CANDIDATES NAME:

## THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

# MOCK WRITTEN ESSAY PAPER 2021

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

**CANDIDATE'S NAME:**

**DATE:**

**TRAINING ZONE:**

## DIRECTIONS:

**Please use a black or blue ball-point pen. Write your responses in the following pages.**

**Write on the lined pages only. Answer written on blank pages will not be marked. Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided.**

**You can request additional spare pages from the invigilator if needed. Write your name on the top of any extra page, and the question and sub-question number, and interleave the page 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.**

CANDIDATES NAME:

# CRITICAL ESSAY

## CRITICAL ESSAY QUESTION: (40 marks)

**In essay form, critically discuss this quotation from different points of view and provide your conclusion:**

**"It is easy to blame, it is easy to politicize, it is harder to tackle a problem
together and find solutions together"**

Reference: WHO Director-General, Tedros Adhanom Ghebreyesus, 56th Munich Security Conference, 15th February 2020

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# MODIFIED

# ESSAY

# QUESTION

## DIRECTIONS:

**Please use a black or blue ball-point pen. Write your responses in the following pages.**

**Write on the lined pages only. Answer written on blank pages will not be marked. Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided.**

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CANDIDATES NAME:

# MODIFIED ESSAY QUESTION 1 (25 marks)

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

## Modified Essay Question 1.1

You are a junior consultant psychiatrist at a Community Mental Health Service. You are seeing Mark who has presented for an outpatient appointment.

Mark is a 34-years-old single unemployed male living at home with his father, a lawyer. Mark has been diagnosed with schizophrenia and he is currently managed on risperidone 6mg daily. Despite good medication compliance, he continues to report distressing auditory hallucinations. He has previously been trialled on olanzapine with partial resolution of auditory hallucinations but resulted in significant weight gain.

You suggest that Mark should be trialled on clozapine, but his father expresses concern about it.

**Question 1.1 (9 marks)**

**Describe (list and explain) the rationale for a trial of clozapine and any other treatment alternatives you would present to Mark and his father.**

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

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# Modified Essay Question 1.2

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist at a Community Mental Health Service. You are seeing Mark who has presented for an outpatient appointment.*

*Mark is a 34-years-old single unemployed male living at home with his father, a lawyer. Mark has been diagnosed with schizophrenia and he is currently managed on risperidone 6mg daily. Despite good medication compliance, he continues to report distressing auditory hallucinations. He has previously been trialled on olanzapine with partial resolution of auditory hallucinations but resulted in significant weight gain.*

*You suggest that Mark should be trialled on clozapine, but his father expresses concern about it.*

By the end of the meeting, Mark and his father agreed to an inpatient admission for a trial of clozapine.

Mark has now been discharged from hospital after a four week admission. The auditory hallucinations have completely resolved, and he is currently on clozapine 300mg PO daily.

Mark and his father have come to your clozapine clinic for a weekly review.

The nurse informs you that Mark has missed the blood tests yesterday. His current vital signs are temperature 37.7$^{o}$C, pulse 110/min, BP 130/85mm Hg, respiratory rate 15/min.

CANDIDATES NAME:

**Question 1.2 (5 marks)**

**Outline (list and justify) the investigations you would conduct to assess Mark at this time.**

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

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# Modified Essay Question 1.3

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist at a Community Mental Health Service. You are seeing Mark who has presented for an outpatient appointment.*

*Mark is a 34-years-old single unemployed male living at home with his father, a lawyer. Mark has been diagnosed with schizophrenia and he is currently managed on risperidone 6mg daily. Despite good medication compliance, he continues to report distressing auditory hallucinations. He has previously been trialled on olanzapine with partial resolution of auditory hallucinations but resulted in significant weight gain.*

*You suggest that Mark should be trialled on clozapine, but his father expresses concern about it.*

*By the end of the meeting, Mark and his father agreed to an inpatient admission for a trial of clozapine.*
*Mark has now been discharged from hospital after a four week admission. The auditory hallucinations have completely resolved, and he is currently on clozapine 300mg PO daily.*

*Mark and his father have come to your clozapine clinic for a weekly review.*

*The nurse informs you that Mark has missed the blood tests yesterday. His current vital signs are temperature 37.7$^{o}$C, pulse 110/min, BP 130/85mm Hg, respiratory rate 15/min.*

Based on the results of the investigations, Mark had to be admitted to the medical ward for one week with bacterial pneumonia. Mark's father is very angry as he believes this resulted from the clozapine you prescribed and threatens you with legal action.

