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

# MOCK WRITTENS *EXAMINATION*

## AUCKLAND / NEW ZEALAND

## December 2007 / May 2008

## PAPER II

## 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)

**DIRECTIONS:**

- **Use as many pages as needed to answer this Critical Essay Question**
- **Write only on the front, lined side of each page**
- **You can request additional spare pages from the invigilator if needed. Interleave these 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.**

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

*"For most of the time that modern humans have existed, it has made good sense to be fearful, cautious, timid…..We make hard work of being happy because we are hard-wired to emphasise the negative - an important survival mechanism, for hundreds of thousands of years."*

- Dr Jeff Brown, 2007

**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:<br><br>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.<br>Look for:<br>• A reasonable opening statement that clarifies the quote's issues<br>• There may be some discussion of "being happy" as a complex concept which could cover several states ranging from contentment to elation. Just a definition would probably be too simplistic.<br>• A mid-section to essay with discussion addressing:<br>– Arguments/examples/references in support of the quote<br>– Arguments/examples/references against the quote<br>• Closing statement that summarises and provides the writer's overall "conclusions"<br><br>Points are given for examples and references, and for the overall coherence and flow of the arguments/discussion.</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.<br><br>The points in this essay follow logically to demonstrate the argument; and assertions are supported by correct and relevant knowledge.</td><td>3-4<br><br>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: |
| The candidate considers only one point of view. | 1-2 | There needs to be discussion both for and against the quote's statement. |
| The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated. | 3-4 | Needs (ideally) to be evaluation of the strengths and weaknesses of different examples/arguments, rather than just a series of examples or statements some of which are pretty thin and unconvincing. |
| 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 highly sophisticated ability to set out and evaluate >1 point of view | 7-8 | Top points if the arguments to and fro are explained in a sophisticated manner. |

**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 are multiple deletions and insertions |
| 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:<br><br>Candidate needs to have a balanced view, neither totally dismissing quote or strongly supporting it unthinkingly.<br><br>Ideally the likely balance of evolutionary traits for caution vs risk-taking should be discussed in an integrated way.<br><br>The quote is not inherently about ethical issues, but some such issues may arise if there is discussion of passive and subservient traits in a sociological context helping to cement social groups, but leaving people open to exploitation. Could be linked to the need for mental health systems and law not to add to societal opression, thus exploiting such possible "hard-wired" traits. Might be covered in a particularly detailed essay. |
| 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. | 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.**

| | | |
|---|---|---|
| Candidate shows no awareness of the broader scientific, social, cultural or historical context. | 0 | Comments:<br><br>Discussion of linked issues in several contexts is needed.<br><br>Evolutionary theory, psychology, sociology, anthropology, history, neuroscience underpinning such possible traits, etc.<br><br>Also needs to be linked back to psychiatry in terms of theories about risks for depression, anxiety disorders, PTSD etc. |
| 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.<br>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<br><br>5-6 | |
| Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness. | 7-8 | |

**Some General Brainstorming Ideas re Possible Content of Essay:**
*"For most of the time that modern humans have existed, it has made good sense to be fearful, cautious, timid…..We make hard work of being happy because we are hard-wired to emphasise the negative - an important survival mechanism, for hundreds of thousands of years."*

Introduction:
The quote is a fairly simplistic statement so it would not be unreasonable to note this in the introduction, while at the same time acknowledging that there may be some validity to aspects of this viewpoint. There might be mention of the commonness of mood and anxiety disorders and of the considerable disability caused by them, hence the importance of understanding any underlying causes.
***[Note that teasing out the specific statements within the quote in your initial brainstorming session will greatly assist you then to organise arguments so as to write the essay. Practice taking similar quotes and teasing out the core issues/statements which will need to be addressed. Do this in study groups ideally, so as to bounce ideas off each other.]***

Pros:
To argue *for* the quote, candidates need to think in what way the statement could be true, or partially true. So to what degree is it likely that there was an evolutionary pressure towards anxiety and negative interpretations which is still with us as a species.

Areas that examples and ideas could be drawn from range from evolutionary psychology, anthropology, sociology, developmental psychology, the relatively high prevalence of conditions such as depression and anxiety disorders, etc. Can mention important recent epidemiology studies and WHO statistics, to support this. Also neuroscience re “fight or flight” and the sympathetic system, and about brain regions and systems underpinning low mood and fear. The dopaminergic reward system may also be relevant re new research showing that tolerance to pleasurable stimuli develops rapidly so pleasurable states tend not to be maintained. May lead to brief mention of this (and of the commonness of anxiety) as a possible mechanism in development of addiction in some individuals.

