



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

MODIFIED ESSAY QUESTIONS

ESSAY STYLE MOCK EXAMINATION PAPER 2017

STIMULUS

To be used as a handout while answering questions.

CRITICAL ESSAY QUESTION (40 marks)

In essay form, critically discuss this quotation from different points of view relevant to the practice of psychiatry and provide your conclusion.

"Meditation and Mindfulness skills are now a 'must have' if you wish to be healthy, happy and thrive in your work and life."

(from a website advertising Mindfulness training)

MODIFIED ESSAY QUESTION 1 (24 marks)

You are a junior consultant working in the community and have received a referral for Jacob, aged 25, from the inpatient psychiatric unit. He has recently been discharged from hospital and is on risperidone 1 mg nocte. He remains under compulsory treatment.

Jacob attends an initial interview with his parents. He reports that his symptoms have improved over the last fortnight, but mentioned seeing special meaning in road signs and billboards on the way to his appointment with you. The discharge note from the inpatient unit indicates that he reported bizarre beliefs on admission and expressed fears that his father was going to kill him with a chainsaw. He also had grandiose thoughts such as that he had superpowers.

Question 1.1 (8 marks)

Outline the key aspects of your initial risk assessment for Jacob.

Jacob is unemployed and living with his parents. He has not been in employment since leaving school five years earlier and is spending most of his time studying topics of special interest to him, which include numerology, psychology, theories on the illuminati and other conspiracies. He mentions using cannabis consistently for two years in his early twenties but says he has not smoked for the previous three years.

Collateral history from his mother confirms that Jacob was under mental health services as a child, at which time he was given diagnoses of ADHD, Specific Learning Disabilities, and Dyspraxia. She mentions that he seemed to be directionless over the previous five years and was isolating himself in his room while researching his special interest topics. She asks whether his functioning will improve, with follow-up.

Question 1.2 (8 marks)

Discuss the key information you will seek in your assessment of Jacob's functioning (both current and historic).

It is two months later and Jacob's case manager reports that he has not made much progress. Jacob continues to spend most of his time at home. His case manager is concerned that he is depressed but he does not seem suicidal.

She also mentioned that he has disclosed to her that he has been accessing objectionable sites on the internet, which include pornographic material. Closer questioning has revealed a fascination with images of minors. She further mentioned that he has expressed guilt at this behaviour but noted that he has been unable to cease accessing the sites.

Question 1.3 (8 marks)

In light of this development, discuss your plan to assess and manage Jacob's current risks to children, including his accessing of child pornography.

MODIFIED ESSAY QUESTION 2 (25 marks)

You are phoned by a junior registrar in the early hours of the morning about Damien, aged 32, who is being restrained in the Emergency Department because of aggression and threatening to punch staff. Damien had been brought to the ED by police, having climbed onto the bridge railings of a pedestrian motorway overpass, and having threatened to kill himself by jumping off.

There is a history of poly-substance abuse and intermittent intravenous use of illicit substances. Damien has an established diagnosis of antisocial personality disorder with an extensive criminal history dating back to age 16, including violent offences.

Due to Damien's aggression and lack of co-operation the registrar has been unable to interview him. However, similar presentations in the past have resulted in brief involuntary admissions, with Damien having been released after several days 'without evidence of a mental disorder'. The registrar suggests this presentation is 'bad behaviour' rather than 'mental illness' and is asking your opinion on discharging Damien.

Question 2.1 (7 marks)

Outline what would need to be assessed before Damien could be safely discharged.

Damien is admitted under the Mental Health Act to the acute psychiatric unit.

The police request a copy of the psychiatric assessment, and ask to be informed when Damien is released so that they can arrest him.

Question 2.2 (5 marks)

Outline the ethical and legal issues arising from the police requests, and how you might address these.

After four days of assessment and treatment Damien is considered ready for discharge. He has stable vital signs, and physical examination (including neurological examination) and bloods are unremarkable. Urine screen was positive for opiates. His threatening behaviour stopped once his anger subsided, although he remains somewhat irritable. He is sleeping well but states he feels 'wired' much of the time. Accompanying somatic symptoms are strongly suggestive of anxiety. There are no psychotic symptoms and no ongoing suicidal or homicidal ideas. His partner of five years is keen that he returns home as she is expecting their first child.