CANDIDATES NAME:

**Question 1.3 (7 marks)**

**Discuss (list and explain) the process you will undertake to manage the father's concerns.**

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

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# Modified Essay Question 1.4

CANDIDATES NAME:

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist at a Community Mental Health Service. You are seeing Mark who has presented for an outpatient appointment.*

*Mark is a 34-years-old single unemployed male living at home with his father, a lawyer. Mark has been diagnosed with schizophrenia and he is currently managed on risperidone 6mg daily. Despite good medication compliance, he continues to report distressing auditory hallucinations. He has previously been trialled on olanzapine with partial resolution of auditory hallucinations but resulted in significant weight gain.*

*You suggest that Mark should be trialled on clozapine. Mark's father is not keen for him to be*
*trialled on clozapine.*

*By the end of the meeting, Mark and his father agreed to an inpatient admission for a trial of clozapine.*
*Mark has now been discharged from hospital after a four week admission. The auditory hallucinations have resolved, and he is currently on clozapine 300mg PO nocte.*

*Mark and his father have come to your clozapine clinic for a weekly review.*
*The nurse informs you that Mark has missed the blood tests yesterday. His current vital signs are temperature 37.7C, pulse 110/min, BP 130/85mm Hg, respiratory rate 15/min.*
*Based on the results of the investigations, Mark had to be admitted to the medical ward for one week with bacterial pneumonia. Mark's father is very angry as he believes this resulted from the clozapine you prescribed and threatens you with legal action.*

*Mark recovers completely and was discharged home on clozapine 300mg daily. He continues to see you in the monthly clozapine clinic. Three months later, he presents very excited to report that he has completely ceased smoking two weeks ago. He was previously smoking 30 cigarettes daily.*

**Question 1.4 (4 marks)**

**Discuss (list and explain) further management for Mark.**

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

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# MODIFIED ESSAY QUESTION 2 (25 marks)

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

# Modified Essay Question 2.1

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 when she cannot leave the house alone. She reports her sleep is disturbed.

**Question 2.1 (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 justification will not receive any marks***

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# Modified Essay Question 2.2

*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 when she cannot leave the house alone. She reports her sleep is disturbed.*

**Question 2.2 (3 marks)**

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

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

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# Modified Essay Question 2.3

*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 when she cannot leave the house alone. She reports her sleep is disturbed.*

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 2.3 (6 marks)**

**Describe (list and explain) the criteria your registrar would use to determine if Mrs Smith has the capacity to refuse admission and treatment.**

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

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# Modified Essay Question 2.4

*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 when she cannot leave the house alone. She reports her sleep is disturbed*

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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.*

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

**Question 2.4 (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 3 (25 marks)

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

## Modified Essay Question 3.1

You are working as a psychiatrist in a general hospital and have responsibility for Emergency Department presentations.

Overnight, a 26 year old woman, Kayla, presented to ED with her friends after superficially cutting her wrist with a razor blade whilst she was intoxicated with alcohol. Kayla was discharged at 3am into the care of her friends after the ED resident had a phone discussion with the on-call psych registrar (i.e., patient not seen by the registrar).

The ED consultant calls you early in the morning concerned about this process, irritably complaining that this was not appropriate and is not within the protocol.