Research into the effect of overall mood states on perception is also relevant - e.g. research on depressed and non-depressed people and their different perceptions of reality (depressed people may be somewhat more accurate overall - perhaps non-depressed people are better at denial of unwanted reality). Where examples are given, it's important to link them back clearly to the overall arguments and theme of the essay - make sure the relevance is clearly explained.

Cons:
The quote is a simplistic statement, and there is plenty of scope for balancing arguments regarding the unlikeliness that a species entirely governed by fear and negativity would have flourished as have homo sapiens. Is plenty of research into other balancing traits existing such as novelty-seeking as well as harm-avoidance (Cloninger's research can be cited). Clearly, courage, exploratory traits and assertiveness are also evolutionarily useful as long as not present to excess.

Do "we make hard work of being happy"? This can be argued against, re research into the success of CBT, other therapies and mindfulness and other techniques to promote positive states, into meditators vs non-meditators re their states of "happiness", and into the commonness of at least some degree of "happiness" in recent USA population studies.

Another area that could be covered is the research into causation re "endogenous" vs "environmental" causes of depression which makes it clear that relatively few cases are very "endogenously" driven. Genetic underpinnings of depression are complex, many causes are environmental, and it is clearly not "hard-wired" into us in the main. However, it may be suggested that at a subtler level, we may be more prone to react to negative events/environment negatively due to our underlying make-up, thus supporting the quote's assertion. Resilience could however be raised as a counter-argument.

More sophisticated essays may comment on the fact that individuals at the extremes of these opposing characters will occur in populations where the traits exist in a more moderate form in most people, and perhaps of the need for a variety of characterological make-ups in a viable society - in some roles we need risk-takers (soldiers or explorers), in other roles we need super-cautious individuals (running nuclear power stations).

Conclusions:
Needs a final summary (briefly) acknowledging the likelihood that the quote is overly simplistic and one-sided and summing up that negativistic/anxious traits are balanced by others, for evolutionary success. Could link this back to mental health in terms of our role to detect and treat the extremes where these cause problems and the need to avoid evolutionary nihilism ("it's hard-wired in, so what can I do about it?") in terms of a person's capacity to change and achieve a more balanced and contented state.

**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 |

## Critical Analysis Question 1 (20 marks)

**Please read the following abstract. Then answer the questions based on your understanding and interpretation of the information provided.**

**Conscientiousness and the Incidence of Alzheimer Disease and Mild Cognitive Impairment**

Robert S. Wilson, PhD; Julie A. Schneider, MD; Steven E. Arnold, MD; Julia L. Bienias, ScD; David A. Bennett, MD
*Arch Gen Psychiatry.* 2007;64:1204-1212.

**Context:**

The personality trait of conscientiousness has been related to morbidity and mortality in old age, but its association with the development of Alzheimer disease is not known.

**Objective:**

To test the hypothesis that a higher level of conscientiousness is associated with decreased risk of Alzheimer disease.

**Participants:**

A total of 997 older Catholic nuns, priests, and brothers without dementia at enrolment, recruited from more than 40 groups across the United States. At baseline, they completed a standard 12-item measure of conscientiousness. They were followed up annually for up to 12 years. Those who died underwent a uniform neuropathologic evaluation from which previously established measures of amyloid burden, tangle density, Lewy bodies, and chronic cerebral infarction were derived.

**Main Outcome Measures:**

Clinical diagnosis of Alzheimer disease and change in previously established measures of global cognition and specific cognitive functions.

**Results:**

Conscientiousness scores ranged from 11 to 47 (mean, 34.0; SD, 5.0). During follow-up, 176 people developed Alzheimer disease. In a proportional hazards regression model adjusted for age, sex, and education, a high conscientiousness score (90th percentile) was associated with an 89% reduction in risk of Alzheimer disease compared with a low score (10th percentile). Results were not substantially changed by controlling for other personality traits, activity patterns, vascular conditions, or other risk factors. Conscientiousness was also associated with decreased incidence of mild cognitive impairment and reduced cognitive decline. In those who died and underwent brain autopsy, conscientiousness was unrelated to neuropathologic measures, but it modified the association of neurofibrillary pathologic changes and cerebral infarction with cognition proximate to death.

