THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

2012

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.

"…when anyone uses the phrase 'mentally ill' about others, including me and other psychiatric survivors, the implication is that since an 'illness' is the problem then a doctor ought to be part of the solution. 'Mental illness' also says since the problem is like a materialistic physical illness, then perhaps the solution ought to be physical too, such as a chemical or drug or electricity."

- David Oaks, Director, MindFreedom International (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 “depressive disorder”
• A mid-section to essay with discussion addressing:
– Arguments/examples/references against the quote (i.e. arguing that Psychiatry does distinguish appropriately between ‘normal sadness’ and Depression)
– Arguments/examples/references in support of the quote (i.e. arguing that Psychiatry does not distinguish appropriately between ‘normal sadness’ and Depression)
• 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:
• discussion about “illness” as a sociological and historical concept – as Mr Oaks automatically links the concept of “illness” with doctors and physical treatments. This can be explored from both sides – agreeing with this assumption but also challenging it, e.g. re not all illnesses implying physical interventions.
• Examination of the concept “mental illness” and what that means to us – is it the same as “mental disorder” and how do we define that? Mention needs to be made of major diagnostic systems such as DSM and ICD. Could also mention legal definitions as in Mental Health Act law. Ideally, candidates should not the difference between formal diagnostic categories and the wider concept of “mental illness” which may encompass any significant psychological problem causing people to require mental health service intervention (e.g. personality disorders). The above can be argued from both sides.
• Discussion of the broadening out holistically of treatment options, such that medical treatment by a doctor is not the be-all and end-all, nor always implied, as Mr Oaks states. Mental health services may not offer physical/medical treatment to all patients – e.g. may offer psychotherapy. Recovery model and active rehab may usefully be mentioned here. On the other side of the argument, need to state that some mental disorders do require medical/doctor treatment and prescribing as a core part of Rx, for best practice effective care (e.g. schizophrenia, severe depression, mania and bipolar disorder, etc.)
• For all the above, ideally need examples at least, ideally some references (RANZCP and other College’s CPGs for instance, re the last point).</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 quote for marks on this domain. If the candidate only disagrees with the quote they can only score 1-2 marks here. (or vice versa).
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
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: This requires a balanced and professional discussion, with mention about stigma and bias due to concepts around "mental illness" and society's perception of this, but no evidence that the candidate shares such stigma or bias. Discussion about the "psychiatric survivors" terminology and the history of this concept (e.g. patients trying to establish their rights in what some may see as an oppressive and patriarchal "medical" system) may be included, with care that the writer is not dismissive or biased regarding this terminology.
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> – the way that mental health care has fluctuated towards and away from the medical/biological since the early asylums. Different <u>cultural concepts</u> ought to be addressed, ideally – i.e. the greater emphasis on holistic issues in other cultures. Examples are the inclusion of the Land in indigenous populations here for true mental health, the need to include spiritual factors, etc. Can also set discussion in the context of the <u>wider medical field</u> – in that mental health services tend if anything to be *less* medically/biologically oriented and more holistic than the rest of medicine. Mention the bio-psycho-sociocultural model.
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: (18 marks)

Sam is a 54 year old Vietnamese shopkeeper who is on day seven post-operatively after surgery for bladder cancer. You work on a Consultation-Liaison (C-L) team and are called to assess him, as staff on the ward are concerned that he has become "psychotic" and that he is becoming agitated, especially at night. He has been admitted for ten days at the point of referral. He speaks some English and no interpreter is immediately available so you initially see him without one.

In your assessment, you find his attention to be variable and he is disoriented in time and intermittently in place and person. At times he speaks to you in Vietnamese, and he gives a disjointed account of recent events. There are no abnormal perceptions but he appears to have persecutory beliefs that the staff are trying to kill him so as to steal his money. He tells you that they are withholding food from him so as to starve him, but that he would not eat it anyway as it is poisoned.

The staff deny withholding food other than pre-operatively, but say that he will only eat from sealed food and drink containers brought in by his wife.

Question 1.1 (2 marks)
State the most appropriate cognitive test that you could use specifically to assess Sam's attention. Explain why it is the most appropriate of the attentional tests.

		worth	mark (circle)
A.	Serial Sevens. Better than WORLD or word generation as English is not his 1st language – numeric tests are better. Also accept reverse counting and digit span.	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

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

Modified Essay Question 1 contd.

Sam is a 54 year old Vietnamese man who is on day seven post-operatively after surgery for prostate cancer. You work on a Consultation-Liaison (C-L) team and are called to assess him, as staff on the ward are concerned that he has become "psychotic" and that he is becoming agitated, especially at night. He has been admitted for ten days at the point of referral.

In your assessment, you find his attention to be variable and he is disoriented in time and intermittently in place and person. He gives a disjointed account of recent events. There are no abnormal perceptions but he appears to have persecutory beliefs that the staff are trying to kill him so as to steal his money. He tells you that they are withholding food from him so as to starve him, but that he would not eat it anyway as it is poisoned. The staff deny withholding food other than pre-operatively, but say that he will only eat from food and drink containers brought in by his wife.

The staff deny withholding food other than pre-operatively, but say that he will only eat from sealed food and drink containers brought in by his wife.

Question 1.2 (6 marks)

Which aspects of history would it be most urgent to clarify from the medical file and from Sam's wife? State why each is important.

		worth	mark (circle)
A.	Substance use history, especially alcohol use. To assess him regarding alcohol withdrawal delirium (although this is less likely after 10 days).	max. 2	0 1 2
B.	Evidence of any medical condition likely to be causing a delirium, such as an infection, e.g. cystitis. Need to identify the cause so as to treat the delirium.	max. 2	0 1 2
C.	Psychiatric history to ensure that he does not have a pre-existing psychotic illness.	max. 2	0 1 2
D.	Personal History – to clarify if issues in his past, his culture or his personality are making him uncomfortable and suspicious in a hospital setting.	max. 2	0 1 2
	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 1 contd.