Question 2.3 (7 marks)

Outline (list and justify) further areas for assessment not already covered, that would help clarify Damien's prognosis.

Question 2.4 (6 marks)

Outline and justify the longer-term treatments that might be appropriate for Damien's diagnosis of Antisocial Personality Disorder, if he returns home and has out-patient follow-up.

MODIFIED ESSAY QUESTION 3 (24 marks)

You are a junior consultant working in a child and adolescent team. You are asked to see Ella, aged 16, who has just been medically cleared. She was admitted overnight to a medical ward for treatment after a paracetamol overdose, and this is her first contact with mental health services. Ella's mother Sarah is present, but Ella says she will not speak with her mother in the room.

Question 3.1 (10 marks)

Outline how you would approach assessing Ella and the key information you would want to gather.

You learn that Ella has been feeling empty and low since starting high school at age 13. She took the overdose when distressed about the break up of a 3 week relationship with a 17 year old boy who she thought she would eventually marry. At the time of the overdose she wished to die, but she also texted him and several friends to "show them what he'd done to me". She has previously taken two other overdoses, both in the context of stressors. She cuts herself about twice-weekly and has previously also burnt herself with matches so as to "feel something". Her GP has prescribed fluoxetine to a maximum dose of 40mg which she reports being compliant with but says doesn't help. Her sleep and appetite are intact. She has supportive parents who have been concerned about her for some time. Her mother reports she was sexually abused by a neighbour between ages 7 – 9 (for which the neighbour has been incarcerated) and that she was bullied at primary school for being slightly overweight and wearing glasses.

Question 3.2 (4 marks)

Outline (list and justify) the most likely differential diagnoses at this point.

Ella's mother Sarah reports that she and her husband have been researching online and they wonder whether Ella has features of a borderline personality disorder. She tells you she is aware that the criteria say that diagnosis is made after age 18, but they would like to know whether this should be considered in planning treatment as she thinks it describes her daughter's experiences so well.

Question 3.3 (4 marks)

Discuss the pros and cons you would raise with Sarah as to whether emergent borderline personality disorder should be considered in someone under age 18.

After discussion, it is decided to include management of Borderline Personality Disorder in Ella's management plan.

Question 3.4 (6 marks)

Discuss the key aspects of your short-term and longer-term management plan for Ella.

MODIFIED ESSAY QUESTION 4 (23 marks)

You are a junior consultant in the Consultation Liaison service of a large general hospital. You have been asked to urgently review Mr Edmonds, a 79 year old widower who normally lives alone. The surgical team are requesting a transfer to the Psychiatric Unit for Mr Edwards who is one of their post-operative patients, as he assaulted one of the nursing staff.

Question 4.1 (10 marks)

Outline your assessment in terms of your approach and the history you would seek.

On arrival at the surgical ward you find that it's very busy and beds are urgently needed to manage the acute intake for the day. The surgical charge nurse approaches you and is verbally hostile, demanding that this "mad man" is taken to the Psychiatric Unit immediately, or that he is arrested by the police for assaulting one of her nurses.

Question 4.2 (5 marks)

Describe your response to these demands.

Modified Essay Question 4

When you meet Mr Edmonds it is rapidly evident that he is confused and most likely delirious. Your assessment and a review of the pre-anaesthetic work-up reveals that Mr Edmonds has a history of daily alcohol intake. A provisional diagnosis of alcohol withdrawal delirium (delirium tremens) is made.

Question 4.3 (8 marks)

Outline your short-term management plan.

MODIFIED ESSAY QUESTION 5 (23 marks)

You are a junior consultant working in an outpatient assertive engagement service. Stephen is a 46 year old unemployed man with a 15 year history of psychotic illness, including seven inpatient admissions. He normally lives with 2 flatmates in a complex of social housing units. He is treated compulsorily via the Mental Health Act, on a long-term community treatment order. He has a history of assault and of assault with a weapon, which occurred 13 years earlier.