**Question 1.1 Is this a descriptive study, a case control study or a cohort study?**
***(2 marks)***
*Cohort study*
**Question 1.2 Justify your answer.**
***(3 marks)***
*A group of people, catholic clergy, (a cohort) are followed up over a period of time until they died or developed dementia. The clergy are divided into those exposed to the aetiological agent of interest, conscientiousness, and those without. (Conscientiousness is a continuous measure but the authors in their results convert it into a categorical measure by allocating the clergy into high and low scorers on conscientiousness).*

**Question 2. What are the ethical issues in doing this study?**
***(2 marks)***
*Confidentiality*
*Data storage*
*Informing participants about the results of the annual evaluation*

**Question 3.1 What are the authors trying to do using a proportional hazards regression model?**
***(2 marks)***
*The proportional hazards model is a statistical technique which describes survival over a period of time. The regression part is trying to assess the effect of confounding on their results.*
**Question 3.2 What factors would you like to see taken into account under the heading of "other risk factors".**
***(4 marks)***
*Family history of Alzheimer's*
*Age*
*Sex*
*Education*
*Other personality factors such as neuroticism*
*Possibly cardiovascular risk factors*

**Question 4.1 What does the graph, in figure 1 below, mean?**
***(2 marks)***
*That the risk of getting Alzheimer's disease increases with age. That there is a difference between high and low scorers on conscientiousness with people who are highly conscientious having a lower risk than those who are not conscientious..*
**Question 4.2 What other tests of causation would you like to see?**
***(3 marks)***
*Standard question around aetiology – other questions to ask include:*
*Did the exposure precede outcome*
*Is there a dose response relationship*
*Are there consistent findings from study to study?*

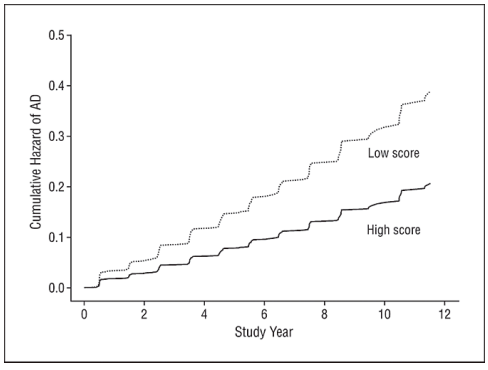


**Figure 1. Cumulative hazard of developing incident Alzheimer disease (AD) associated with low (score, 28; 10th percentile) and high (score, 40; 90th percentile) conscientiousness, adjusted for age, sex, and education.**

**Question 5. What can you conclude from this study?**
***(2 marks)***
*That conscientiousness is related to the development of Alzheimer's disease*

# Critical Analysis Question 2 (20 marks)

**You are working in a community mental health service. You have been asked to help answer the question "is this service doing a good job?"**

**Question 1. Describe in general terms how you would approach such a question.**
***(4 marks)***
*This question is not as straightforward as it seems! Essentially there are two ways of doing this. Look at outcomes or process measures. Outcome measures include some or all of the following: measure patient satisfaction or experience; describe who the service has seen over a defined time period and compare that with who you think you should be seeing; measure changes in symptoms and function (e.g. the HONOS approach); qualitative assessment of satisfaction and other aspects of service provision through focus groups and interviews with a range of stakeholders.*
*Process measurement looks at how the service does things e.g. how closely does practice match published guidelines for different conditions.*

**Question 2. You decide to obtain patients' views of their care. Describe the different views you could obtain and how you would obtain them.**
***(4 marks)***
*Patients can be asked about their satisfaction with the service – this is however often limited by ceiling effects and most of the tools have limited reliability and validity.*
*They could be asked about their experience of the service - for example how long they had to wait to be seen. These types of question often generate more useful information than satisfaction surveys.*
*The different ways of obtaining the data could include questionnaires, individual interviews or group interviews (e.g. focus groups).*

**Question 3. You find in the literature a rating scale which measures patient satisfaction with mental health care.**
**Question 3.1 What psychometric properties would you want to know about the scale before you used it?**
***(4 marks)***
*Reliability – internal and external*
*Validity – content, criterion, construct*

**Question 3.2 What is the difference between criterion and construct validity?**
***(2 marks)***
*Criterion validity is a measure of how the rating scale correlates with other accepted criteria of satisfaction.*
*Construct validity assesses how the measure performs in hypotheses testing (for example you could hypothesise that patients who are dissatisfied may not attend their appointments – if there is no difference between attendance in patients with low and high satisfaction the rating scale would have poor construct validity).*

**Question 4. You decide to do a qualitative study of patients' views of the service by running several focus groups.**
**Question 4.1 Describe how you would select patients for these groups.**
***(2 marks)***
*Need to do some sort of purposive sampling to get either a representative group or particular groups of people you are interested in e.g. people who have co-morbid substance abuse problems.*

