



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

**MODIFIED  
ESSAY  
QUESTIONS**

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



**MOCK EXAMINATION PAPER**

**NOVEMBER 2022**

**STIMULUS**

To be used as a handout while answering questions.

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

## **MODIFIED ESSAY QUESTION 1 (25 marks)**

You are a junior consultant psychiatrist providing after hours cover to the Emergency Department. Your registrar calls you to discuss Mrs. Smith, a 69-year-old retired receptionist, who was asked to come to the Emergency Department by her family doctor. She has presented with her husband and has requested he join her in the assessment. Mrs. Smith reports she has been her husband's primary carer for the last 3 years (he has dementia). Mrs. Smith reports that she has not been feeling like her usual self, she feels more irritable and gets flustered easily. She reports her sleep is disturbed.

### **Question 1.1 (8 marks)**

**Describe (list and explain) the salient features of history and examination you would like your psychiatric registrar to focus on when assessing Mrs. Smith.**

*Please note: a list with no explanation will not receive any marks.*

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### **Question 1.2 (3 marks)**

**Describe (list and explain) the areas of concern in regard to risk.**

*Please note: a list with no explanation will not receive any marks.*

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During the assessment, Mrs. Smith reports feeling listless and fatigued, having problems concentrating, and worrying about how she can continue to care for Mr. Smith. She expresses the view that the both of them are a burden to their children and she thinks they would both be better off dead. After the assessment, you make a provisional diagnosis of major depressive disorder. Mrs. Smith tells you she does not want to be admitted to hospital for treatment.

### **Question 1.3 (6 marks)**

**Describe (list and explain) the criteria your registrar would use to determine if Mrs. Smith requires admission under the Mental Health Act.**

*Please note: a list with no explanation will not receive any marks.*

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Mrs. Smith tells you she does not want to be admitted to hospital for treatment because she is a carer for her husband.

### **Question 1.4 (8 marks)**

**Discuss (list and debate) the pertinent ethical considerations that arise from admitting Mrs. Smith.**

*Please note: a list with no debate will not receive any marks.*

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## MODIFIED ESSAY QUESTION 2

(23 marks)

You are junior consultant psychiatrist working in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team

The patient, Hugo, is a 19 year old man currently studying Veterinary Science. He normally resides with his mother. He has a history of a difficult relationship with his father following his parents' separation when he was six years old. Their separation was acrimonious and related to his father's excessive alcohol use and violence towards Hugo and his mother.

Hugo has a history of self-harm and has made a couple of previous suicide attempts by overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was 16 years old and the second following an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP commenced him on fluoxetine which he took for 3 months before stopping because he didn't feel that it helped.

Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge-drinks alcohol.

On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier.

In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

### Question 2.1 (8 marks)

**Outline (list and justify) your approach to the situation and the advice you would provide for short term management while Hugo is in hospital.**

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

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You return to see Hugo 48 hours after admission. He is alert, orientated and toxicology are requesting his transfer to a mental health unit. He tells you that he felt distressed by the relationship breakup. He is also stressed about differences with a supervisor at his clinical placement. He expresses remorse over his suicidal attempt and assures that he would not harm himself again if discharged. He describes impulsive behaviour like reckless driving, binge eating. His mood as 'always up and down'. His relationship history is characterized by intense and short-lived relationships that are quite preoccupying and overwhelming. Hugo wants to know why he feels this way.

### Question 2.2 (7 marks)

**Outline (list and justify) the primary diagnosis and differentials diagnoses you would discuss with Hugo.**

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

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## **MODIFIED ESSAY QUESTION 2 cont'd (23 marks)**

Hugo says he would like to go home rather than continue his admission. When you call his mother to discuss a discharge plan, she expresses concerns about Hugo trying to self harm again and wants to know why you don't consider a longer admission beneficial. Given her concerns, you decided to call a family meeting.

### **Question 2.3 (4 marks)**

**Describe (list and explain) the issues you will raise at this family meeting.**

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

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Hugo mentions that he has been thinking about 'doing therapy'.

