

ASSESSMENT OF 30 MCQs

FPSC NO : 37 MCQs on Primary Care Mental Health Submission DEADLINE : 1 MARCH 2011

INSTRUCTIONS

- With effect from 1st April 2008, the College Assessment of 30 MCQs has gone paperless.
- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.

1. In the WHO publication **Promoting Mental Health: Concepts, Evidence, and Practice**, a positive description of mental health is given. What of the following is in the description?
 - (A) The individual is resilient.
 - (B) The individual realizes his or her own abilities.
 - (C) The individual meditates to cope with normal stresses of life.
 - (D) The individual looks after his family.
 - (E) The individual must contribute to his or her community.
2. In the WHO publication **Promoting Mental Health: Concepts, Evidence, and Practice**, X key messages were given. What is X?
 - (A) 5.
 - (B) 6.
 - (C) 7.
 - (D) 8.
 - (E) 9.
3. In the WHO publication **Promoting Mental Health: Concepts, Evidence, and Practice**, in one of the key messages it is mentioned that mental health is everybody's business. Which of the following is NOT specifically included as the "everybody"?
 - (A) Individuals.
 - (B) Policy makers.
 - (C) Media.
 - (D) Commercial organisations.
 - (E) Health professionals.
4. One of the key messages in the WHO publication on **Promoting Mental Health** states that basic individual rights are needed to maintain a high level of mental health. What in particular is provided by these rights to maintain mental health?
 - (A) Security and freedom.
 - (B) Freedom of speech.
 - (C) Protection.
 - (D) Social welfare if unable to work.
 - (E) Treatment of medical illness if unable to afford.
5. Research has shown that mental health can be affected by non-health policies and practices. Which of the following is an appropriate example given in one of key messages in the WHO publication on **Promoting mental health**?
 - (A) Urban renewal.
 - (B) Cheap housing.
 - (C) Education and child care.
 - (D) Prevention services.
 - (E) Medico-legal aid.
6. Schizophrenia is a serious mental illness with a lifetime prevalence of X percent. What is X?
 - (A) 0.1.
 - (B) 0.7.
 - (C) 3.5.
 - (D) 5.0.
 - (E) 10.5.

