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### Session 1: Psychosis Across the Ages

#### Learning Objectives

- The overall aim is for the trainee to gain an overview into the similarities and differences of psychosis across the different age ranges.
- By the end of the session, trainees should understand the commonality and differences in presentation of psychosis in different age groups.
- By the end of the session, trainees should understand the aetiology of psychosis in different age groups.
- By the end of the session, trainees should understand the assessment and treatment process for psychosis in the different age groups.

#### Curriculum Links

1b: Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems

2a: Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each

2a: State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorder; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood

2a: Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range

2b: Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma

3a: Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient

3a: Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan

3c: Accurately assess the individual patient’s needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.

3c: Be able to do the above with psychiatric problems as they present across the age range

3c: Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult’s care or who are likely to come into contact with the adult.

7a: Define the clinical presentations and natural history of patients with severe and enduring mental illness
**Expert Led Session (incorporating case discussion)**

- A Consultant led session based on the learning objectives above focussing on Psychosis across the ages
- Session coordinated by LEP Lead, with panel of 3 Expert Consultant Colleagues, representing child, old age and general/liaison psychiatry

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**Journal Club Presentation**

**Choose 1 only:**

**Child and Adolescent:**


**General Adult:**


**Older Adult:**

### ‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

**Choose one:**

- Choice of antipsychotic treatment in the three age groups
- Differences in Psychological interventions for psychosis in the three age groups
- Differences of Social interventions for psychosis in the three age groups

### MCQs

1) If you are working with a 15 year old boy who is presenting with auditory hallucinations and a belief that they are being followed, which 4 question areas are most relevant?

   - A. Family history of psychosis
   - B. Recent drug use, including cannabis
   - C. Recent decline in motivation, academic performance and self-care
   - D. Recent change in affect
   - E. Recent change in concentration and energy levels

2) You learn that your patient has a strong family history of psychosis, is hearing voices in external space, and believes that thoughts are being put into his head from the television. Which of the following areas form part of your ongoing assessment?

   - A. Thyroid function test
   - B. Test of Prolactin Levels
   - C. Test of visual fields
   - D. Detailed early developmental history
   - E. Urine drugs screen

3) People with Schizophrenia have an increased rate of:

   - A. Premature death
   - B. Diabetes
   - C. Heart disease
   - D. Smoking
   - E. All of the above

4) Which of the following statements is FALSE with regards to cognitive impairment in schizophrenia:

   - A. It is consistent with the neurodevelopmental theory of schizophrenia
   - B. It is present in drug-naïve patients
   - C. It is present in the majority of patients with schizophrenia
   - D. It is not clearly related to specific symptoms
E. It is only found in chronic elderly patients

5) Schizophrenia in older adults is most accurately described by the term:
   A. Late-onset schizophrenia
   B. Very-late onset schizophrenia
   C. Paraphrenia
   D. Dementia praecox
   E. Delusional disorder

6) All but the following are described as risk factors for late-onset psychosis:
   A. Sensory impairment
   B. Social isolation
   C. Polypharmacy
   D. Male gender
   E. Age-related deterioration of frontal and temporal lobes

Additional Resources / Reading Materials

Child and Adolescent:
- TrOn module: overview of child and adolescent psychiatry
- [https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/cap_resources_for_medical_student_educators/Pediatric%20Psychosis.ppt](https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/cap_resources_for_medical_student_educators/Pediatric%20Psychosis.ppt)

Emerging psychiatric syndromes associated with antivoltage-gated potassium channel complex antibodies Prüss H, Lennox BR. J Neurol Neurosurg Psychiatry 2016;0:1–6. doi:10.1136/jnnp-2015-313000

Old age

Session 2: Depression Across The Ages

**Learning Objectives**

- The overall aim is for the trainee to gain an overview into the similarities and differences of depression across the different age ranges.
- By the end of the session, trainees should understand the commonality and differences in presentation of depression in different age groups.
- By the end of the session, trainees should understand the aetiology of depression in different age groups.
- By the end of the session, trainees should understand the assessment and treatment process for depression in the different age groups.

