



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Examination for the Diploma in Mental Health of the
College of Psychiatrists of South Africa

9 February 2017

Paper 1

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

- 1 a) Compare and contrast the clinical features of an Adjustment Disorder (with depressed mood) and a Major Depressive Episode. (50)
b) Discuss the management of Adjustment Disorder with depressed mood. (50)
[100]
- 2 Write short notes on the clinical presentation and management of the following medication emergencies
- a) Neuroleptic induced acute dystonia. (30)
b) Serotonin syndrome. (30)
c) Neuroleptic malignant syndrome. (40)
[100]
- 3 28-Year-old Ms Williams presents to your general practice requesting diazepam for her longstanding sleep problems. She tells you not to worry, she is educated about the side effects as she has been taking them for a long time, but needs them now as her insomnia has worsened. She is in a crisis because she fears her current relationship of three weeks is threatened, possibly due to her anger outbursts; she is desperate to hold on. She is tired of her multiple intense short-term relationships that start off so wonderfully and end so horribly. She often feels very sure of herself, but these feelings do not last as she then feels anxious, down and doubts herself. She has much difficulty controlling her feelings of anger and emptiness for as long as she can remember, especially when having to deal with her dad who was emotionally and physically abusive to the family, before he left them. You notice that she has scars across her forearm in various stages of healing. On questioning, you find that she had a recent parasuicide attempt by overdose due to relationship problems and financial crises arising from overspending. Mental state examination reveals that she is euthymic and apsychotic
- a) What is Ms Williams' most likely psychiatric diagnosis and what criteria does she present with to substantiate this? (20)
b) This disorder has comorbid diagnoses that seem to be apparent here. What are they? (10)
c) What is your approach to the biopsychosocial management of this case, highlighting needs to be addressed? (30)
d) What does dialectical behaviour therapy encompass – what are the goals of therapy? (10)
e) How would you manage Ms Williams' long-term sleep problem? (30)
[100]

- 4 A 40-year-old male is brought to the casualty department by the police, with a history of agitation and confusion. The police report that he was arrested 3 days ago for drunken driving and has been in police custody since then. The police are able to give you his family contact details and you discover that he is a heavy drinker. He has no significant medical history and no evidence of injuries
- a) Name and define the most likely diagnosis, and describe the clinical features associated with this diagnosis. (15)
 - b) Explain in detail your holistic management of this patient as follows
 - i) Acute management. (40)
 - ii) Long-term management. (20)
 - c) Write short notes on Wernicke's encephalopathy. (25)
- [100]



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10 February 2017

Paper 2

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

- 1 You are working as a medical officer in a primary health care clinic. For many decades your district has always had a community psychiatry clinic, situated and functioning separately from your primary health care clinic. Mental health care conditions have always been managed in the community psychiatry clinic and general health conditions have always been a responsibility of the primary health clinic. Your district manager intends integrating the community psychiatry clinic into the primary health clinic. Write short notes on the following
- The concerns your fellow medical officers, nurses, and mental health care users and their families may have with this integration that is being planned. How can these concerns be addressed? (50)
 - Possible advantages of this planned integration. (30)
 - Discuss stigma in relation to this planned integration and explore if it is likely to increase or reduce stigmatisation of the mental health care users. (20)
- [100]
- 2 A 7-year-old boy is brought by his mother to you at your hospital out-patient clinic. She reports that he is wetting the bed every night
- What is the normal sequence of developing control over bowel and bladder functions during childhood? (15)
 - Describe the DSM 5 criteria that must be fulfilled to make a diagnosis of enuresis. (25)
 - List five medical causes that may account for the clinical presentation. (10)
 - Discuss the appropriate investigations that one needs to conduct in order to exclude medical causes. (10)
 - Discuss the holistic management of this child once all medical causes for the bedwetting have been excluded. (40)
- [100]
- 3 Ms M, a 25-year-old female, was arrested by the police for killing her one-year-old baby. Before trial commencement, her attorney stated to the court that he could not get instructions from her as she was acting strangely. Furthermore, her family had reported a previous psychiatric history to the magistrate. The magistrate approaches you, a medical officer at the local district hospital, to do a preliminary assessment on Ms M and make recommendations to the court

- a) Discuss how you would assess Ms M in order to provide the necessary recommendations. (40)
 - b) Based on the available information, discuss your recommendations to the court and give reasons. (30)
 - c) Describe what is required from the psychiatrist in terms of section 77 and section 78 of the Criminal Procedure Act No 51 of 1977. (30)
- [100]

4 Write short notes on the following

- a) Components of informed consent. (20)
 - b) Conditions under which doctor-patient confidentiality may be breached in the mental health setting. (30)
 - c) Differential diagnosis in a 64-year-old female presenting with insomnia. (50)
- [100]