You attempt to assess Sam further the following day, with an interpreter. You start by reminding Sam who you are and about your role, but before you have finished explaining the interpreter's role, Sam becomes agitated and refuses to allow the interpreter to stay. The interpreter denies ever having met or heard of Sam before.

Question 1.3 (4 marks)

Outline why Sam might have reacted badly on seeing the interpreter.

		worth	mark (circle)
A.	Shame/cultural issues: Sam may not want someone from his culture to know that he is having a psychiatric assessment.	max. 2	0 1 2
B.	Delirium: Sam may well still be delirious and thus have persecutory delusions or misinterpretations about the interpreter.	max. 2	0 1 2
C.	Other cause of psychosis: Persecutory delusions about the interpreter might be due to an underlying psychotic disorder, rather than delirium.	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 contd.

Sam's wife brings in his 24 year old daughter to interpret the following day, as Sam will not allow an official interpreter to be present. His daughter has excellent English, having gone to school locally.

Question 1.4 (6 marks)

Discuss what problems you might need to be aware of, in using Sam's daughter as the interpreter.

		worth	mark (circle)
A.	Inhibition: Sam might withhold or distort aspects of his history with a family member interpreting. e.g. downplay his symptoms or drinking history.	max. 2	0 1 2
B.	Distortion: Sam's daughter may have her own views which could influence the translation. She might also be ashamed if Sam mentioned psychotic symptoms, and attempt to downplay or deny these.	max. 2	0 1 2
C.	Inexperience and accuracy: Sam's daughter may not interpret accurately, never having received any training and being unaware of medical terminology and cognitive tests like the MMSE.	max. 2	0 1 2
D.	Need to train the interpreter: Need to educate Sam's daughter beforehand as to your relative seating positions, and to ensure that she allowed you to address Sam directly, while she interpreted, rather than all conversation going through the interpreter.	max. 2	0 1 2
	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 2

Modified Essay Question 2: (18 marks)

Maisie Harris is an 76 year old widow who one year ago moved to live in Rosehill Gardens, a large retirement complex. The complex advertises itself as offering "a comfortable retirement" and includes gardens and some recreational facilities such as an indoor bowls club, but no rest home or private hospital care. Residents own their own apartments or units. Mrs Harris has been referred to your Old Age Psychiatry service by her General Practitioner (GP) who has received complaints from the management of Rosehill Gardens.

The GP's letter states that Mrs Harris' neighbours complain that the small garden outside her unit is full of weeds and not maintained to the standard required by the complex, and that Mrs Harris has in the last few weeks begun shouting abuse at her neighbours if they complain. She is reported to have said to the man next door "I'll knock your block off" when he told her he was going to inform the complex's management. The GP says that Mrs Harris refused to come to his clinic and would not let him in the door when he attempted a home visit, but shouted through the door that he should "bugger off". The GP requests a psychiatric assessment.

You and a nurse from your team also attempt a home visit. Mrs Harris refuses to let you in or to answer any questions, just shouting "bugger off" as she did with the GP.

Question 2.1 (4 marks)

Outline the ethical and medico-legal issues involved in obtaining additional information about Mrs Harris to assist in your assessment.

		worth	mark (circle)
A.	Confidentiality: Ideally Mrs Harris should give permission for you to obtain information about her from other collateral sources. Ethical principle is respect for her autonomy. The Privacy Act may be mentioned.	max. 2	0 1 2
B.	Risk Assessment: The need to obtain information so as to ascertain her risk to herself and to others must be balanced against the need to maintain her privacy/autonomy. Risk to self or others would need to be serious to justify breaching confidentiality.	max. 2	0 1 2
C.	Mental Health Act: Mental Health Act assessment may be required if she continues to refuse voluntary assessment. This would increase your legal ability to override her autonomy and obtain information without her permission.	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 2 contd.

Mrs Maisie Harris is an 76 year old widow who one year ago moved to live in Rosehill Gardens, a large retirement complex. The complex advertises itself as offering "a comfortable retirement" and includes gardens and some recreational facilities such as an indoor bowls club, but no rest home or private hospital care. Residents own their own apartments or units. Mrs Harris has been referred to your Old Age Psychiatry service by her General Practitioner (GP) who has received complaints from the management of Rosehill Gardens.

The GP's letter states that Mrs Harris' neighbours complain that the small garden outside her unit is full of weeds and not maintained to the standard required by the complex, and that Mrs Harris has in the last few weeks begun shouting abuse at her neighbours if they complain. She is reported to have said to the man next door "I'll knock your block off" when he told her he was going to inform the complex's management. The GP says that Mrs Harris refused to come to his rooms and would not let him in the door when he attempted a home visit, but shouted through the door that he should "bugger off". The GP requests a psychiatric assessment.

You and a nurse from your team also attempt a home visit. Mrs Harris refuses to let you in or to answer any questions, just shouting "bugger off" as she did with the GP.

Question 2.2 (4 marks)

What other sources of information might be useful before attempting to visit Mrs Harris at her unit? State why each might be useful.

		worth	mark (circle)
A.	Family: get next of kin details from the GP and attempt to contact her family, even if they do not live locally. For past & family history and whether any change in her functioning in recent months.	max. 2	0 1 2
B.	Rosehill Gardens management/neighbours: Care is needed to maintain her privacy as far as possible, but additional information is likely to be needed from the complex management and her neighbours, to determine details of the concerns about her behaviour and to assess the risk to her neighbours.	max. 2	0 1 2
C.	Psychiatric Records: To ensure that she is not already known to the services and obtain past history if she is.	max. 2	0 1 2
D.	Medical Records: Obtain as much medical history information from the GP as possible. Access medical records if these exist. Behavioural change might be due to a medical condition.	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 2 contd.

Mrs Maisie Harris is an 76 year old widow who one year ago moved to live in Rosehill Gardens, a large retirement complex. The complex advertises itself as offering "a comfortable retirement" and includes gardens and some recreational facilities such as an indoor bowls club, but no rest home or private hospital care. Residents own their own apartments or units. Mrs Harris has been referred to your Old Age Psychiatry service by her General Practitioner (GP) who has received complaints from the management of Rosehill Gardens.