**Question 4.2 Describe how you would analyse their replies.**
***(2 marks)***
*Replies would need to be transcribed and then make a decision about analysis. Many different types of analysis. Ccould be with grounded theory methods so make no assumptions about themes and build up a model based on the replies. Or extract themes and get independent raters to allocate content to the different categories. Also need to consider interviewers presence on the types of replies.*

**Question 4.3 What ethical issues would you need to address for this to obtain ethical approval?**
***(2 marks)***
*Confidentiality*
*Data storage*
*Consent to record the groups (if necessary)*
*Effect on ongoing management*

---

For further reading see the 2007 series of articles in the BMJ on "measuring quality through performance" e.g. BMJ 2007;335:1130-1131 (1 December), Future of quality measurement, **Helen Lester**, *professor of primary care*, **Martin Roland**, *director*

**Some Resource Texts for CAP questions:**

Brown, T. & Wilkinson G. *Critical Reviews in Psychiatry*. 3rd ed. London: Gaskell
http://www.rcpsych.ac.uk/publications/gaskellbooks.aspx

Hatcher, S., Oakley-Browne, M. and Butler R - *Evidence Based Mental Health Care*
Churchill Livingstone, 2004 available via www.amazon.com

## Modified Essay Question 1 (25 marks)

You are the registrar on a Mental Health Service for Older People community team and provide liaison coverage to the Emergency Department. Mrs Vera Blair is an 83 year old woman who has been referred to you by the ED registrar. She was admitted following a fall in which she sustained a skin tear on her leg. Her son Tom lives in another city but has been visiting his mother. He brought her in for assessment as he is concerned by Mrs Blair's increasing frailty and declining weight. She lives alone in an old villa in need of repair. Tom wonders if it may now be time for her to move into residential care. Mrs Blair was driving her car until two years ago when she was advised to give up driving following admission to hospital for a Myocardial Infarction. Mrs Blair presents with a downcast expression and with slow movements. She states that she doesn't wish to cause any worry and that she feels she's wasting your time. She asks her son not to make a fuss as she is just old and tired.

**Question 1 (13 marks)**

**Outline the most likely differential diagnoses you would want to consider, with brief details of the main symptoms or aspects of history you would look for in your assessment with Mrs Blair and Tom, so as to clarify the likely diagnosis.**

**SCORING KEY**

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| **A.** | **Major depressive episode** | **1** | |
| B. | Presenting history of depressed mood, vegetative symptoms esp. if less likely to be due to old age - anhedonia, diurnal variation, loss of appetite. | **1** | |
| C. | Symptoms and signs elicited from MSE - low mood, reduced reactivity, tearfulness, anxiety, agitation, depressive cognitions e.g. ideas of guilt, hopelessness, wish to die, suicidal ideas, etc. | **1** | |
| D. | Precipitants - stressors, losses etc. that may have preceded a depression. | **1** | |
| E. | Timeframe - how long has she felt like this, look for a change from prior better level of mood and functioning. | **1** | |
| F. | Relevant background history e.g. past psych history, esp. history of past depression, family history of mood disorders. | **1** | |
| G. | Underlying personality, past developmental or life experiences likely to make her vulnerable to later depression. | **1** | |
| **H.** | **Depression secondary to a general medical condition** | **1** | |
| I. | Determine whether there is any medical history indicative of a cause for an organic mood disorder - medical illness, medication side-effect, etc. | **1** | |
| J. | Systems interrogation regarding physical symptoms to screen for an organic cause. | **1** | |
| **K.** | **Dementia** | **1** | |
| L. | History of inceasing problems in functioning not clearly related to low mood - in organisation, executive functioning, problems with memory. | **1** | |
| M. | Symptoms and signs elicited from MSE - deficits on cognitive testing e.g. attention and concentration, memory, fronto-parietal problems. | **1** | |
| N. | Family history of dementia. | **1** | |
| | | | |
| O. | Any other possible differentials (not the main three more likely ones) - allot the mark only if reasonable justification given. | **1** | |
| | | **Up to a maximum of 13 marks total** **Total:** | |

**Modified Essay Question 1 contd**

After your assessment, you decide that you need to treat Mrs Blair's significant depressive symptoms. She and her son ask for more information.

