

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

**MOCK WRITTENS**

**MODIFIED ESSAY PAPER**

**MARKING GUIDE**

**November 2022**

**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:**

**MODIFIED ESSAY QUESTION 5 Candidate Name:**

*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 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/m2.

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**

**Describe (list and explain) your assessment of this presentation (9 marks)**

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark**  **(circle)** |
| **A** | **Establish rapport**. Allows for a safe space for Mar to be felt heard, validated and accepted. Ask if Mar would like another person or support person present. Enquire about her current concerns, reason for presentation. Important to recognize that there may be concerns in context of developmental stage/school aged/young adulthood. | 0  1 |
| **B** | **Personal history:** birth order; childhood attachments; family structure, home life/current living situation/financial status/part time work; relationships/peers/supports. Isolating from peers; failed relationship with same-sex partner, near failing grades in school this year. | 0  1  2 |
| **C** | **Psychiatric history**: consider recent onset symptoms/pre-existing prodrome; evidence of discrete psychiatric syndromes (e.g. mood disorders, anxiety disorders, eating disorder, dissociative disorder; psychotic disorder; gender dysphoria). Comment on temporal relationship with alcohol use. Any history of deliberate self-harming; family psychiatric history. Rule out or consider Alcohol Use Disorder as co-morbidity. Smoking (tobacco) to aid weight loss/maintain low weight. Medication abuse: query use of any laxatives/diuretics and appetite suppressants/stimulants in context of weight loss | 0  1  2 |
| **D** | **Physical health**: Consider physical health concerns related to weight loss; change in appearance; in context of alcohol use - pancreatitis, liver disease, (also hypertension, easy bruising, upper GI/head and neck cancers. Bingeing/purging – Russell’s sign; melanosis coli. Assess for normal genital/breast development – rule out intersex. Note change in body shape over the past year from having feminine curves to becoming thin with lessened curves; adopting male body postures/stances – sitting with legs apart; note wearing of loose clothing to further de-accentuate feminine curves and hide breasts. Has patient engaged in breast binding | 0  1  2 |
| **E** | **Mental state examination**:  **Specifically - Appearance**: Dressed in an androgynous manner/baggy loose clothing; noticeable binding or attempts to hide breasts (baggy clothing); weight loss; very short hair-cut, unkempt fingernails/chipped; no nail polish; no makeup. No evidence of any jewellery.  **Behaviour.** restlessness; psychomotor retardation; withdrawn/anxious and timid. Any signs of acute withdrawal. Social phobia/shyness/fearful, ashamed.  **Thought content.** risk related concerns/safety. Negative self-assessment; self-loathing; feelings of isolation and not belonging. Feeling ‘different’; Ego-dystonic state in terms of biologic sex and self-assigned gender. Incongruence between their gender identity and their sex assigned at birth.  **Perception.** any dissociative episodes/experiences; feelings of being different and of the wrong sex. Distress over body shape/size/appendages. Rule out hallucinations/illusions – negate any psychotic illness or substance induced experiences. | 0  1  2 |
| **F** | Investigations: FBC (MCV – EtOH/nutritional deficits)/EUC/TFT/LFT (GGT for EtOH abuse, low albumin reflecting poor nutritional state)/Lipase; CMP; HbA1C; LH/FSH; Testosterone/Estradiol, Prolactin levels. ECG – arrhythmia in context of EtOH and eating disorder. | 0  1 |
| **G** | Address the issue of gender dysphoria in a non-judgmental, sensitive and inclusive manner. Ask “how do you like to be addressed? Ask about any particular name and/or pronoun(s) preference? Can you tell me how you describe your gender identity? | 0  1 |
| **H** | Organize meeting with teacher/school counsellor and mother -with patient consent | 0  1 |
| **I** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 9 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 9 (i.e. if they score more, final mark is still 9)

**Modified Essay Question 5 contd. Candidate Name:**

*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/m2.*

*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 5.2**

**Based on the information provided, describe (list and explain) the differential diagnoses you would consider (5 marks)**