**Question 3.1 (10 marks)**

**Outline (list and describe) your initial management of this situation.**

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

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# Modified Essay Question 3.2

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are working as a psychiatrist in a general hospital and have responsibility for Emergency Department presentations.*
*Overnight, a 26 year old woman, Kayla, presented to ED with her friends after superficially cutting her wrist with a razor blade whilst she was intoxicated with alcohol. Kayla was discharged at 3am into the care of her friends after the ED resident had a phone discussion with the on-call psych registrar (i.e., patient not seen by the registrar).*
*The ED consultant calls you early in the morning concerned about this process, irritably complaining that this was not appropriate and is not within the protocol.*

**Question 3.2 (7 marks)**

**Outline (list and describe) the ethical concerns you have in regard to the client's care.**

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

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# Modified Essay Question 3.3

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are working as a psychiatrist in a general hospital and have responsibility for Emergency Department presentations.*
*Overnight, a 26 year old woman, Kayla, presented to ED with her friends after superficially cutting her wrist with a razor blade whilst she was intoxicated with alcohol. Kayla was discharged at 3am into the care of her friends after the ED resident had a phone discussion with the on-call psych registrar (i.e., patient not seen by the registrar).*

*The ED consultant calls you early in the morning concerned about this process, irritably complaining that this was not appropriate and is not within the protocol.*

Contact has been made with Kayla and she has seen the local Acute Care Service and her care has now been transferred to the Adult Community Mental Health Team.

After review in the Community a diagnosis of Borderline Personality disorder is made with a recommendation for treatment with Dialectical Behaviour Therapy (DBT).

**Question 3.3 (8 marks)**

**Outline (list and describe) DBT as a therapy including the model and modules, and how it may help Kayla.**

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

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# MODIFIED ESSAY QUESTION 4 (25 marks)

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

You are a junior consultant psychiatrist working in a small metropolitan hospital. The consultation liaison psychiatry registrar calls you, as their consultant is on leave, to discuss a patient referred by the maternity team. Tammy is a 31-year-old married woman, who teaches at a private high school and lives with her husband. She is
day 3 postpartum following the birth of their first child. Tammy has no history of mental illness. Your registrar tells you that Tammy has been increasingly anxious today and has been coming in and out of her room asking for help with infant care. She is needing a lot of redirection with wrapping and settling her baby. The team feel this is "a bit odd" as Tammy seemed to be coping well the first couple of days.

**Question 4.1 (8 marks)**

**Outline (list and justify) what information you would like the registrar to obtain when assessing Tammy.**

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

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# Modified Essay Question 4.2

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist working in a small metropolitan hospital. The consultation liaison psychiatry registrar calls you, as their consultant is on leave, to discuss a patient referred by the maternity team. Tammy is a 31 year old married woman, who teaches at a private high school and lives with her husband. She is day 3 postpartum following the birth of their first child. Tammy has no history of mental illness. Your registrar tells you that Tammy has been increasingly anxious today and has been coming in and out of her room asking for help with infant care. She is needing a lot of redirection with wrapping and settling her baby. The team feel this is "a bit odd" as Tammy seemed to be coping well the first couple of days.*

You review Tammy with the registrar. There are half-eaten food packets scattered throughout the room. Her husband, David, looks fatigued as he rocks their infant who is crying loudly. He reports that Tammy has seemed 'out of it' all day and is not making sense. He is worried that she is getting worse. Tammy seems oblivious to everything and smiles vaguely at you. She starts playing a podcast on her phone and listens to it intently. At times she giggles inappropriately.

**Question 4.2 (4 marks)**

**List the differential diagnoses that you would consider.**

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

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# Modified Essay Question 4.3

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist working in a small metropolitan hospital. The consultation liaison psychiatry registrar calls you, as their consultant is on leave, to discuss a patient referred by the maternity team. Tammy is a 31 year old married woman, who teaches at a private high school and lives with her husband. She is*
*day 3 postpartum following the birth of their first child. Tammy has no history of mental illness. Your registrar tells you that Tammy has been increasingly anxious today and has been coming in and out of her room asking for help with infant care. She is needing a lot of redirection with wrapping and settling her baby. The team feel this is "a bit odd" as Tammy seemed to be coping well the first couple of days.*

*You review Tammy with the registrar. There are half-eaten food packets scattered throughout the room. Her husband, David, looks fatigued as he rocks their infant who is crying loudly. He reports that Tammy has seemed 'out of it' all day and is not making sense. He is worried that she is getting worse. Tammy seems oblivious to everything and smiles vaguely at you. She starts playing a podcast on her phone and listens to it intently. At times she giggles inappropriately.*

Following your assessment, the Midwifery Unit Manager asks to speak with you. The midwives are concerned that they cannot manage Tammy's behaviour and would like her to be transferred.