**Question 2 (5 marks)**

**How would you respond to this request?**

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| **A.** | Instil hope. Give information about positive outcomes. | **1** | |
| **B.** | Ask about their perspectives, address fears, understandings, assumptions, stigma etc. | **1** | |
| **C.** | Explain antidepressant recommendations – probably an SSRI initially if a 1st episode. Discussion of dose titration, side effects, interactions. | **1** | |
| **D.** | Explain practicalities/course - latency of response, need to continue, some discussion of how long we treat, possibility of relapse etc. | **1** | |
| **E.** | Explain usefulness of other interventions - such as exercise, social contacts, home help. | **1** | |
| **F.** | Explain need to optimise physical health, address pain or disability etc. | **1** | |
| **G.** | Offer option of psychotherapies – candidates should consider more than one modality, or group therapy vs individual, to gain the point. Just "CBT" or "psychotherapy" is insufficient. | **1** | |
| **H.** | Mention the risk of premature institutionalisation if MDE untreated. | **1** | |
| | **Up to a maximum of 5 marks total** **Total:** | | |

**Modified Essay Question 1 contd**

One morning two months later you are at the MHSOP community team and you take a call from Tom. He is ringing from the city where he lives, and he is still concerned about his mother. He is worried that nothing much seems to have changed and that she is deteriorating. Last night there was a documentary programme about ECT on television, and he has been wondering if you are considering this for his mother.

**Question 3 (7 marks)**

**How would you respond to this call and what information would you give Tony about the use of ECT for his mother?**

**SCORING KEY**

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| **A.** | Acknowledge his concern and see whether he has a viewpoint – i.e. strongly for or against. | 1 | |
| **B.** | Clarify the ways in which he feels she has deteriorated. | 1 | |
| **C.** | Offer to reassess Mrs Blair as soon as possible, and arrange to call Tom again after reviewing his mother. | 1 | |
| **D.** | Bring yourself up to date about her current treatment and mental state as soon as possible. | 1 | |
| **E.** | Discuss the indications: Explain in lay terms how ECT is used for severe life threatening depression, depression with psychosis, resistant depression or the medically frail. (must mention multiple indications to gain mark). | 1 | |
| **F.** | Discuss the potential benefits of ECT for depression. | 1 | |
| **G.** | Discuss the general side effects and risks: e.g. anaesthesia, absolute and relative contraindications, cardiac effects, falls. | 1 | |
| **H.** | Discuss the cognitive adverse effects of ECT: anterograde and retrograde memory, delirium. | 1 | |
| **I.** | Offer to provide further information about ECT, e.g. to fax or email him written information. | 1 | |
| | | **Up to a maximum of 7 marks total. Total:** | |

## Modified Essay Question 2 (25 marks)

You are working on an Early Intervention service. Abdul Mohammed is a 24 year old Chadian man who has been treated for a first episode of psychosis. He presented to mental health services for the first time three months ago after acting bizarrely at the local mosque. Abdul had been using Dimethyltryptamine (DMT) with his cousin. DMT is a recreational drug with hallucinogenic properties. His mother said that he had had no previous mental health problems but had a traumatic childhood while escaping the political turmoil of Chad.

The Crisis Team assessed him and considered him to be psychotic. He was commenced on olanzapine 10mg daily which appeared to reduce his symptoms. He was then referred to your team for follow up.

Before your first scheduled meeting you have been contacted urgently by the family. It is Ramadan and Abdul has been at the mosque again threatening other devotees, stating that they were not following the true path. He told the mullah that he was hearing Allah's voice directing him. Since commencing olanzapine he has been spending more time alone and more time in bed. His father says that he was heard muttering to himself in his room and he has been praying more. He insists upon keeping copies of the Koran close to his bedside.

### Question 1 (12 marks)

**Outline how you would go about assessing Abdul, what information you would seek at this assessment and why, including key points of the history, mental state and risk assessment**