The GP's letter states that Mrs Harris' neighbours complain that the small garden outside her unit is full of weeds and not maintained to the standard required by the complex, and that Mrs Harris has in the last few weeks begun shouting abuse at her neighbours if they complain. She is reported to have said to the man next door "I'll knock your block off" when he told her he was going to inform the complex's management. The GP says that Mrs Harris refused to come to his rooms and would not let him in the door when he attempted a home visit, but shouted through the door that he should "bugger off". The GP requests a psychiatric assessment.

You and a nurse from your team also attempt a home visit. Mrs Harris refuses to let you in or to answer any questions, just shouting "bugger off" as she did with the GP.

Mrs Harris is finally admitted to a psychiatric ward for patients over age 65, for assessment under the Mental Health Act. Her diagnosis remains unclear and although somewhat irritable she is not particularly behaviourally disturbed. No medication is prescribed initially, during the assessment period. Substance abuse has been ruled out as a differential.

Question 2.3 (8 marks)
Outline what you would ask the nursing staff to observe and document regarding Mrs Harris, to assist with the assessment.

		worth	mark (circle)
A.	Evidence of mood disorder: Sleep pattern, eating, energy, diurnal variation of mood, elevated, irritable or depressed mood.	max. 2	0 1 2
B.	Evidence of psychosis: Any signs of psychosis such as delusions, response to unseen stimuli, response to auditory hallucinations, thought disorder.	max. 2	0 1 2
C.	Evidence of cognitive impairment or fluctuating level of consciousness: Any signs of memory impairment, disorientation in time, place or person, "sundowning" or other worsening later in the day, dyspraxia, disinhibition, etc.	max. 2	0 1 2
D.	Evidence of risk to herself or others: Evidence of suicidal ideation or intent. Any aggression or expressed intent to harm others. Destructive behaviour.	max. 2	0 1 2
E.	Her capacity for self-care: Her ability to care for herself – activities of daily living, general functioning. Any evidence of impaired self-care as seen in her grooming, cleanliness, eating.	max. 2	0 1 2
F.	Her strengths and socialisation: Her interests, abilities, relationships with staff and others on the ward, ability to join in with ward activities.	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 contd.

Mrs Maisie Harris is a 76 year old widow who one year ago moved to live in Rosehill Gardens, a large retirement complex. The complex advertises itself as offering "a comfortable retirement" and includes gardens and some recreational facilities such as an indoor bowls club, but no rest home or private hospital care. Residents own their own apartments or units. Mrs Harris has been referred to your Old Age Psychiatry service by her General Practitioner (GP) who has received complaints from the management of Rosehill Gardens.

The GP's letter states that Mrs Harris' neighbours complain that the small garden outside her unit is full of weeds and not maintained to the standard required by the complex, and that Mrs Harris has in the last few weeks begun shouting abuse at her neighbours if they complain. She is reported to have said to the man next door "I'll knock your block off" when he told her he was going to inform the complex's management. The GP says that Mrs Harris refused to come to his rooms and would not let him in the door when he attempted a home visit, but shouted through the door that he should "bugger off". The GP requests a psychiatric assessment.

You and a nurse from your team also attempt a home visit. Mrs Harris refuses to let you in or to answer any questions, just shouting "bugger off" as she did with the GP.

Mrs Harris is finally admitted to a psychiatric ward for patients over age 65, for assessment under the Mental Health Act. Her diagnosis remains unclear and although somewhat irritable she is not particularly behaviourally disturbed. No medication is prescribed initially, during the assessment period. Substance abuse has been ruled out as a differential.

Mrs Harris is not thought to have psychosis, a major mood disorder or to be delirious.
You persuade her to let you carry out cognitive testing. She says that she used to do her own shopping each week. When asked to name as many items in the supermarket as possible in one minute she manages 15 items.

Question 2.4 (2 marks)

Interpret this result, with reference to the likely brain area involved in the task.

		worth	mark (circle)
A.	Below normal verbal fluency. Indicates frontal lobe impairment.	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

Note to Examiners:
Accept other synonymous/similar terms (category fluency, word generation, etc.) Both the brain area involved and an accurate description of the test deficit are required for all 2 marks to be awarded.

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (26 marks)

Margaret is a 39 year old woman who works as a librarian. She lives with her husband David, a manager who spends considerable time travelling for his work. She is on no medication and was referred to the Community Mental Health Centre where you work after a self-harm attempt three months ago in which she took a small number of paracetamol tablets and then self-presented to the local Emergency Department. Her diagnosis at that time was of an adjustment disorder with anxious mood.

You have been providing a course of cognitive behavioural therapy (CBT) to her across ten planned sessions. The identified problem was anxiety in social situations leading to some social avoidance. In the tenth session, Margaret requests a course of psychodynamic psychotherapy which she says she has been reading about on the internet.

Question 3.1 (6 marks)

Outline possible reasons why Margaret may have made this request.

		worth	mark (circle)
A.	She may have longstanding psychological issues likely to respond to psychodynamic psychotherapy	max. 2	0 1 2
B.	She may not have had much benefit from the CBT which has been tried, so may want to try a different approach	max. 2	0 1 2
C.	She may not want to terminate therapy – e.g. due to positive transference or dependency which may be manifested as increased anxiety symptoms or described as loneliness. Also accept answers stating that she may have dependant traits or abandonment issues.	max. 2	0 1 2
D.	She may have been influenced by a persuasive article on-line (also accept that she may be a person who is easily influenced by others).	max. 2	0 1 2
	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 3 contd.

Margaret is a 39 year old woman who works as a librarian. She lives with her husband David, a manager who spends considerable time travelling for his work. She is on no medication and was referred to the Community Mental Health Centre where you work after a self-harm attempt three months ago in which she took a small number of paracetamol tablets and then self-presented to the local Emergency Department. Her diagnosis at that time was of an adjustment disorder with anxious mood.