**Curriculum Links**

- 1b: Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems
- 2a: Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each
- 2a: State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including **affective disorder**; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood
- 2a: Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range
- 2b: Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma (as described, ILO 1, 1a) history
- 3a: Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient
- 3a: Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan
- 3c: Accurately assess the individual patient’s needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.
- 3c: Be able to do the above with psychiatric problems as they present across the age range
- 3c: Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult’s care or who are likely to come into contact with the adult.
- 7a: Define the clinical presentations and natural history of patients with severe and enduring mental illness
## Expert Led Session (incorporating case discussion)

- A Consultant led session based on the learning objectives listed, which examines the similarities and differences in depression across the ages
- Session coordinated by LEP Lead, with panel of 3 Expert Consultant Colleagues, representing child, old age and general/liaison psychiatry

## Journal Club Presentation

### Choose 1:

#### Child and Adolescent:


#### General Adult:


#### Older Adult:


### ‘SSS’ Topics (5 slides on each topic with no more than 5 bullet points)

**Choose 1:**

- SSRI use in CAMHS - risks and benefits
- Prescribing of antidepressants and age-related considerations
- Prognosis of depressive disorders

### MCQs

1) Which of the following is TRUE:
   A. Early-onset depression always has a better outcome than late-onset depression
   B. Oxidative stress leads to neuronal cell death
   C. ECT is not associated with irreversible memory problems
   D. It is not possible to clinically monitor cognitive effects of ECT
   E. Late-onset depression is not associated with vascular dementia

2) In dementia, it is TRUE that:
   A. Depression may mimic its symptoms and signs
   B. Late-onset depression is not associated with APOE e4
   C. Depression is not a risk factor
   D. Late-onset depression is always a prodrome of Alzheimer’s disease
   E. Late-onset depression is a prodrome of vascular dementia

3). In terms of aetiology, early-onset depression can be more associated than late-onset depression with:
   A. Family history
   B. Vascular disease
   C. Reduced hippocampal volume
   D. Smaller prefrontal lobe volume
   E. Smaller caudate nuclear volume

4) All of the following are more prevalent in depression in later life, except:
   A. Increased somatic complaints
   B. Greater risk of psychotic symptoms
   C. Hypochondriasis
D. Hypersomnia
E. Psychomotor disturbance

5) In what proportion of older people is depression comorbid with dementia?
   A) 10%
   B) 20%
   C) 30%
   D) 40%
   E) 50%

6) Which of the 2 following blood tests can be most helpful in the assessment of a depressed child?
   A. Thyroid Function Test
   B. Full Blood Count
   C. Urea and Electrolytes
   D. Urine Drugs Screen
   E. Inflammatory markers

7) Which of the 3 following interventions does NICE recommend in the treatment of depression in a 14 year old child?
   A. Cognitive Behavioural Therapy
   B. Interpersonal Therapy
   C. Sertraline with Concurrent CBT
   D. Fluoxetine with Concurrent Family Therapy
   E. EMDR

Additional Resources / Reading Materials

**Child and Adolescent:**

**Old age**

Session 3: Liaison Psychiatry Across The Ages

Learning Objectives

- The overall aim is for the trainee to gain an overview into the similarities and differences of liaison across the different age ranges.
- By the end of the session, trainees should understand the commonality and differences in presentation of common conditions in liaison psychiatry in the different age groups.
- By the end of the session, trainees should understand the assessment and treatment process of common conditions in liaison psychiatry in the different age groups.

Curriculum Links

1b: Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems

2a: Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each

2a: State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorder; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood

2a: Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range

2b: Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma

3a: Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient

3a: Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan

3c: Accurately assess the individual patient’s needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.

3c: Be able to do the above with psychiatric problems as they present across the age range

3c: Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult’s care or who are likely to come into contact with the adult.