**SCORING KEY**

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | Mark |
|---|---|---|---|
| A. | Get telephone information initially about the family's concerns.<br>Helps to plan the process. | **1** | |
| B. | Decide where to see Abdul. Any privacy at home? Stigma of attending clinic. | **1** | |
| C. | Obtain collateral from Crisis team clinical notes and discuss his earlier presentation and treatment with Crisis team. Get the medical history, social and personal history. Get as much info as possible before seeing him, avoid repeating basic history already elicited. | **1** | |
| D. | Plan the face to face assessment. Decide who's to be at the assessesment:<br>- Ideally take a Crisis team worker who knows him<br>- Decide which of your team are to accompany you.Issues to consider are - ideally take his keyworker, also consider appropriate gender and discipline re the situation.<br>- Is an interpreter required?<br>- Need to be sensible about not taking too many people.<br>- Need to see Abdul alone and with his family. | **2** | |
| E. | Establish rapport - essential in any assessment. | **1** | |
| F. | Obtain the presenting history - check the details of behaviour/symptoms/functioning since onset of illness, since under MHS care and on meds, and recently. | **1** | |
| G. | Check current recreational drug and alcohol use - which substances, how often and how recently, how much used. | **2** | |
| H. | Mental State Examination with particular reference to evidence of psychosis or mood disorder. Additional mark for brief coverage of main symptoms to be checked for:<br>- behaviour during assessment, response to unseen stimuli, affect and mood, evidence of thought disorder, delusions, hallucinations, is he confused or disorientated, etc. | **2** | |
| I. | Discuss his treatment:<br>- Attitudes to meds (his and family's)<br>- Response to meds and check for side effects<br>- Do family supervise meds or not<br>- Need to assess adherence | **2** | |
| J. | Risk assessment:<br>- Get details of threats at mosque.<br>- Need history of past behaviour - impulsivity, past risks to self & others.<br>- Are any risks psychotically driven? | **2** | |
| | | **Up to a maximum of 12 marks in total**<br>**TOTAL:** | |

**Modified Essay Question 2 contd**

During the assessment you see Abdul Mohammed at his home with an interpreter and his father. Abdul states that you cannot understand, as this is a spiritual problem and there is no need for medication.
His father afterwards tells you privately that he wants to put olanzapine medicine into Abdul's food to make sure that he takes it.

**Question 2 (8 marks)**

**What medium to long term management issues will it be important to discuss with the family?**

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | Mark |
|---|---|---|---|
| A. | Need to provide psychoeducation specifically on what is psychosis - psychosis vs spirituality | **1** | |
| B. | Need further psychoeducation about his medication - its benefits and side-effects | **1** | |
| C. | Discuss the importance of engaging Abdul in follow-up | **1** | |
| D. | Ethical issues in how Abdul is given his medication - about consent, but acknowledge their cultural beliefs and family relationships. (e.g. a father may expect to override a child's individual wishes in Chadian culture). | **1** | |
| E. | Explain team philosophy in treating Abdul - main principles of the recovery paradigm in basic terms | **1** | |
| F. | Explain that they can access supports (like SF / NAMI / discuss Cultural support) | **1** | |
| G. | Need for a harm reduction approach to his substance use | **1** | |
| H. | The need to manage expressed emotion within the family. Offer help with this if needed. | **1** | |
| I. | Discuss risks should he relapse. e.g. self-harm, possible risks to others if deluded. | **1** | |
| J. | Try to determine if the Mental Health Act is justified if he refuses to accept treatment - may need to discuss when this might be used, depending on the risks. | **1** | |
| | | **Up to a maximum of 8 marks in total TOTAL:** | |

## Modified Essay Question 2 contd

A few days later, the mullah at the mosque calls and wants to meet with you to find out what's going on with Abdul Mohammed.

### Question 3 (5 marks)

### Describe how you would proceed.

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | Mark |
|---|---|---|---|
| **A.** | Determine why does the mullah want to know about this, what is his agenda? | **1** | |
| **B.** | Consider legal requirements regarding confidentiality | **1** | |
| **C.** | Consider ethical issues regarding confidentiality | **1** | |
| **D.** | Abdul would need to give consent to the discussion. Is he able to do this? | **1** | |
| **E.** | Wise to see if Abdul's family are in agreement with you talking with the mullah - should his father be present if this happens? | **1** | |
| **F.** | The mullah is a possible support person, influential - important not to alienate him - be polite if have to say no. | **1** | |
| **G.** | Would need to provide mullah with education about psychosis if you talk with him, to help explain Abdul's behaviour. | **1** | |
| **H.** | Consider the risks of giving information to the mullah - could lead to stigma and discrimination. Don't do so if family are against it. | **1** | |
| | | **Up to a maximum of 5 marks in total TOTAL:** | |

## Modified Essay Question 3 (25 marks)

Mary is a 33 year old married woman who lives in a small rural community. She was referred by her General Practitioner for assessment of "post-natal depression". She has been tearful most days since the birth of her baby Joe, 3 months ago. Mary has disturbed sleep, poor energy, appetite loss and weight loss of 3 kilograms in the past 3 months.

Mary is a secondary school teacher in a rural school and is married to Nick who is senior partner in a busy accountancy firm in the city. Joe was their first child and the pregnancy was planned. She is planning to take maternity leave until Joe is a year old. Nick is very critical of Mary because of her tearfulness, and her self esteem is low.

You are the registrar in a community mental health team serving the rural area. You assess Mary with her husband Nick and agree that she has a major depression.