You have been providing a course of cognitive behavioural therapy (CBT) to her across ten planned sessions. The identified problem was anxiety in social situations leading to some social avoidance. In the tenth session, Margaret requests a course of psychodynamic psychotherapy which she says she has been reading about on the internet.

Question 3.2 (10 marks)

Outline what you would need to determine in assessing Margaret for psychodynamic psychotherapy, to decide if this would be a suitable option for her.

		worth	mark (circle)
A.	Her motivation, desire to change, capacity to attend appointments.	max. 2	0 1 2
B.	Her ability to establish a therapeutic alliance (ability to trust, underlying attachment issues, likelihood of significant resistance, etc.)	max. 2	0 1 2
C.	Her psychological mindedness and capacity to reflect.	max. 2	0 1 2
D.	Her response to stress – would need reasonable frustration tolerance, ability to tolerate delayed gratification.	max. 2	0 1 2
E.	That she does not have significant comorbid problems such as substance abuse, cognitive impairment, psychosis, mania etc.	max. 2	0 1 2
F.	That she has sufficiently mature defence and coping mechanisms - ideally she should not have primitive defences or borderline psychopathology with deliberate self harm and acting out.	max. 2	0 1 2
G.	That her problems are longstanding and not caused by a recent stressor.	max. 2	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 3 contd.

Margaret is a 39 year old woman who works as a librarian. She lives with her husband David, a manager who spends considerable time travelling for his work. She is on no medication and was referred to the Community Mental Health Centre where you work after a self-harm attempt three months ago in which she took a small number of paracetamol tablets and then self-presented to the local Emergency Department. Her diagnosis at that time was of an adjustment disorder with anxious mood.

You have been providing a course of cognitive behavioural therapy (CBT) to her across ten planned sessions. The identified problem was anxiety in social situations leading to some social avoidance. In the tenth session, Margaret requests a course of psychodynamic psychotherapy which she says she has been reading about on the internet.

You commence psychodynamic psychotherapy with Margaret. After the initial few sessions, you notice that she frequently talks of feeling unsatisfied with her life. She and her husband elected not to have children due to her husband's career focus and Margaret's tendency to anxiety. Margaret says that she envies her work colleagues who often talk about their children and grandchildren, and she feels that this opportunity has passed her by.

Question 3.3 (2 marks)

Which Eriksonian psychosocial developmental stage might Margaret be having difficulty traversing?

		worth	mark (circle)
A.	Generativity versus stagnation	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

Note to Examiners: Both terms must be given for 2 marks to be awarded

Modified Essay Question 3 contd.

Margaret is a 39 year old woman who works as a librarian. She lives with her husband David, a manager who spends considerable time travelling for his work. She is on no medication and was referred to the Community Mental Health Centre where you work after a self-harm attempt three months ago in which she took a small number of paracetamol tablets and then self-presented to the local Emergency Department. Her diagnosis at that time was of an adjustment disorder with anxious mood.

You have been providing a course of cognitive behavioural therapy (CBT) to her across ten planned sessions. The identified problem was anxiety in social situations leading to some social avoidance. In the tenth session, Margaret requests a course of psychodynamic psychotherapy which she says she has been reading about on the internet.

You commence psychodynamic psychotherapy with Margaret. After the initial few sessions, you notice that she frequently talks of feeling unsatisfied with her life. She and her husband elected not to have children due to her husband's career focus and Margaret's tendency to anxiety. Margaret says that she envies her work colleagues who often talk about their children and grandchildren, and she feels that this opportunity has passed her by.

Margaret has completed 19 sessions of psychodynamic psychotherapy. She has begun to talk about having married her husband David because she knew he would not challenge her and would let her avoid situations that made her anxious. In the last session she talked animatedly about how she had realised that her marriage was "a comfortable trap" and that David never encouraged her to change or develop and had expressed doubts about her having psychotherapy, feeling that it was not "good for" her. Margaret believes that this is because she has been confronting him more. She commences today's session by announcing that she has decided to end the marriage and to separate from David. Her husband is away on a business trip but Margaret intends to tell him this when he returns home in three days.

Question 3.4 (8 marks)
Discuss how you would manage this situation.

		worth	mark (circle)
A.	Review Margaret's mental state to ensure that she is not suffering from any condition that might impair her judgement such as a mood disorder, psychosis or a substance use problem.	max. 2	0 1 2
B.	Hopefully it was explained to Margaret prior to therapy that major life-change decisions are better avoided during therapy, especially the early stages. Remind Margaret of this and explain why.	max. 2	0 1 2
C.	Ask Margaret not to talk to her husband or make this decision until you have had a chance to address her feelings and motivations further in therapy.	max. 2	0 1 2
D.	Organise urgent supervision to discuss this development.	max. 2	0 1 2
E.	Help Margaret explore the issues behind her feelings and her decision to separate, and to gain insight into these – e.g. into any transference reactions or defences involved such as displacement, projection, splitting, etc.	max. 2	0 1 2
F.	If she remained adamant about her decision and was competent to decide, try to see her together with her husband for a session or sessions, to help them communicate about the marriage and come to a joint decision. This might be best done with a more experienced co-therapist, if the therapist is a novice.	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 4

Modified Essay Question 4: (13 marks)

Peter is a 10 year old Caucasian boy who is doing poorly at school. He is brought to the Child and Adolescent service where you work, for an assessment after referral by his General Practitioner. You see him with his mother, who has brought along his 3 year old sister as she was unable to get a babysitter. His father was at work and unable to come. Peter has another brother aged 6, currently at school.

Peter's mother says that he "doesn't try" and "always has his head in the clouds" – ever since he started school at age 5. His school reports praise him for being quiet and not disruptive in class, and for working well 1:1 with teachers, but say he needs to "interact more with others", "try harder overall" and "put more effort into homework". His mother says he is well behaved at home but that she cannot supervise his homework as she has his sister and brother to look after as well. She has noticed he often "gets into a dream" or "blanks out" and doesn't always complete his homework.

While his mother is relating all this, Peter sits with his head down and shoulders hunched and does not make eye contact.