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark**  **(circle)** |
| **A** | **Gender Dysphoria (Adolescents & Adults):** unease/dysphoria in context of incongruence between biological sex and current gender identity.  A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:  A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).  A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).  A strong desire for the primary and/or secondary sex characteristics of the other gender.  A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).  A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).  A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender). | 0  1  2 |
| **B** | **Intersex State:** Gynaecological examination and hormone profile (Testosterone: Oestradiol ratio). Rule out Congenital Adrenal Hyperplasia | 0  1 |
| **C** | **Distinguish between confusion of homosexual attraction** to females or gender dysphoria and identifying as male*.* | 0  1 |
| **D** | **Body Dysmorphia:** Perceived defect or unacceptance of body shape/breasts). | 0  1 |
| **E** | **Social Anxiety Disorder:** social phobia/panic attacks in public speaking; avoidance, isolation and distress.  **MDD:** low mood – consider duration; negative cognitions; low energy; guilt; suicidality | 0  1 |
| **F** | **Eating Disorder NOS:** bingeing and purging pattern, however not meeting clinical threshold for bulimia or anorexia nervosa on reduced BMI and no overt biochemistry abnormalities. | 0  1 |
| **G** | **Alcohol Use Disorder/Medication Abuse:** frequency/quantity of use; physical/psychological dependence; periods of abstaining; effects in other domains of life – school, social; family. | 0  1 |
| **H** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 5 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 5 (i.e. if they score more, final mark is still 5)

**Modified Essay Question 5 contd. Candidate Name:**

*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/m2. 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.*

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**

**Outline (list and justify) treatment options that you would consider and discuss with Mari and the GP (8 marks)**

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark**  **(circle)** |
| **A** | Assess readiness for transitioning, ensure optimal psychosocial readiness (assess safety, level of social supports, duration of and if patient has been living in desired gender role).  Clarify with Mari her transition goals and go through her readiness for change. Gauge level of reasonableness of expectations of change timeline.  Provide patient with all necessary, pertinent information in terms of next steps towards gender confirmation. Includes information on gender role change; suggestion of living in assumed gender for up to a year – however not necessary unless considering sex reassignment surgery. Hormones can be given at same time decision is made to go ahead with gender affirmation however some suggest living in the role for some time and even up to one year. | 0  1  2 |
| **B** | Ensure baseline measures done (height, weight, waist circumference, and BP). Blood work including blood borne viruses and STIs, specific tests - Testosterone-Oestradiol ratio; LH/FSH/Prolactin levels; lipid profile; HbA1C; LFT; TFT; FBC & EUC; rule out pregnancy with B-hCG. | 0  1  2 |
| **C** | Biological Treatment: Discuss the hormonal therapy of depot Testosterone (weekly, or monthly depot) and its risks/limitations. Assess patient awareness and readiness to accept change in voice (deepening); increased skin thickness, body/facial hair, potential for androgenic alopecia.  Ensure patient to be on contraception during transition period and afterwards if no surgical transition done. Testosterone therapy to be done via referral to specialist Endocrinologist.  Consider intervention for drug and alcohol if some concern- such as AA; NA and biologic therapy Naltrexone; Antabuse and detox.  Consider SSRI for treatment of persistent Social Anxiety Disorder despite psychotherapy/modified CBT.  Refer patient to specialist gender dysphoria clinic (after this review) that can provide psychological, psychiatric and medical care during the transition from female to male | 0  1  2  3 |
| **D** | Modified CBT and gender-affirming therapy should be utilized in this case alongside biological treatment. | 0  1 |
| **E** | Psychosocial Aspects: Provide guidance on social transition and refer to special interest groups; NGOs such as: Transcend Australia, Zoe Belle Gender Collective and TGV (Transgender Victoria). Ensure awareness and experience in desired gender role as this may be useful in adhering to decision made, supports and psychoeducation for family/partner | 0  1 |
| **F** | Long-term Treatment Options: Longitudinal assessment/review to stratify the new quality of life in assumed gender role. Discussion over patient’s capacity to function in areas of school/employment, social relations and domestic lifestyle and whether a stable gender – appropriate first name has been selected and utilized. If any deficits or concerns, consider re-referral to counselling/psychotherapy to help address underlying concerns, and help shore up any deficiencies – skills; workplace upgrading; employment services etc.  Continued therapy in context of modified CBT and ongoing Testosterone therapy with regular reviews within defined Gender Services. Continued review by treating Endocrinologist in context of ongoing Testosterone therapy – monitoring of hormone levels; lipid profile, blood pressure and ongoing physiologic and physical changes.  Also discuss interest in gender affirming surgery and provide information on where to get Gender Affirmation Surgery within the public system and if able, can also consider private. Discuss the risk and permanence of procedures such as bilateral mastectomy and phalloplasty. | 0  1  2  3 |
| **G** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 8 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score more, final mark is still 8)