7a: Define the clinical presentations and natural history of patients with severe and enduring mental illness

7a: Define the role of rehabilitation and recovery services. Define the concept of recovery

7a: Define the concept of quality of life and how it can be measured

7a: Demonstrate an appreciation of the effect of chronic disease states on patients and their families

7a: Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services
Expert Led Session (incorporating case discussion)

- A Consultant led session based on the learning objectives listed.
- Session coordinated by LEP Lead, with panel of 3 Expert Consultant Colleagues, representing child, old age and general adult liaison psychiatry

Journal Club Presentation

Choose 1:

Child and Adolescent:

- Adult Outcomes of Pediatric Recurrent Abdominal Pain: Do They Just Grow Out of It? John V. Campo, Carlo Di Lorenzo, Laurel Chiappetta, Jeff Bridge, D. Kathleen Colborn, J. Carlton Gartner, Paul Gaffney, Samuel Kocoshis, David Brent
- Pediatrics Jul 2001, 108 (1) e1; DOI: 10.1542/peds.108.1.e1

General Adult:


Older Adult:


‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

Choose one:

- Common psychiatric conditions, in (medical/surgical) hospital patients
Classification of somatoform disorders

- Medically unexplained symptoms

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1) You have joined your consultant in a paediatric diabetes clinic, and you are asked to assess a 16-year-old boy who is doing well at school, but has not been able to attain control of their diabetes. Which 3 areas must you consider?

A. Mood and concentration
B. Weight and body image
C. Paranoid and hallucinations
D. Post-traumatic symptoms
E. Alcohol and smoking

2) You are contacted about a 14-year-old girl who has been treated for a paracetamol overdose in A&E. Her father has arrived and offered to take her home and bring her to see you tomorrow. He does not want her admitted into the paediatric bed that has been identified. What 3 things do you do?

A. Meet with the father and child and obtain consent to interview the child alone
B. Contact social services as this sounds suspicious
C. Meet with the father and child and ask why he wants to take her home
D. Admit the child to the ward under the Mental Health Act
E. Speak to the nurses in A&E to learn more about the child's presentation before the father arrived, and what their interaction has been like

3) Factitious disorder:

A. Is more common in Males
B. Is less common in Healthcare workers
C. Comprise 20% of referrals from General Medicine to Psychiatry
D. Rarely involves presentations of chest pain
E. Is commonly associated with depression

4) Which of the following is not true:

A. Pancreatic cancer confers high risk of developing depression
B. Paraneoplastic syndromes are commonly associated with small cell lung cancer
C. Autoimmune Limbic encephalitis is always associated with neoplasms
D. Body image disturbance is present in 50% of women with breast cancer
E. Treatment with steroids can result in development of psychotic symptoms
5) Which is true with regards to differences in pharmacokinetics in older vs younger adults?

A) Older adults have reduced body fat
B) Older adults have increased body water
C) Creatinine and GFR are not effected by age
D) Volume of distribution of lipophilic drugs increases in older adults
E) The T½ of psychotropic drugs is constant across the adult age range

6) Regarding mental disorder in acute hospital patients, which statement is false:

A) >30% of inpatients have a mental disorder
B) 30-60% of outpatients have medically unexplained symptoms
C) Dementia and depression are the most frequent disorders in older adult inpatients
D) Depression is frequently unrecognised in older adult inpatients
E) The presence of mental disorder does not affect mortality

Additional Resources / Reading Materials

**Child Psychiatry:**

**General Adult:**

**Older adult**
**Session 4: Impact of Mental Illness on Carers and Families**

**Learning Objectives**

- The overall aim is for the trainee to gain an overview into the impact of mental illness on the families and carers of patients across the different age ranges.
- By the end of the session, trainees should understand the impact of longstanding mental illness on families/Carers.
- By the end of the session, trainees should how to include families/Carers in the treatment plan.
- By the end of the session, trainees should understand challenges that families face and impact of this on the therapeutic relationship between doctor/patient/family/carer.