Question 4.1 (4 marks)

Outline the main differential diagnoses you would want to explore, and why.

		worth	mark (circle)
A.	Attention deficit disorder (inattentive type) – would account for his poor school record and he does not sound to have hyperactivity. Mention of "inattentive type" must be made for the full 2 marks.	max. 2	0 1 2
B.	Organic disorder such as petit mal epilepsy – could affect his concentration and performance.	max. 2	0 1 2
C.	Major depression – could affect his concentration, motivation and self-confidence and reduce classroom interactivity.	max. 2	0 1 2
D.	Anxiety disorder – could affect his concentration, motivation and self-confidence and reduce classroom interactivity.	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 4 contd.

Peter is a 10 year old boy who is doing poorly at school. He is brought to the Child and Adolescent service where you work, for an assessment after referral by his General Practitioner. You see him with his mother, who has brought along his 3 year old sister as she was unable to get a babysitter. His father was at work and unable to come. Peter has another brother aged 6, currently at school.

Peter's mother says that he "doesn't try" and "always has his head in the clouds" – ever since he started school at age 5. His school reports praise him for being quiet and not disruptive in class, and for working well 1:1 with teachers, but say he needs to "interact more with others", "try harder overall" and "put more effort into homework". His mother says he is well behaved at home but that she cannot supervise his homework as she has his sister and brother to look after as well. She has noticed he often "gets into a dream" or "blanks out" and doesn't always complete his homework.

While his mother is relating all this, Peter sits with his head down and shoulders hunched and does not make eye contact.

In the initial assessment you talked with Peter and his mother, and also assessed Peter by himself. Three weeks have passed and Peter's diagnosis has been clarified and a combination of medication and behavioural therapy planned by the team. You arrange for Peter's father to attend a follow-up session and Peter's mother has organised a babysitter for his sister. You find that you need to reassure Peter, who expresses some anxiety to you about the coming meeting as he says his father criticizes him a lot, and "doesn't listen". Peter's parents bring him to your clinic for the meeting.

Question 4.2 (4 marks)

Describe what you would discuss with Peter and his parents about the process, content and goals of the session and describe what strategies you would use to engage Peter and his family.

		worth	mark (circle)
A.	Tell his parents that you will see them separately as well as with Peter present.	max. 1	0 1
B.	Outline your plan and goals for the meeting. (e.g. explaining that your goal is to find ways of helping Peter, that everyone's opinion is valuable and that it is normal for family members to have different viewpoints. May say that you plan to gather some extra information, then to discuss what Peter's diagnosis ia likely to be, and possible interventions.)	max. 2	0 1 2
C.	Ask everyone (his mother, his father, and Peter) whether they also have specific goals or questions to be addressed at the meeting.	max. 1	0 1
D.	Engagement Strategies – environment for meeting: Make sure room is set up to be welcoming for a child and parents – suitable pictures on walls, comfortable seats, privacy, toys if appropriate.	max. 2	0 1
E.	Engagement Strategies – interactions with family: Aim to make the session a helpful and positive experience – e.g. facilitate it well and provide useful information and support. Thank parents, especially father, for attendance. Praise their concern and emphasise the positive nature of their attending together to help their son. Explain about confidentiality and that they can choose whether to answer questions.	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 4 contd.

Peter is a 10 year old boy who is doing poorly at school. He is brought to the Child and Adolescent service where you work, for an assessment after referral by his General Practitioner. You see him with his mother, who has brought along his 3 year old sister as she was unable to get a babysitter. His father was at work and unable to come. Peter has another brother aged 6, currently at school.

Peter's mother says that he "doesn't try" and "always has his head in the clouds" – ever since he started school at age 5. His school reports praise him for being quiet and not disruptive in class, and for working well 1:1 with teachers, but say he needs to "interact more with others", "try harder overall" and "put more effort into homework". His mother says he is well behaved at home but that she cannot supervise his homework as she has his sister and brother to look after as well. She has noticed he often "gets into a dream" or "blanks out" and doesn't always complete his homework.

While his mother is relating all this, Peter sits with his head down and shoulders hunched and does not make eye contact.

In the initial assessment you talked with Peter and his mother, and also assessed Peter by himself. Three weeks have passed and Peter's diagnosis has been clarified and a combination of medication and behavioural therapy planned by the team. You arrange for Peter's father to attend a follow-up session and Peter's mother has organised a babysitter for his sister. You find that you need to reassure Peter, who expresses some anxiety to you about the coming meeting as he says his father criticizes him a lot, and "doesn't listen".

A diagnosis of Attention Deficit disorder has been made.

Question 4.3 (2 marks)

Outline the main additional information about the family's functioning that you would want to elicit during this session, so as to assist with Peter's management.

		worth	mark (circle)
A.	How the family members relate to one another, and how affect is expressed and managed, including Peter's siblings.	max. 1	0 1
B.	How decisions are made, and who generally manages Peter.	max. 1	0 1
C.	The nature of the marital relationship, and whether any stresses in this affect Peter.	max. 1	0 1
	Up to a maximum of 2 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 2. Final Mark is to be set at not more than 2. (i.e. if they score more, final mark is still 2)

Modified Essay Question 4 contd.

Peter is a 10 year old boy who is doing poorly at school. He is brought to the Child and Adolescent service where you work, for an assessment after referral by his General Practitioner. You see him with his mother, who has brought along his 3 year old sister as she was unable to get a babysitter. His father was at work and unable to come. Peter has another brother aged 6, currently at school.

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While his mother is relating all this, Peter sits with his head down and shoulders hunched and does not make eye contact.

In the initial assessment you talked with Peter and his mother, and also assessed Peter by himself. Three weeks have passed and Peter's diagnosis has been clarified and a combination of medication and behavioural therapy planned by the team. You arrange for Peter's father to attend a follow-up session and Peter's mother has organised a babysitter for his sister. You find that you need to reassure Peter, who expresses some anxiety to you about the coming meeting as he says his father criticizes him a lot, and "doesn't listen".