**Modified Essay Question 5 contd. Candidate Name:**

*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.*

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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.*

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

**Question 5.4**

**Describe (list and explain) what the process of capacity assessment would involve (4 marks)**

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark**  **(circle)** |
| **A** | Considering that Gender Transitioning is potentially irreversible and has significant psychosocial and biologic ramifications, it is pertinent that every patient undergo a capacity assessment – despite assuming most people have decisional capacity unless otherwise indicated. Capacity is decision and time specific. Mar may need to be assessed for capacity longitudinally, prior to each treatment (hormone therapy, surgical treatment), rather than only cross-sectionally. | 0  1 |
| **B** | Mari understands information relevant to the decision and the effect of the decision (risks/benefits/no treatment).  a. Testosterone hormone therapy will have effects on skin thickness; voice deepening; clitoral hypertrophy; hair growth, increased body mass/muscle density; effect on mood/temperament  b. Voice change is irreversible as may be some other changes such as clitoral hypertrophy.  c. Benefit of helping ‘Mar’ better fit in to the perceived/wanted gender of male  No treatment – potential for continued dysphoria, worsening social anxiety and potential depressive illness.  Ability to consider alternative treatments/management within a gender dysphoria model, i.e., cross-dressing, breast-binding | 0  1 |
| **C** | She is able to retain the information to the extent necessary to make the decision | 0  1 |
| **D** | Decisional balance: She is able to weigh that information as part of the process of making the decision. Consistency of decision over time, particularly in view of irreversibility of many gender-transition treatments. | 0  1 |
| **E** | She is free of undue influence or coercion in regard to the decision making | 0  1 |
| **F** | She can communicate the decision and his/her/their views and needs as to the decision in some way, including by speech, gestures or other means. | 0  1 |
| **G** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 4 marks in total TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 4 (i.e. if they score more, final mark is still 4)

**Modified Essay Question 5 contd. Candidate Name:**

*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/m2. 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.*

*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.*

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

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

**Question 5.5**

**List barriers to treatment in cases on gender dysphoria (4 marks)**

|  |  |  |
| --- | --- | --- |
|  |  | **Mark**  **(circle)** |
| **A** | **Patient factors:**  Decreased capacity  Stigma/bias  High expressed emotion in family; family/partner objection  Cultural aspects  Own personal/religious beliefs  Younger age, lower income and poor health literacy contributing to difficulty navigating gender transition services | 0  1  2 |
| **B** | **Treatment factors - Medication/surgical**:  Side effects – hormone therapy  Perceived lack of efficacy of medication  Fear of surgical complications  Mandatory waiting period of living in desired gender role may be too obstructive/difficult for some patients.  Long term commitment and if sex reassignment surgery to be done – realization this is often irreversible – may change mind | 0  1  2 |
| **C** | **Illness factors:**  Impact of any co-morbid illness i.e. amotivation, cognitive impairment in depression, eating disorder, substance/alcohol use disorder | 0  1 |
| **D** | **System Factors:**  Access to specialist gender transition services  Financial barriers if out of pocket costs substantial; Unemployment  Lack of support and community support groups especially if in small town or rural areas.  Bias of healthcare providers | 0  1  2 |
| **E** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 4 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 4 (i.e. if they score more, final mark is still 4)