- 7. Which of the following is a goal of the Early Psychosis Intervention Programme (EPIP)?**
- (A) raising awareness of early signs and symptoms of psychosis.
 - (B) reducing stigma associated with psychosis.
 - (C) facilitate timely review of referrals.
 - (D) alleviate caregiver burden.
 - (E) All of the above.
- 8. Which of the following is a feature of pre-psychotic prodrome?**
- (A) Seizures.
 - (B) Migrainous headaches.
 - (C) Mood changes.
 - (D) Hallucinations.
 - (E) Delusions.
- 9. Which of the following is a feature of ARMS (at risk mental state)?**
- (A) Aged 14 to 30.
 - (B) Attenuated psychotic symptoms.
 - (C) Limited intermittent psychotic symptoms.
 - (D) First degree family member with psychosis.
 - (E) All of the above.
- 10. In the area of psychosis, Primary care physicians (PCPs) play an important role in mental health promotion and prevention. Which of the following is the best reason?**
- (A) PCPs are needed to help manage the large numbers of such patients in the community.
 - (B) PCPs are able to refer cases to the specialists.
 - (C) PCPs possess the skills and medication to effectively treat cases.
 - (D) PCPs have a strong rapport with the patient and are in a position to identify early cases.
 - (E) PCPs are required to notify cases to the Ministry of Health.
- 11. Mr Tan has been visiting the casino on weekends with his friends for the past 6 months, and would stay through the night on Saturdays. He recently returned at dawn in drunken stupor. His wife Mrs Tan relates this problem to you saying that she tries to stop him but he refused. He says he only gambles a fixed amount each session. He works as a technician and does not have problems at work, he says he likes gambling including buying 4D, but has no debt. He spends less and less time with the family and Mrs Tan is very worried. Mr Tan is likely to have problems associated with**
- (A) Social gambling.
 - (B) At risk gambling.
 - (C) Problem gambling.
 - (D) Pathological gambling.
 - (E) Manic disorder.
- 12. Mrs Wang is a retired teacher and used to take trips on cruise ships with her friends to gamble at the casino. She now goes to the local casino every other day by herself and is preoccupied with gambling. Her problem surfaced when she was caught on the closed circuit camera for trying to steal casino chips. Her husband was at a loss and reports that she keeps talking about gambling and boasts to her friends about the large amounts she places per bet. Her luck has turned for the worse, but she insists on going back to 'recoup' her losses. She has pawned most of her jewelry, stopped seeing her friends, and lies to her family about the amounts she has lost. Mrs Wang has features of a**
- (A) Social gambler.
 - (B) At risk gambler.
 - (C) Problem gambler.
 - (D) Pathological gambler.
 - (E) Manic depressive.
- 13. Which of the following best describes a social gambler?**
- (A) Someone who gambles for the heightened thrill and needs higher bets to achieve the same feeling.
 - (B) Gambles for fun during new year gatherings.
 - (C) Believes gambling is a way to make money, similar to financial investment.
 - (D) Steals money to feed the gambling habit.
 - (E) Someone who likes to gamble at every opportunity.
- 14. Which of the following are risk factors for pathological gambling?**
- (A) Impulsivity.
 - (B) Alcohol abuse.
 - (C) Parents who gamble.
 - (D) Increased tolerance for bigger bets.
 - (E) All of the above.
- 15. Your patient attends to see you for a routine visit but mentions his problem dealing with gambling impulses. After probing further, you conclude that the patient is an at-risk gambler. He seems reluctant to admit and does not want to be referred for counselling. You affirm his gambling problem, and should take the following steps EXCEPT :**
- (A) Advice on limiting the money spent when gambling.
 - (B) Advice on reducing the time and days spent gambling.
 - (C) Berate him for his lack of self control.
 - (D) Discourage the notion of gambling as a means of making money.
 - (E) Suggest spending time on other activities.

16. The role of Primary care physician's in the treatment of mental illnesses in the community is deemed:

- (A) More costly.
- (B) Less convenient.
- (C) Only for continuing the care of follow-up or discharged cases.
- (D) Ideal for detecting and treating early illnesses.
- (E) Associated with more stigma.

17. The General Practitioner (GP) Psychiatric Programme has several features. Which of the following is CORRECT?

- (A) Aim to empower GP's to detect and diagnose mental illnesses early.
- (B) Lectures and refresher workshops were organized for interested GP's to skill up.
- (C) Open channel of communication between the GP's and the psychiatrists.
- (D) Costs of medications to GP's were kept low to enable final costs at the GP clinic was closer to that at the hospital.
- (E) All of the above.

18. The referral of patients to the GP. Which is TRUE?

- (A) The patient has just been discharged from IMH.
- (B) The patient needs close monitoring and frequent changes to drug dosages.
- (C) The patient is prepared to pay the slight difference for continuation of care at the GP.
- (D) Unemployed patients.
- (E) Suicidal patients.

19. The GP Psychiatric Programme has been evaluated. Which of the following statements is CORRECT?

- (A) Very poor acceptance by patients.
- (B) Less than 80% felt the GP's were competent.
- (C) More than 75% would recommend their GP to others with similar conditions.
- (D) More than 80% of GP's were satisfied with this programme.
- (E) Less than 25% of GP's would recommend this programme to their fellow GP's.

20. The Case Liaison Officer in IMH has a specific role. Which of the following is CORRECT?

- (A) Chooses and decides for the patient which GP to go to for treatment.
- (B) Coordinates care between GP and the hospital team.
- (C) For every patient, there are at least 2 care officers to coordinate care..
- (D) Only arranges referral to hospital from GP.
- (E) Does not provide support to the GP.