A diagnosis of Attention Defecit disorder has been made.

Question 4.4 (3 marks)

Outline the general areas that you would want to cover in providing education for Peter and his family, and how you would go about conveying this. (Do not provide details in your answer about the actual condition).

		worth	mark (circle)
A.	Use language and terms appropriate to Peter as well as his parents in the joint sesssion, and adapt that as needed in the session just with his parents.	max. 1	0 1
B.	Information about the process of diagnosis and the diagnosis itself, with discussion of differentials as appropriate.	max. 1	0 1
C.	Information about treatment options.	max. 1	0 1
D.	Information about Peter's prognosis.	max. 1	0 1
E.	In the session just with his parents, behavioural strategies likely to assist could be outlined.	max. 1	0 1
	Up to a maximum of 3 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 3.
Final Mark is to be set at not more than 3. (i.e. if they score more, final mark is still 3)

MODIFIED ESSAY QUESTION 5

Modified Essay Question 5: (14 marks)

You work on an acute adult admission ward. On your arrival one morning, the Nursing Coordinator tells you that Sally, a 24 year old female patient recovering from a manic episode, has just told her nurse that Damien, a 30 year old man diagnosed with schizophrenia, sexually assaulted her during the previous night. Damien is under your care, whereas Sally is under the care of a different catchment area team on the ward. The police have been called and are expected to arrive in an hour.

Question 5.1 (6 marks)

Outline the most urgent actions you would need to take regarding Damien, on hearing this, and why you would do these things.

		worth	mark (circle)
A.	Ensure safety and containment: Make sure Damien is contained on the ward – important that he and others are safe, and to avoid him going AWOL. Might mean moving him to a locked part of ward if he were on compulsory treatment, or instituting very close nursing.	max. 2	0 1 2
B.	Preserve evidence: If it is not too late, Damien should be prevented from showering or washing himself or otherwise removing evidence, until seen by the police.	max. 2	0 1 2
C.	Urgent assessment: Damien needs an urgent assessment to determine his mental state. This is both to get his account of the alleged incident, and to determine his ability to cope with a police interrogation re his degree of psychosis and possibly increased risks to self/others if he were increasingly agitated.	max. 2	0 1 2
D.	Manage any increased risks: If Damien were agitated and a risk to himself or others, this might need to be managed in addition to containing him. Careful use of sedative medication might be needed, bearing in mind that he would need to be interviewed by the police so heavy sedation should be avoided, and ideally medication should be avoided if he could be contained environmentally and supervised.	max. 2	0 1 2
	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 5 contd.

You work on an acute adult admission ward. On your arrival one morning, the Nursing Coordinator tells you that Sally, a 24 year old female patient recovering from a manic episode, has just told her nurse that Damien, a 30 year old man diagnosed with schizophrenia, sexually assaulted her during the previous night. Damien is under your care, whereas Sally is under the care of a different catchment area team on the ward. The police have been called and are expected to arrive in an hour.

There is considerable evidence that Damien did sexually assault Sally. Damien recalls and acknowledges the sexual encounter. He has active psychotic symptoms which have not yet resolved with antipsychotic treatment. A forensic psychiatrist assesses Damien as having a "disease of the mind" and as having "distorted *mens rea"*.

Question 5.2 (4 marks)

What is "*mens rea*"? Explain the relevance of "distorted *mens rea*" in determining Damian's criminal responsibility for the sexual assault.

		worth	mark (circle)
A.	Definition: Two components of any crime are *actus reus* (the action of committing a crime) and *mens rea* - their intent and judgement at the time of committing a crime. *Mens rea* is often translated as "guilty mind".	max. 2	0 1 2
B.	Relevance of "distorted *mens rea"* to Damien's Criminal Responsibility: Means his intent and judgement in committing the assault were distorted by his psychosis so that he cannot legally be held fully responsible.	max. 2	0 1 2
C.	Relevance of distorted *mens rea* to the possible decision in Damien's case: If Damien had distorted *mens rea* due to his psychosis, he would be able to use an insanity defence ("not guilty by reason of insanity"). Mention McNaughten's rules. Explanation regarding Damien having a "disease of the mind" such that he did not understand the nature or quality of his actions or did not understand they were wrong, with respect to commonly accepted standards of right and wrong.	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)

Note: the concept of "diminished responsibility" does not gain any marks as it relates to *diminished mens rea* not *distorted mens rea*.

Also note that the answer options cover both NZ and Australia as far as possible, given that the specific wordings vary in the various jurisdictions. It is suggested that markers interpret answers according to the essential meaning of each point, rather than requiring precise wording.

Modified Essay Question 5 contd.

You work on an acute adult admission ward. On your arrival one morning, the Nursing Coordinator tells you that Sally, a 24 year old female patient recovering from a manic episode, has just told her nurse that Damien, a 30 year old man diagnosed with schizophrenia, sexually assaulted her during the previous night. Damien is under your care, whereas Sally is under the care of a different catchment area team on the ward. The police have been called and are expected to arrive in an hour.

There is considerable evidence that Damien did sexually assault Sally. Damien recalls and acknowledges the sexual encounter. He has active psychotic symptoms which have not yet resolved with antipsychotic treatment. A forensic psychiatrist assesses Damien as having a "disease of the mind" and as having "distorted mens rea".

Damien is now in a forensic admission unit and you have kept in touch with the treating team.
He continues to have psychotic symptoms and his forensic psychiatrist feels that Damien is not fit to stand trial.

Question 5.3 (4 marks)

Outline the medico-legal issues which could result in Damien being unfit to stand trial due to his psychosis.

		worth	mark (circle)
A.	This is a competency assessment on the specific issue of standing trial. Important to be clear that the assessment relates to Damien's psychosis at the time of trial not at the time of the alleged offence.	max. 2	0 1 2
B.	Reference to local Criminal Justice legislation which defines the issue in a local context. Ultimately this is a legal determination assisted by expert psychiatric evidence.	max. 2	0 1 2
C.	Can Damien understand psycho-legal issues if these are explained: the Court, roles and responsibilities of Court officials, basic necessary technical terms.	max. 2	0 1 2
D.	Competency assessment: Can Damien understand the information and issues (including the seriousness of the situation), can he rationally think through and discuss the information, can he communicate his choices, can he understand the consequences of his choices. (His choices do not need to be the "best options" as long as they are arrived at competently).	max. 2	0 1 2
	Up to a maximum of 4 marks in total	**TOTAL:**	

Note to Examiners: 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).

