



UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES - AUGUST 2026

Academic Year 2019/2020

PSYCHIATRY - Paper II

Date: 04.09.2026

Time: 1.30 pm - 4.30 pm

1. A 44-year-old married man was brought to the psychiatry clinic by the police following a heated argument at the local police station. He works as an office clerk and is the father of three school-going children. His wife, a homemaker, accompanies him to the clinic.

According to his wife, he has exhibited progressive behavioural changes over the past year. He believes that he has lost a substantial amount of money through identity theft. He is convinced that several bank transactions were fake and maintains that the bank has failed to provide a satisfactory explanation. He has made repeated complaints to the police, and those complaints only led to repeated confrontations with police officers rather than reassurance. He now believes that the police are continuously monitoring, threatening, and attempting to harm him.

He refuses to use fingerprint machines and computers at work because of the fear of identity theft and financial loss. He also avoids emails and internet banking, cancelled all his bank cards, and relies on passbook transactions. His occupational functioning and family relationships have progressively deteriorated, causing significant interpersonal conflict. Although his wife remains supportive, she is unable to understand his concerns because of their complex nature.

He has a positive family history of depressive disorder. He consumes five standard drinks per day, and it has significantly increased over the past two months.

Following a comprehensive assessment, the consultant psychiatrist has decided to admit him under the Mental Health Act.

- 1.1 List five (05) differential diagnoses and state the most probable diagnosis you would consider with reasons. (20 marks)
- 1.2 Outline the potential risks associated with this patient's presentation. (20 marks)
- 1.3 Discuss the initial pharmacological management of this patient in the inward setting. (30 marks)
- 1.4 Discuss the ethical principles relevant to the decision to admit this patient involuntarily. (10 marks)
- 1.5 One week after admission, his wife requests temporary leave from the ward so that he can participate in a traditional healing ritual. How would you respond to this request? (20 marks)

2. A 38-year-old subfertile primigravida presents to a primary healthcare facility six weeks after a first-trimester spontaneous abortion. She was referred by the midwife, as she has been very tearful when she visited her in her house. The midwife had screened her for depression and felt she needed further evaluation.

- 2.1 Mention two important psychiatric differential diagnoses other than depression you will consider in this patient. (10 marks)
- 2.2 Outline the key points in the assessment of this patient. (30 marks)
- 2.3 Briefly discuss the psychosocial factors that may be contributing to her current presentation. (20 marks)
- 2.4 Mention the important considerations when counselling her regarding a future pregnancy. (10 marks)
- 2.5 Briefly describe the management of this patient. (30 marks)

3. A 5-year-old boy was brought to the mental health clinic with the complaint of progressively worsening episodes of intense anger and frustration for the past three years. During these episodes, he cries loudly, screams violently, throws objects, refuses to obey requests, and lies on the floor until his demands are met.

He is the only child, who was conceived after 10 years of marriage and became the first male child born in the extended family after three generations. During infancy he experienced repeated health problems that made his parents believe that he was physically fragile. Consequently, they frequently sought medical attention for minor ailments and discouraged him from outdoor play and other physical activities. Both parents are highly qualified professionals who spend much of their time away from home, leaving most of the child's day-to-day care to his grandparents.

At home and in public, his parents and grandparents readily give in to his demands to keep him calm and avoid embarrassments. In contrast, his preschool teachers consistently describe him as polite, cooperative, capable, well-behaved, and somewhat shy, with no behavioural or learning difficulties at school.

- 3.1 Name the behavioural phenomenon illustrated in this case scenario. (05 marks)
- 3.2 Identify the parenting style demonstrated by the caregivers. (05 marks)
- 3.3 State three (03) factors that may have contributed to the described phenomenon. (15 marks)
- 3.4 Briefly describe how you would assess this child. (30 marks)
- 3.5 Outline the key psychological interventions you would adopt in managing the child and his family. (25 marks)
- 3.6 State five (05) likely behavioural sequelae of this phenomenon if it remains unaddressed. (20 marks)

4. A 32-year-old woman, who is married to an engineer and has two little girls aged five and two, was admitted to the inpatient unit with features suggestive of a manic episode. She was diagnosed with bipolar affective disorder when she was 21. So far, she had three manic episodes and one depressive episode. She hardly continues her medications for more than six months, and this time she stopped them five months ago.
 - 4.1 State five (05) risks she might encounter during this episode. (15 marks)
 - 4.2 Name five (05) likely reasons for her poor adherence to medication. (15 marks)
 - 4.3 Give five (05) practical measures to overcome the reasons you mentioned above. (20 marks)
 - 4.4 Briefly describe how each and every relapse affects her at the individual, familial, and societal level. (40 marks)
 - 4.5 Explain the quote "Bipolar disorder can be a great teacher" (10 marks)

5. A 60-year-old widow, mother of five, currently living with her daughter and three grandchildren presents to the mental health unit. Two of her sons were killed in the war and her son-in-law was disappeared long ago. Her other two sons went abroad and sought asylum. Two months ago, she accompanied her daughter in search of any identifiable belongings of her son-in-law from the site of a mass grave. After the visit, she developed sleep disturbances, restlessness, palpitations, difficulty concentrating, and crying spells that were fluctuating. She experienced intense emotions as if she was still living in a war zone. She also experienced vivid images of her sons' bodies and of others. Although she continued to function normally, she lost her charm and became distressed by those emotions and experiences.
 - 5.1 State three (03) differential diagnoses for the above clinical scenario with reasons. (30 marks)
 - 5.2 Mention five (05) psychosocial factors that have contributed to the onset of her current mental symptoms. (15 marks)
 - 5.3 Briefly discuss your management plan. (40 marks)
 - 5.4 Describe the psychosocial effects of excavation of mass grave in a community. (15 marks)

6. A 28-year-old IT professional, who got engaged to a female doctor, consults you with the complaint of erectile difficulties. Apparently, he attempted to engage in penetrative sex during their premarital outdoor photo session but was unsuccessful. His marriage is due in a month's time, and he wants to fix the issue before the wedding.
 - 6.1 List five (05) principles of obtaining a sexual history. (10 marks)
 - 6.2 What are the key information you would gather in history? (30 marks)
 - 6.3 Name five (05) investigations that are useful in the assessment. (10 marks)
 - 6.4 Briefly outline your management plan. (30 marks)
 - 6.5 State the role of anxiety in sexual response cycle. (20 marks)