### **Question 2.4 (4 marks)**

**Describe (list and explain) the forms of psychotherapy that may be suitable for Hugo.**

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

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## MODIFIED ESSAY QUESTION 3 (25 marks)

You are a junior consultant in private practice rooms. A 32-year-old recently married woman, Kylie, comes to see you. She was diagnosed with ADHD during high school years and has been intermittently managed by other doctors over the last 15 years, sometimes with stimulant medication.

### Question 3.1 (6 marks)

List the symptoms and signs of ADHD you would be looking for, to clarify whether she has ADHD.

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Kylie is a school teacher and is having difficulty organising herself at work, she is behind on her paperwork, and school reports are due in soon and she hasn't started writing them. She has been off stimulant meds for the last 3 years. At home, she is having difficulty managing caring for her 4-year-old stepson by marriage. She wants to try and get pregnant this year.

### Question 3.2 (8 marks)

Describe (list and explain) what further issues you would explore with Kylie.

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

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Kylie is not functioning well and wants to consider starting medication for ADHD.

### Question 3.3 (4 marks)

Describe (list and explain) your approach to management. How would you access the most recent information on this?

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

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Kylie has her baby, and the next year consults with you when the newborn is 12 weeks old, and breastfeeding. Kylie has not been on any psychiatric medications during her postnatal period. Her ADHD is really impairing her functioning, her marriage is under strain, and she wants help.

### Question 3.4 (7 marks)

Outline (list and justify) the management strategies would you implement/consider implementing?

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## MODIFIED ESSAY QUESTION 4

(22 marks)

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

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

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

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

### Question 4.1 (3 marks)

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

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

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

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

### Question 4.2 (8 marks)

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

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

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

### Question 4.3 (4 marks)

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

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

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

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

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

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

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

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

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

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

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

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## MODIFIED ESSAY QUESTION 5

(30 marks)

You are working as a junior consultant psychiatrist in a Youth Community Public Mental Health Centre. You have received a referral letter from a GP (with input from a school counsellor) regarding Mari, an 18-year-old student who is studying in year 12 at the local co-educational high school.

The GP letter states that Mari started at her current school in year 9 – she previously was in an all-girls school. Mari was previously well, engaged in a range of sports and had no academic concerns. However, her grades for the last term have been near failing.

Lately, her teachers have raised concerns about her lack of engagement with other students, and suffering panic attacks when public speaking.

She has been reluctant to come to any sports and swimming events this year. She prefers to wear her loose-fitting school sports uniform daily to school. In addition, she has recently cut her hair very short. There has also been a steady decline in body weight from 70 kg to 60 kg and a BMI of 20 from a previous 23kg/m<sup>2</sup>.

Mari appears reluctant to mix with her previous friends. A short same-sex relationship, earlier this year did not go well.

Staff haven't witnessed any bullying at school. The school counsellor had raised possible concerns of alcohol use and use of diuretics but was unsure and said these could just be school gossip.

She had recently been referring to herself as "Mar" rather than Mari. She has asked that she comes to see you on her own today.

### Question 5.1 (9 marks)

**Describe (list and explain) your assessment of this presentation.**

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

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### Question 5.2 (5 marks)

**Based on the information provided, describe (list and explain) the differential diagnoses you would consider.**

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

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After a thorough assessment, including collateral from mother, teacher/school and GP, and subsequent review, Mari has been diagnosed with Gender Dysphoria and Social Anxiety Disorder.

### Question 5.3 (8 marks)

**Outline (list and justify) treatment options that you would consider and discuss with Mari and the GP.**

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

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## **MODIFIED ESSAY QUESTION 5 cont'd**

**(30 marks)**

The service you refer Mari to requests a capacity assessment prior to accepting her in their care.

### **Question 5.4 (4 marks)**

**Describe (list and explain) what the process of capacity assessment would involve.**

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

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Mari wants to know how easy and quick it will be for her to start gender-transitioning treatment.

### **Question 5.5 (4 marks)**

**List barriers to treatment in cases on gender dysphoria.**

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**END of MEQ's**