### Question 1 (14 marks)

**Outline the key aspects of history and mental state examination you would need to cover at this point, so as to carry out a risk assessment for Mary.**

### SCORING KEY

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | Worth | Mark |
|---|---|---|---|
| **Risk of Self-harm** | | | |
| A. MSE: | • Degree of depression and future orientation/ hopelessness<br>• Suicidal or self-harm thoughts - nature, intrusiveness<br>• Any self-harm or suicidal plans/intent<br>• Degree of agitation/impulsiveness/anxiety<br>• Any psychotic symptoms present (increases risk)<br>• Protective factors - is anything stopping her acting on suicidal thoughts? | **3** | |
| B. History: | • Any self-harm attempts recently<br>• Degree of recent stressors - birth and post-natal experiences, any traumas?<br>• History of self-harm - in what context, how serious<br>• Past personal Hx of underlying vulnerability/stressors e.g. abuse, poor r-ship with own mother<br>• Family history of psychiatric disorder<br>• Any family or friends suicided in past?<br>• Social Hx - supports, degree of supervision, marital tension, stress such as financial worries | **3** | |
| **Risk to Others** | | | |
| C. MSE: | • Thoughts/plans linked to severe depression re taking baby with her if she suicides<br>• Hopelessness and psychotic distortions of thinking are especially important<br>• Assess for Obsessions e.g. intrusive ego-dystonic thoughts of harming baby - would make her much less of an actual risk to child<br>• Indirect risk to baby - is she too impaired by Sx to care for baby safely? | **3** | |
| D. History: | • Any history of Mary saying that she needs to die and take baby with her<br>• Any evidence she's not coping with care of baby - not feeding him reliably, etc.<br>• Is there anyone who can supervise and help her with care of baby?<br>• History of past risks to others although this is less likely to be the issue | **3** | |
| **Risk of Impaired Self-Care** | | | |
| E. MSE: | • As above - degree of depression or anxiety impairing coping<br>• Any psychotic Sx which may impair coping - distractability, delusions, hallucinations<br>• Cognitive impairment e.g. due to depression | **1** | |
| F. History: | • Evidence of impaired coping causing reduced self-care<br>• Eating, hygiene, etc. | **1** | |
| | | **Up to a maximum of 14 marks total**<br>**Total:** | |

**Modified Essay Question 3 contd**

Your assessment confirms that Mary has a major depression of moderate severity, without psychotic features. She requests psychological treatment for her depression because of her concerns with antidepressant medications and breast feeding.

**Question 2 (6 marks)**

**Outline how you would assess Mary's suitability for psychological treatment with reference to the evidence base for psychological treatment in depression.**

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| A. | Acceptance of psychological reasons for difficulties. Able to make psychological connections (psychological mindedness). Good response to a trial interpretation or intervention. Able to access and identify her own feelings | **2** | |
| B. | Motivation for change exists – willing to attend regular sessions. | **1** | |
| C. | Adequate "ego strength" (ability to tolerate anxiety, control impulses and test reality, lack of substance abuse, etc.) | **1** | |
| D. | Able to form human relationships (at least one meaningful relationship in past). Those without multiple long-term problems do best. | **1** | |
| E. | Discussion on structured/manual based therapy (eg CBT, IPT, solution focused therapy) and the evidence base for its efficacy (eg. level 1 evidence). Need to discuss what features in Mary would indicate this as suitable modality (recent problem, focussed problem, motivation/ability to do therapy tasks, preferred choice, etc.). For IPT, mention nature of problem: role change, interpersonal problems. | **2** | |
| F. | Discussion on less structured/longer term psychotherapy (eg. insight orientated psychodynamic psychotherapy, Rogerian counselling, supportive psychotherapy). What features would make this more suitable - longer-term problems, her wish to "understand self", etc. | **1** | |
| G. | Discussion on couples or group therapy as possible modalities and reasons why these might be more suitable - CBT groups for post-natal depression are useful for peer support and learning if available, marital relationship sounded strained, may need to be main focus, etc. | **1** | |
| | | **Up to a maximum of 6 marks total** | |
| | | **Total:** | |

**Modified Essay Question 3 contd**

Under the supervision of a clinical psychologist, you are providing cognitive behavioural therapy as the main form of treatment for Mary's depression. During the 5th session, Mary discloses to you in confidence that she is hearing voices commanding her to harm the baby. She is finding it difficult to control these voices but does not want anyone (including her husband) to find out. You are very concerned about the safety of the baby.