Since his last inpatient admission 3 years ago, Stephen has been under the care of the assertive engagement community mental health team. For much of this time his mental state has been at baseline, which includes a chronic but vague sense of paranoia plus auditory hallucinations characterised as voices that talk to him. The content of his auditory hallucinations has been generally persecutory, occasionally giving him instructions. Generally he has not been overly troubled by these symptoms, and has had no difficulty resisting the hallucinatory instructions.

Over the course of his illness, Stephen has had a number of diagnoses, but most consistently schizophrenia plus an underlying antisocial personality disorder. He also has a past history of cannabis dependence (says he last used this five years earlier) and sporadic polysubstance abuse. Over the previous three years there has been no evidence of mood disorder. Since his last inpatient admission he has been prescribed olanzapine 20mg and risperidone 2mg at night.

Over the four weeks before you see Stephen, his female case manager has reported that Stephen has become gradually more paranoid than usual. In addition, Stephen has become harder for his case manager to locate in the previous two weeks and he appears not to have been staying at his unit. Stephen has also isolated himself from friends. The night before you see Stephen, he was arrested for trespassing on private property after a member of the public reported seeing somebody with a flashlight inside a half-built house at midnight. The police say he's been irritable and uncooperative, and has not given a coherent account of his actions.

Question 5.1 (10 marks)

Outline (list and elaborate) the most likely psychiatric and psychosocial factors that could contribute to Stephen's presentation and discuss how each factor might potentially be managed.

After assessing Stephen, you decide to continue to treat him in the community. It transpires that non-adherence to his oral antipsychotic medication has been a significant contributor to Stephen's worsening and his case manager is advocating for Stephen to be changed to a depot antipsychotic.

Question 5.2 (6 marks)

Outline (list and elaborate) the factors you would consider in deciding whether or not a depot antipsychotic was the best psychopharmacological option for Stephen.

Having decided to continue oral antipsychotic treatment for Stephen, you go away on holiday for six weeks. On your return you discover that one of your colleagues has started Stephen on depot fluphenazine, and he is now receiving 40mg every two weeks. Stephen now presents with a tremor in both hands, decreased variability in facial expression, appears to move more slowly, and you notice a (new) increased latency in his responses to your questions to him.

Question 5.3 (3 marks)

Outline (list and elaborate) your management.

Following your treatment intervention, the symptoms outlined above resolve.

Around 12 months later Stephen presents with his mother, who complains about the recent appearance of unusual facial movements, which she says cause people to look at Stephen when out in public. You observe constant, repetitive and rhythmic chewing movements with an associated slight, repetitive tongue protrusion. Stephen himself had not been aware of the movements.

Question 5.4 (4 marks)

Outline (list and elaborate) your management regarding the tardive dyskinesia (TD).

MODIFIED ESSAY QUESTION 6 (21 marks)

You are a junior consultant on-call in the evening and are asked to assess Rebecca, a 24 year old woman who's presented to the Emergency Department (ED) following an overdose of 28 tablets of Paracetamol 500mg and 21 tablets of Clonazepam 0.5mg. Six hours have passed since the overdose. She does not need treatment with N-acetylcysteine and has been "medically cleared for discharge" by the ED.

Rebecca is 28 weeks pregnant with her first child. She has a history of intravenous drug use and is followed-up by the local Addictions service. She's prescribed Methadone 60mg daily which is dispensed by her pharmacy each day.

On interview, Rebecca describes a four month history of depressive symptoms consistent with a diagnosis of major depressive disorder. She has not been treated in the past for depression and there is no previous history of deliberate self harm or attempted suicide. Rebecca is unable to give a clear account of the overdose but denies continuing suicidal ideation. She claims to have little memory of taking the overdose. She appears somewhat drowsy, there is some slurring of her speech, and nursing staff report that she is a little unsteady on her feet. Her manner is cooperative and she says she will follow your recommendations.

Question 6.1 (13 marks)

Discuss (and justify) your initial overnight management plan for Rebecca.

The next morning Rebecca reports that she has injected heroin intravenously on a number of occasions during the pregnancy. Some of the needles she used had been shared with others. This is not information she has disclosed previously to the Addictions service.

Question 6.2 (8 marks)

What additional aspects of Rebecca's management plan after recovery from the overdose are needed in light of this information. Justify these management recommendations.

end of MEQs