# Critical Essay Question

“For suicide is a complex cultural and moral concern that is deeply embedded in social and historical narratives and is unlikely to be greatly altered by any form of health intervention.”

Fitzpatrick S, Kerridge I. Challenges to a more open discussion of suicide. Medical Journal of Australia (2013)

# MEQ 1

**(24 marks)**

You are the consultant treating Paul, aged 51, who was an inpatient for ten days in the acute psychiatric unit in which you work. He was admitted with a diagnosis of major depressive disorder with psychotic features. He was commenced on fluoxetine 20 mg daily shortly before admission. Risperidone 3 mg daily was added on admission. Paul's mental state began to improve and the level of nursing observation was reduced. When you arrive at work early on Monday morning, you are told that Paul had hanged himself in a ward bathroom during the weekend and that attempts to resuscitate him had been unsuccessful.

***Question 1.1***

***Discuss your approach to this situation. (8 marks)***

You receive a phone-call from Paul’s ex-wife, Helen, who has been contacted by the police as next-of-kin and informed of his death. Helen wants to know what she should say to her twelve-year-old son, Tim, as he does not yet know that his father has died. Helen wonders if she should avoid telling Tim that the cause of death was suicide. Tim last saw his father two months ago when he stayed with him for the school holidays.

***Question 1.2***

***Describe the information and advice you would give to Helen to help with Tim. (8 marks)***

Four days later, you notice that the nursing staff are keeping all of the patients on high levels of observation, and are reluctant to let any patients have leave. The nurses are also complaining that there are not enough staff to provide adequate patient care.

***Question 1.3***

***Discuss the issues that may be contributing to these observations. (8 marks)***

# MEQ 2

**(24 marks)**

You are a private psychiatrist. Your patient is a 35 year old woman with Bipolar disorder who lives at home with her husband, their 2 children (18 months and 3 years old). The patient has a history of postpartum psychosis. She is currently managed with Sodium Valproate 1600mg and Olanzapine 20mg. She tells you she has tried other medications in the past but these were ineffective. She has gained a lot of weight on this regime (over 10kg) and is upset about this. She tells you she would like to stop taking her medications.

***2.1 Outline your response to her request (8 marks)***

She agrees to continue medication but is still concerned about weight.

***2.2 Outline your management plan regarding weight management. (6 marks)***

She has successfully lost 4kg and is happy with this. She would like to have the third child she has always planned for.

***2.3 Outline your management plan regarding medications. (6 marks)***

She is considering taking Lithium.

***2.4 Outline your advice about Lithium. (4 marks)***

# MEQ 3

**(24 marks)**

You are the psychiatrist at a community mental health clinic. John is a 38 year old man who used to work as an electrician, but is now unable due to his OCD. He lives with his elderly parents. He has a long history of OCD characterised by obsessions around hygiene and checking rituals of taps and doorknobs. His parents do most things for him including shopping, cooking and cleaning. He has had a long history of erratic involvement with mental health services.

***3.1 Outline the possible reasons for his poor engagement with mental health services. (6 marks)***

You conduct a home visit and meet with John. He denies problematic substance use or symptoms of depression. He is agreeable to commence treatment as long as it doesn’t involve admission.

***3.2 Outline your psychological management of John. (8 marks)***

***3.3 Outline your pharmacological management of John. (4 marks)***

The case manager informs you that John’s father died.

***3.4 Outline the possible consequences for John. (6 marks)***

# MEQ 4

**(22 marks)**

You are the psychiatrist at a community mental health clinic. Jean is a 45 year old woman of indigenous background. She has a history of sexual abuse and now suffers from Post Traumatic Stress Disorder characterised by nightmares, hypervigilance and agitation. She has recently seen her assailant, who is actually an older relative at a family function. This has triggered her symptoms and caused her immense distress. You are contacted about this by Jean’s case manager who is concerned about Jean’s risk of self-harm.

***4.1 Outline the information you would like to seek from the case manager prior to reviewing Jean. (8 marks)***

Jean states she feels better now, she denies intent to harm herself and tells you “I just want to go home so I can get some sleep”.

**4*.2 Outline your advice to the case manager on how to manage Jean. (8 marks)***

Jean has told her case manager that she has had great relief just from talking. She would like to inform her daughter of her history of abuse, however she is fearful that her son or others in the community may find out.

***4.3 Outline your advice to the case manager on how to manage Jean. (6 marks)***

# MEQ 5

**(18 marks)**

You are a CL psychiatrist. You are referred Bill by the endocrinology team. Bill is a 45 year old married man, previously working as an electrician, who has a history of pituitary carcinoma. His tumour was successfully removed by the endocrinology team. However since that time, Bill has developed mood lability, social withdrawal and low self esteem. He initially returned to work as an electrician. However, he retired from work after six months as he had lost his confidence. He also suffers from chronic headaches and insomnia.

Bill has sleep apnoea and sleeps with a CPAP machine. He is managed with thyroxine and corticosteroids.

***5.1 Outline the possible reasons for Bill’s mood lability (6 marks)***

You meet with Bill and his wife. Bill’s wife has taken over cleaning, shopping and management of the bills since Bill’s surgery. Bill feels angry and frustrated about this. According to the Occupational Therapist, Bill is capable of doing these things himself.

***5.2 Outline your management of this situation. (8 marks)***

The endocrinology team tell you that Bill’s tumour has returned, although it is treatable. Bill is becoming increasingly irritable and labile in his mood.

***5.3 Outline the possible causes for Bill’s mental state deterioration. (4 marks)***

# MEQ 6

**(28 marks)**

You are the consultant of the consultation-liaison service. Your registrar comes to you for advice about a new referral from ED. Andora is a woman of Filipino background with a 4 year old son, Ben. Her husband works off-shore on an oil rig and is often away. She attended ED for what staff have diagnosed as a “pseudo-seizure”.

Andora does not have many friends. She reports Ben sleeps poorly and she is struggling to look after *him.*

***6.1 Outline your advice to your registrar on what to focus on the history. (12 marks)***

***6.2 Outline your advice to your registrar on what to focus on examination. (6 marks)***

***6.3 Outline your advice to your registrar about the key structural features of a formulation. (4 marks)***

The patient is very anxious about returning home. Your registrar believes she needs to be admitted. The social worker is unable to find alternative care arrangements for her son. Her husband has called and angrily said that “she is attention-seeking” and should return home to look after their son. ED are demanding that she be discharged as they need the bed. Your registrar anxiously asks for your advice.

***6.4 Outline your response to your registrar. (6 marks)***