would screen for the presence of elder abuse by Jeff.**

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

---

Anna explains that Jeff has been under a lot of stress since his marriage broke down 6 months ago, which is when he moved in with her. His ex-wife had made 'unfounded accusations' against him, and police implemented an Apprehended Violence Order, which prohibits Jeff from contact with her or his children. Anna explained that Jeff was very upset about being unable to see his children, and that he would do anything to get them back. He is not currently working, and he has had to ask her several times for money to pay his legal bills as he pursues custody of his children. Anna feels she cannot refuse these requests. Anna is also paying for his daily expenses like food, petrol, etc. At one point, when Anna said 'no' because she knew it would leave her short for the electricity bill, she later discovered that he had borrowed her bank card and withdrawn several hundreds of dollars without her knowledge. She is worried about his mental health and asks if you can see him as a patient too.

### Question 6.3 (7 marks)

**Outline (list and justify) what you would do in response to what Anna has said about Jeff.**

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

---

**END of MEQ's**