21. About mental illness, which of the following statements is CORRECT?

- (A) There is a growing need to ensure institutional care for

more effective management.

- (B) Rehabilitation and reintegration with community improves clinical outcome.
- (C) GP clinics often pose a stigma to the patients.
- (D) The focus is on the specialist care and not patient choice.
- (E) There is no need to decrease the burden in the hospitals.

22. An anonymous and voluntary survey in 2007 was conducted for GP's in Singapore. Which of the following result is CORRECT?

- (A) The overall response rate was above 90%.
- (B) Only one third of GP respondents were treating mental illness in the survey.
- (C) Anxiety and stress disorders were the commonest mental illnesses seen.
- (D) GP's were seeing 20 cases of mental illnesses every week.
- (E) Most GP's says that the patients were not comfortable seeing them.

23. The reasons for patients preference to see GP. Which of the following is CORRECT?

- (A) GP's can manage all the most difficult types of mental illnesses.
- (B) The GP is not familiar with their past history.
- (C) The clinic hours are fixed and inflexible.
- (D) The patients are familiar with the GP's.
- (E) The location of the clinic is not convenient to them.

24. In the survey on GPs, there are diagnoses that most GP's find most difficult/ uncomfortable to manage. Which of the following findings is FALSE?

- (A) More than 60% GPs listed schizophrenia as the most difficult/uncomfortable to manage.
- (B) About 65% GPs felt addiction to be difficult to manage.
- (C) About 25% GPs felt mental illnesses in elderly hard to manage.
- (D) GPs found anxiety and stress disorders to be conditions that were most difficult to handle.
- (E) About 30% GPs felt that sleep disorders were difficult to manage.

25. In the survey on GPs, with regards to managing patients with mental illnesses, Which of the following findings is CORRECT?

- (A) Most GP's perceived that found that they need more time for this group of patients.
- (B) About one quarter of respondents felt that negative impressions may be created in other patients and hence avoid their clinic.
- (C) Patients' preference and physician confidence often affects the management of such cases in primary care
- (D) 65% of respondents expressed a need for more knowledge on managing patients with mental illness.
- (E) All of the above.

26. In the WHO publication Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) there were 11 topics on mental, neurological and substance abuse problems which were selected? Which of the following is one of the basis that selection was made?

- (A) High economic cost.
- (B) High prevalence.
- (C) High profile.
- (D) Difficult to manage in primary care.
- (E) Specialist care is needed.

27. Of the 11 topics of priority conditions selected in the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG), which one topic from the following list is included?

- (A) Anxiety neurosis.
- (B) Epilepsy.
- (C) Obsessive compulsive disorder.
- (D) Post-traumatic stress disorder.
- (E) Borderline personality.

28. In the Mental Health Gap Action Programme Intervention Guide, which of the following aspects is described in detail in the Guide?

- (A) What to do.
- (B) How to do.
- (C) Why it is done.
- (D) Pitfalls to avoid.
- (E) Safety measures to take.

29. In the 1-year Graduate Diploma in Mental Health, the course is divided into X modules. What is X?

- (A) 6.
- (B) 8.
- (C) 9.
- (D) 10.
- (E) 11.

30. In the Graduate Diploma in Family Medicine (GDFM) / MMed(Family Medicine) modular course, in which unit is the topic of depression in the elderly covered?

- (A) Unit 523.
- (B) Unit 411.
- (C) Unit 213.
- (D) Unit 423.
- (E) Unit 123.

FPSC No: 36 "Cardiovascular Disease, Risk Factors and Consequences" Answers to 30 MCQ Assessment					
1.	D	11.	C	21.	D
2.	D	12.	E	22.	B
3.	B	13.	B	23.	A
4.	A	14.	E	24.	E
5.	E	15.	D	25.	C
6.	D	16.	E	26.	D
7.	E	17.	B	27.	D
8.	A	18.	D	28.	D
9.	C	19.	E	29.	A
10.	D	20.	C	30.	D