Also note that the answer options cover both NZ and Australia as far as possible, given that the specific wordings vary in the various jurisdictions. It is suggested that markers interpret answers according to the essential meaning of each point, rather than requiring precise wording.

MODIFIED ESSAY QUESTION 6

Modified Essay Question 6: (26 marks)

You are working as a registrar in the consultation liaison psychiatry service of a general hospital. You are contacted by a Resident Medical Officer (RMO/PGY2/Senior House Officer) in the Emergency Department requesting an assessment for Bill, a 35-year-old man brought into hospital to investigate a possible myocardial infarction. He has been thoroughly worked up, and cardiac pathology (and respiratory pathology) has been ruled out. The Emergency Department doctor wonders whether this is a panic attack.

On review, the patient gives a clear history of panic attacks, including one that evening.

Question 6.1 (6 marks)

Apart from alcohol withdrawal, what is the likely differential diagnosis?

		worth	mark (circle)
A.	Panic disorder	max. 1	0 1
B.	Other anxiety disorder	max. 1	0 1
C.	Affective disorder	max. 1	0 1
D.	Withdrawal from other substance	max. 1	0 1
E.	Intoxication with substance	max. 1	0 1
F.	Other psychiatric disorder (such as psychotic disorder)	max. 1	0 1
G.	Endocrine disorder (must mention at least two plausible Endocrine disorders such as Hyperthyroidism or Phaeochromocytoma)	max. 2	0 1 2
	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 contd.

Bill gives a vague history with regard to alcohol consumption. Collateral history is not readily available. However, the patient has had routine blood screening, and you decide to review this to assist in determining the diagnosis.

Question 6.2 (2 marks)

Which result on a routine haematology test is the most likely indication of heavy alcohol consumption?

		worth	mark (circle)
A.	Macrocytosis on the Full Blood Count. (Anaemia, leukopenia, and thrombocytopenia are also possible)	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

Modified Essay Question 6 contd.

The blood tests seem to indicate heavy drinking is likely. You manage to get hold of the of Bill's GP who confirms not only heavy drinking but physiological dependence – the GP is also confident the patient does not use other substances, including nicotine. After discussion with the Resident Medical Officer you decide to admit Bill for a medicated detoxification. You are handed the drug chart.

Question 6.3 (8 marks)

What medications would you consider charting, and why?

		worth	mark (circle)
A.	Oral diazepam or equivalent sedative. This medication is given primarily to reduce the risk of seizure and delirium. It also reduces unpleasant symptoms of autonomic instability, and insomnia.	max. 2	0 1 2
B.	Thiamine: reduces the risk of Korsafoff's. Full marks only possible for parentral thiamine. Should be given before giving any glucose.	max. 2	0 1 2
C.	Multivitamins: to replace other vitamins which have become low through drinking	max. 2	0 1 2
D.	Antipsychotics: for increasing agitation or hallucinations despite adequate diazepam doses	max. 2	0 1 2
E.	Other medications for symptomatic relief (sleeping tablets, anti-nausea tablets, anti-diarrhoea tablets, clonidine, paracetemol, mylanta etc.) One mark for mentioning any of these, one mark for identifying them as for symptomatic treatment only.	max. 2	0 1 2
F.	Rectal diazepam (or suitable equivalent): PRN for seizures	max. 2	0 1 2
	Up to a maximum of 8 marks in total	**TOTAL:**	

Note to Examiners:
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)
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Modified Essay Question 6 contd.

You know that many of the nursing staff on the admitting ward are inexperienced when dealing with alcohol detoxifications.

Question 6.4 (10 marks)

What is your approach to this situation?

		worth	mark (circle)
A.	Clear documentation of what is required in the notes, including the use of a protocol if they exist, and clear medication charting.	max. 2	0 1 2
B.	Regular review of patient	max. 2	0 1 2
C.	See if a more experienced nurse can be assigned	max. 2	0 1 2
D.	Discuss the issue with the medical team so as to take an agreed approach	max. 2	0 1 2
E.	Discuss with the charge nurse tactfully looking for practical solutions	max. 2	0 1 2
F.	Ongoing liaison with staff, making sure they know how to contact you	max. 2	0 1 2
G.	Suggest future training options and offer to be involved	max. 2	0 1 2
	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 7

Modified Essay Question 7: (25 marks)

Shayleen is a 22 year old young woman who lives with her mother, stepfather and three much younger half-siblings. Her stepfather works as a builder's labourer. She has been referred for follow-up to your Community Mental Health Centre with a diagnosis of post-partum psychosis. Her infant son Jake is now two weeks old. Shayleen has no prior psychiatric history and nor does anyone in her family except for her birth father who had no formal diagnosis but committed suicide when she was two years old. He is said to have been "moody" and also abused alcohol and was physically abusive to Shayleen's mother.

Shayleen had a normal delivery after an unplanned and unwanted pregnancy. The child's father has left town and is not contactable. Shayleen is currently free of psychotic symptoms, having briefly been thought-disordered and with persecutory and grandiose delusions. These settled a week ago, on quetiapine 200mgs nocte. She is also taking temazepam 20mgs nocte for sleep and is not breast-feeding. Her mood is somewhat labile and irritable and her mother is having to do a lot of the feeds as Shayleen is drowsy at night and reluctant to get up if the baby wakes. During the appointment you notice that Shayleen either gives Jake to her mother or places him in his pram, and that she seems reluctant to hold him for long.