**Question 3 (5 marks)**

**Outline the key issues in managing this clinical situation, with particular reference to the ethical and medico-legal issuess which arise in this therapeutic setting.**

**SCORING KEY**

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| A | Issue of risk vs confidentiality during therapy - this may have already been discussed as part of the initial therapy contract. | **1** | |
| B | Her autonomy vs your duty of care for the baby (non-maleficence and benificence) | **1** | |
| C | The possible need to use the Mental Health Act and to admit her to hospital. | **1** | |
| D | The need to involve her husband despite her wishes. Need to handle this well - explain to her why he has to know, before talking to him. | **1** | |
| E | That breaking confidentiality may impact on future therapeutic relationship. Try to mitigate this by being honest about reasons for clinical decisions, and by arranging any admission/MHAct assessment with support staff or family present to reduce stress and risks. | **1** | |
| F | Discussion on specific clinical management – hospital admission (with or without baby), use of medications alone or in combination with CBT, medications during breast feeding, etc. | **2** | |
| G | Crucial importance to ensure baby is safe while undertaking any interventions - she might panic and decompensate if learns you need to talk with husband or are thinking of admitting her, etc. | **1** | |
| | | **Up to a maximum of 5 marks total.** **Total:** | |

## Modified Essay Question 4 (25 marks)

James, age 7, is referred to the local Community Child Mental Health service because of behaviour problems. James is a refugee from a country at war and came here at age 2 with his mother and two older sisters. His father disappeared when James was 1 year old and is presumed dead.
The referral information describes James 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.
James is well and has never had any serious illness. His birth was normal. 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 good English and does not need an interperter.

**Question 1 (12 marks)**

**Outline the most important information you will gather in your first assessment appointment with James and his mother, to clarify James' diagnosis. Be specific about what you will need to find out.**

**SCORING KEY**

**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| A | Detailed developmental history covering - early socialisation and relationships, history of exposure to trauma & violence, developmental insults such as malnutrition or head injury. | **2** | |
| B | Current level of development: motor, verbal and social. | **1** | |
| C | History of behavioural difficulties: ABC analysis (or similar description). | **2** | |
| D | Observation of James: response to you, his behaviour, his verbal skills. | **2** | |
| E | Mother's mental health status especially grief, depression, PTSD. | **1** | |
| F | Family psychiatric history and history of odd/eccentric/unusual people. | **1** | |
| G | Family structure, supports and responses to James. | **1** | |
| H | Screen for autistic symptoms - history of resistance to change, social interaction problems, restricted interests. | **2** | |
| I | Screen for autistic symptoms - standardised measures for autism. | **1** | |
| J | Cultural issues & beliefs in James' family, relating to mental health. | **1** | |
| | | **Up to a maximum of 12 marks total Total:** | |

**Modified Essay Question 4 contd**

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

**Question 2 (8 marks)**

**Describe your advice to James's mother.**

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| A. | Observe antecedents and consequences, to try to understand what promotes and encourages the behaviour. | **2** | |
| B. | Modify her own behaviour if needed (calm tone, no hitting). | **1** | |
| C. | State the rules and consequences for hitting - to all three of the children. | **1** | |
| D. | Develop consequences - e.g. time out. Explain how to use 'time out' effectively. | **1** | |
| E. | Develop rewards for good behaviour - e.g. treats. | **1** | |
| F. | Discuss the use of a visual record such as a Star Chart. | **1** | |
| G. | Consider environmental changes (e.g. rearrange bedtime etc.) | **1** | |
| H. | Discuss the need to review progress and adapt the plan. | **1** | |
| | | **Up to a maximum of 8 marks total** **Total:** | |

**Modified Essay Question 4 contd**

James's teacher makes contact 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 (5 marks)**

**Outline the main points you would make at such a talk.**

**SCORING KEY**
**Whole marks only, not ½ marks. Allot marks according to how adequately candidate covers the content.**

| | | worth | mark |
|---|---|---|---|
| A. | High rates of PTSD. | **1** | |
| B. | High rates of depression. | **1** | |
| C. | Diverse cultural viewpoints may mean no shared language or concepts regarding mental health issues. | **1** | |
| D. | Language difficulties often make access and mental health discussions and interventions difficult. Use of interpreters can be complex. | **1** | |
| E. | May be stigma and negative view of mental illness delaying and complicating access to services. | **1** | |
| F. | Traditional family structures and parenting methods may be dismantled by cultural displacement and losses. | **1** | |
| G. | "Second generation" issues: children finding peers in new country, challenging their parents, being more competent in some respects. | **1** | |
| | | **Up to a maximum of 5 marks total. Total:** | |