CANDIDATES NAME:

**Question 4.3 (7 marks)**

**Please describe (list and explain) what you would tell the Midwifery Unit Manager about how the consultation-liaison team will assist with Tammy's care.**

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

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# Modified Essay Question 4.4

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist working in a small metropolitan hospital. The consultation liaison psychiatry registrar calls you, as their consultant is on leave, to discuss a patient referred by the maternity team. Tammy is a 31 year old married woman, who teaches at a private high school and lives with her husband. She is day 3 postpartum following the birth of their first child. Tammy has no history of mental illness.*
*Your registrar tells you that Tammy has been increasingly anxious today and has been coming in and out of her room asking for help with infant care. She is needing a lot of redirection with wrapping and settling her baby. The team feel this is "a bit odd" as Tammy seemed to be coping well the first couple of days.*

*You review Tammy with the registrar. There are half-eaten food packets scattered throughout the room. Her husband, David, looks fatigued as he rocks their infant who is crying loudly. He reports that Tammy has seemed 'out of it' all day and is not making sense. He is worried that she is getting worse. Tammy seems oblivious to everything and smiles vaguely at you. She starts playing a podcast on her phone and listens to it intently. At times she giggles inappropriately.*

*Following your assessment, the Midwifery Unit Manager asks to speak with you. The midwives are concerned that they cannot manage Tammy's behaviour and would like her to*
*be transferred*.

Tammy and David return to see you in your outpatient clinic 12 months later. They are planning another pregnancy and are seeking advice. Tammy has been well for the last 10 months and has continued taking olanzapine 5mg since admission.

CANDIDATES NAME:

**Question 4.4 (6 marks)**

**Please outline (list and justify) the key information you would cover about how to prevent recurrence in future pregnancies.**

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

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# MODIFIED ESSAY QUESTION 5 (25 marks)

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

## Modified Essay Question 5.1

You are a junior consultant psychiatrist providing after-hours cover to a small rural hospital over the Christmas long weekend. There is no on site registrar.

John, a 12 year old aboriginal boy, has been brought in by ambulance with deliberate self-harm by cutting on his forearms. He is the oldest of five children, and lives with half-siblings, step-father and his mother, who also has a diagnosis of borderline personality disorder and smokes cannabis. His father has been absent since his birth. There is a history of sexual abuse by his grandfather between the ages of six and nine years. There is no history of suicidal attempts. The local GP diagnosed John with depression and anxiety, and he was started on fluoxetine with limited benefit. John stopped going to school two years ago, and hangs out with older children who supply him with cannabis.

You decide to go in and see John. On review, he engages minimally and dismisses any concerns around his safety. He denies low mood and mentions that he cut himself after his step-father yelled at him while fighting with his mother. He would like to go home and engage with his regular counselor. The wounds did not need suturing and there are no other medical issues.

CANDIDATES NAME:

**Question 5.1. (8 marks)**

**Outline (list and justify) the risk factors you will consider in making a decision about John's management.**

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

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# Modified Essay Question 5.2

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist providing after-hours cover to a small rural hospital over the Christmas long weekend. There is no on-site registrar.*

*John, a 12 year old aboriginal boy, has been brought in by ambulance with deliberate self- harm by cutting on his forearms. He is the oldest of five children, and lives with half-siblings, step-father and his mother, who also has a diagnosis of borderline personality disorder and smokes cannabis. His father has been absent since his birth. There is a history of sexual abuse by his grandfather between the ages of six and nine years. There is no history of suicidal attempts. The local GP diagnosed John with depression and anxiety, and he was started on fluoxetine with limited benefit. John stopped going to school two years ago and hangs out with older children who supply him with cannabis.*