Question 7.1 (9 marks)

Discuss what might be causing Shayleen's avoidance of holding her baby.

		worth	mark (circle)
A.	Bonding: Shayleen may be having problems bonding with Jake as the pregnancy was unplanned and unwanted, and as she has been unwell since his birth.	max. 2	0 1 2
B.	Psychiatric disorder and treatment: Shayleen is not fully recovered from her post-partum illness. The psychosis is resolved but her mood is not euthymic. This might cause her to be restless, irritable and anxious about caring for Jake. Her medication may be causing daytime sedation and impeding her coping.	max. 2	0 1 2
C.	Post-partum physical state: Shayleen is still in a post-partum state and may be experiencing physiological changes and physical discomfort which are impeding her focusing on her child.	max. 2	0 1 2
D.	Bottle-feeding: Shayleen may have mixed feelings about not breast-feeding, such as guilt and resentment, leading to reduced confidence with her child.	max. 2	0 1 2
E.	Personality factors: There may be longer-standing dysfunctional personality traits (e.g. borderline, narcissistic) impairing the bonding with Jake and her care for the baby.	max. 2	0 1 2
F.	Relationship with mother: There may be long-term dysfunction or acute relationship problems since Shayleen's psychosis. Compared to her mother, Shayleen may feel incompetent, leading to mother having to do more.	max. 2	0 1 2
G.	Social Situation: There may be other social factors adding to the stress on this family and hence to Shayleen. Could be financial problems, other dysfunctional relationships in the family, living in a blended family, etc.	max. 2	0 1 2
	Up to a maximum of 9 marks in 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 7 contd.

Four weeks post-partum Shayleen and her mother have a follow-up appointment. Shayleen says she wants to cease her medication as it makes her too tired. She is still on quetiapine 200mgs nocte, but ceased the temazepam two weeks ago. There are no signs of any psychosis but her moods remain unstable, with diurnal mood change - irritability increasing later in the day. She has initial insomnia and broken sleep. Her relationship with Jake is marginally improved but she is still somewhat reluctant to hold him for long.

Question 7.2 (6 marks)

Outline how you would respond to this request, giving reasons for your advice or interventions.

		worth	mark (circle)
A.	Engagement: acknowledge how difficult Shayleen's and her mother's situation is and encourage her to continue treatment and follow-up. Praise any positive interactions with her child when these occur. For support and engagement.	max. 2	0 1 2
B.	Education: Further psychoeducation about post-partum disorders and treatment options. To help Shayleen and her mother understand her condition and the risks and benefits of the treatment options.	max. 2	0 1 2
C.	Change the medication: Trial a mood stabiliser instead of quetiapine. Most post-partum psychoses are mood disorders and Shayleen's moods have been unstable. She may be hypomanic or have mixed affective features.	max. 2	0 1 2
D.	Titrating medication: Advise Shayleen to continue quetiapine another few days while commencing the mood stabiliser, then to taper off the quetiapine rather than a sudden cessation. To avoid worsening her mental state by a sudden cessation and to allow the mood stabiliser time to work before ceasing antipsychotic.	max. 2	0 1 2
E.	Close follow-up: Ensure that Shayleen is seen regularly to monitor the medication changes, her mental state, and to provide her and the family with support. e.g: frequent visits by case manager, weekly medical reviews.	max. 2	0 1 2
	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 7 contd.

Despite assistance and home visits from the team social worker, the case manager and some additional parenting help from a support worker, Shayleen's relationship with Jake does not improve. She is no longer labile, but two months post-partum she appears flat and despondent. She still complains of initial insomnia and broken sleep, and is now waking early as well. The irritability has ceased but her self-care and eating have deteriorated. Shayleen's mother is tired and frustrated as Shayleen is of little help in Jake's care. Shayleen is taking 500mgs sodium valproate twice daily, and quetiapine 50mgs nocte for sleep. At the assessment, Shayleen admits that in the past few days she has begun hearing voices telling her that she is evil and a bad mother.

You diagnose her as having developed a major depression.

Question 7.3 (6 marks)

Outline your plan regarding Shayleen's medications. Give reasons for any changes.

		worth	mark (circle)
A.	Commence a less sedating antipsychotic medication to treat the hallucinations more effectively.	max. 2	0 1 2
B.	Optimise her sodium valproate. Maximize the serum level provided there are no significant adverse effects. Shayleen probably has a bipolar disorder and there is a risk of a manic episode on the antidepressant, reduced by ensuring good coverage by the mood stabiliser.	max. 2	0 1 2
C.	An antidepressant may not be avoidable, but is somewhat risky. If other interventions don't help her depression, use an antidepressant safe in overdose such as an SSRI (reasonable first choice, no titration needed), and combine antidepressant use with optimized mood stabilizer and effective antipsychotic treatment.	max. 2	0 1 2
D.	Use a benzodiazepine or other hypnotic to aid sleep – especially if increasing/altering her other medications does not assist with this initially.	max. 1	0 1
E.	Increase the quetiapine dose to treat her psychotic symptoms and aid sleep. This is one option, but might cause too much sedation so option A as above might be preferable.	max. 1	0 1
F.	Monitor the effects of the medication changes closely.	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 7 contd.

Despite assistance and home visits from the team social worker, the case manager and some additional parenting help from a support worker, Shayleen's relationship with Jake does not improve. She is no longer labile, but two months post-partum she appears flat and despondent. She still complains of initial insomnia and broken sleep, and is now waking early as well. The irritability has ceased but her self-care and eating have deteriorated. Shayleen's mother is tired and frustrated as Shayleen is of little help in Jake's care. Shayleen is taking 500mgs sodium valproate twice daily, and quetiapine 50mgs nocte for sleep. At the assessment, Shayleen admits that in the past few days she has begun hearing voices telling her that she is evil and a bad mother.

You diagnose her as having developed a major depression.

Question 7.4 (4 marks)

What are the most serious risks in this situation? Give the main causes for these risks.

		worth	mark (circle)
A.	Suicide/self harm secondary to her depression and/or psychotic symptoms.	max. 2	0 1 2
B.	Infanticide secondary to her depression and/or psychotic symptoms.	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)