**Curriculum Links**

1b: Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems

2a: Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each

2a: State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorder; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood

2a: Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range

2b: Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma (as described, ILO 1, 1a) history

3a: Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient

3a: Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan

3c: Accurately assess the individual patient’s needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.

3c: Be able to do the above with psychiatric problems as they present across the age range

3c: Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult’s care or who are likely to come into contact with the adult.

7a: Define the clinical presentations and natural history of patients with severe and enduring mental illness

7a: Define the role of rehabilitation and recovery services Define the concept of recovery
7a: Define the concept of quality of life and how it can be measured
7a: Awareness of disability/housing benefits that patients may be entitled to claim
7a: Demonstrate an appreciation of the effect of chronic disease states on patients and their families
7a: Demonstrate an appreciation of the impact of severe and enduring mental illness on patients, their families and carers
7a: Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services

**Expert Led Session**

- Carer/family perspective of MH in the child, adult and older adult

**Case Presentation**

2x 30 minute cases highlighting the clinical presentations focusing on family/ carer perspective, for any mental disorder, in two different age groups:

- Child and Adolescent
- Adult
- Older People

**Journal Club Presentation**

Choose 1:

**Child and Adolescent:**


**General Adult:**


**Older Adult:**

‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

- What is meant by a Carers assessment?
- What is meant by parenting assessment?
- Nearest relative versus next of kin
- Lasting Powers of Attorney
- Burden of Care – Social impact

MCQs

1) You are working in an ADHD clinic with an ADHD nurse, a mother and son arrive after a period of missed appointments, and both mother and son now want to recommence ADHD medication. The mother is very angry and negative about her son, and then starts crying. What 3 things do you say to her?

   A. This is emotional cruelty and you will need to report her to social services
   B. Untreated ADHD is a very difficult condition to live with, once he is on medication she will not have any problems
   C. Living with a child with a developmental disorder is very difficult, you recommend that she speaks to her GP and requests a referral to a counsellor
   D. Even when children are taking medication, there are often ongoing difficulties with behaviour, you recommend that she joins the local ADHD support group
   E. You acknowledge that children with developmental disorders may not be maturing and becoming independent at the same rate as their peers and acknowledge the extra pressure this places on her

2) You are asked to see 13 year old Hannah the younger sibling of 19 year old James who has been diagnosed with schizophrenia. Hannah has been withdrawn and quiet and told her grandmother she is hearing voices. What do you do?

   A. Urgently start antipsychotics, psychosis is genetic
   B. Meet with Hannah alone to learn more about the impact of mental illness on the whole family
   C. Tell the parents this is contagion and to ignore it
   D. Assess Hannah for depression and anxiety
   E. Recommend parents try to structure activities alone with Hannah

3) The following is true regarding carers of older adults:

   A) They have better mental health if they have fewer than 8 people in their social network
   B) They are less likely to be depressed if they are women
   C) They are more likely to have osteoarthritis than non-carers
   D) They consult their GP more often after the care role has ended
E) They have a lower risk of hypertension than non-carers

4) Regarding carers which statement is false:
   A) There are over 6.5 million carers in the UK
   B) Most carers are male
   C) 3 in 5 people will be carers at some point in their lives
   D) Carers provide around £120 billion worth of unpaid care annually
   E) The number of carers over the age of 65 is increasing faster than any other age group

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<th>Additional Resources / Reading Materials</th>
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**Child and Adolescent:**

- [http://www.youngminds.org.uk/for_parents/worried_about_your_child/young_carers](http://www.youngminds.org.uk/for_parents/worried_about_your_child/young_carers)
- The effect of ADHD on the life of an individual, their family, and community from preschool to adult life: V A Harpin, Arch Dis Child 2005;90:suppl 1 i2-i7 doi:10.1136/adc.2004.059006

**General Adult:**

- Meeting the mental and physical healthcare needs of carers Irene Cormac & Peter Tihanyi. Advances in Psychiatric Treatment (2006), vol. 12, 162–172

**Old age**