*You decide to go in and see John. On review, he engages minimally and dismisses any concerns around his safety. He denies low mood and mentions that he cut himself after his step-father yelled at him while fighting with his mother. He would like to go home and engage with his regular counsellor. The wounds did not need suturing and there are no other medical issues.*

You speak to John's mother who wants John to be admitted to hospital to get proper treatment as this is his third presentation with self-harm within last year. You do not have any specialized child and youth unit in the hospital and the nearest hospital with a child unit is over 200km away.

**Question 5.2 (6 marks)**

**Discuss (list and debate) the considerations around inpatient treatment.**

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

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# Modified Essay Question 5.3

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist providing after-hours cover to a small rural hospital over the Christmas long weekend. There is no on site registrar.*

*John, a 12 year old aboriginal boy, has been brought in by ambulance with deliberate self- harm by cutting on his forearms. He is the oldest of five children, and lives with half-siblings, step-father and his mother, who also has a diagnosis of borderline personality disorder and smokes cannabis. His father has been absent since his birth. There is a history of sexual abuse by his grandfather between the ages of six and nine years. There is no history of suicidal attempts. The local GP diagnosed John with depression and anxiety, and he was started on fluoxetine with limited benefit. John stopped going to school two years ago, and hangs out with older children who supply him with cannabis.*

*You decide to go in and see John. On review, he engages minimally and dismisses any concerns around his safety. He denies low mood and mentions that he cut himself after his step-father yelled at him while fighting with his mother. He would like to go home and engage with his regular counselor. The wounds did not need suturing and there are no other medical issues.*

*You speak to John's mother who wants John to be admitted to hospital to get proper treatment as this is his third presentation with self-harm within last year. You do not have any specialized child and youth unit in the hospital and the nearest hospital with a child unit is over 200km away.*

With safety planning and follow-up, you decide to discharge John into care of his mother. A week later, you see them in the outpatient clinic. John appears very sad and withdrawn but does not want to talk with you about what is going on.

CANDIDATES NAME:

**Question 5.3 (7 marks)**

**Describe (list and explain) what you need to be mindful of when dealing with an aboriginal patient.**

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

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# Modified Essay Question 5.4

***Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.***

*You are a junior consultant psychiatrist providing after-hours cover to a small rural hospital over the Christmas long weekend. There is no on site registrar.*

*John, a 12 year old aboriginal boy, has been brought in by ambulance with deliberate self- harm by cutting on his forearms. He is the oldest of five children, and lives with half-siblings, step-father and his mother, who also has a diagnosis of borderline personality disorder and smokes cannabis. His father has been absent since his birth. There is a history of sexual abuse by his grandfather between the ages of six and nine years. There is no history of suicidal attempts. The local GP diagnosed John with depression and anxiety, and he was started on fluoxetine with limited benefit. John stopped going to school two years ago and hangs out with older children who supply him with cannabis.*

*You decide to go in and see John. On review, he engages minimally and dismisses any concerns around his safety. He denies low mood and mentions that he cut himself after his step-father yelled at him while fighting with his mother. He would like to go home and engage with his regular counsellor. The wounds did not need suturing and there are no other medical issues.*

*You speak to John's mother who wants John to be admitted to hospital to get proper treatment as this is his third presentation with self-harm within last year. You do not have any specialized child and youth unit in the hospital and the nearest hospital with a child unit is over 200km away.*

*With safety planning and follow-up, you decide to discharge John into care of his mother. A week later, you see them in the outpatient clinic. John appears very sad and withdrawn but does not want to talk with you about what is going on.*

CANDIDATES NAME:

**Question 5.4 (4 marks)**

**List the differential diagnosis you would consider for John.**

CANDIDATES NAME:

CANDIDATES NAME:

CANDIDATES NAME: