# Chief Psychiatrist Practice Guidelines

## Electroconvulsive Therapy

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Overview

- These Practice Guidelines:
  - set out procedures for authorised mental health services (AMHS) regarding the use of electroconvulsive therapy (ECT) under the Mental Health Act 2016 (MHA 2016)
  - are to be read in conjunction with the relevant provisions of the MHA 2016 (Chapter 7, Part 10, Division 3 and Chapter 12, Part 9, Division 1) and the Chief Psychiatrist Policy: Electroconvulsive Therapy, and
  - are mandatory for all AMHS staff exercising a power or function under the MHA 2016.

Key information

- ECT is regulated treatment under the MHA 2016.
- The Queensland Health Guidelines for the Administration of Electroconvulsive Therapy outline best practice in the administration of ECT.
- ECT may only be performed with the informed consent of an adult patient, with the approval of the MHRT, or in emergency circumstances to save an involuntary patient's life or prevent the patient suffering irreparable harm.

Definitions

Electroconvulsive therapy (ECT) - means the application of electric current to specific areas of the head to produce a generalised seizure that is modified by general anaesthesia and the administration of a muscle relaxing agent for the treatment of a mental illness.

Informed consent - for ECT is given by a person only if:
- the person has capacity to give consent to the treatment, and
- the consent is in writing signed by the person, and
- the consent is given freely and voluntarily.

Capacity to give consent - means the person has the ability to:
- understand the nature and effect of a decision relation to treatment, and
- make and communicate the decision.

Guidelines

1 Application of ECT provisions

- ECT is regulated treatment under the MHA 2016.
- ECT may only be applied in the following circumstances:
  - with the informed consent of an adult patient
  - with the approval of the Mental Health Review Tribunal (MHRT) for an adult who is unable to give informed consent
- with the approval of the MHRT for a minor, or
- in emergency circumstances for certain involuntary patients (see section 4 Performance of ECT in an emergency).

- ECT may only be performed in an AMHS.
- It is an offence to perform ECT other than in accordance with the MHA 2016.
- The Queensland Health *Guidelines for the Administration of Electroconvulsive Therapy* outlines best practice in the administration of ECT.

## 2 Performance of ECT with consent

- ECT may be provided with the informed consent of an adult patient. A minor, or their parent or guardian, cannot give consent to undertake ECT.

### 2.1 Requirements for informed consent

- The requirements for obtaining informed consent are established under the Queensland Health *Guidelines for the Administration of Electroconvulsive Therapy*.
- The MHA 2016 also requires that before informed consent can be provided, the doctor proposing the treatment must give the person a full explanation, in a form and language able to be understood by the person, about:
  - the purpose, method, likely duration and expected benefit of the treatment, and
  - possible pain, discomfort, risks and side effects associated with the treatment, and
  - alternative methods of treatment available to the person, and
  - the consequences of not receiving treatment.
- The MHA 2016 states that informed consent for ECT can be provided in an Advance Health Directive.
- If the patient has lost the capacity to provide informed consent and an Advance Health Directive directs that ECT cannot be performed, the doctor may still apply to the MHRT for approval to perform ECT. The MHRT in making their decisions must have regard to the directions given by the patient in the Advance Health Directive. The doctor must inform the MHRT of the direction provided for in the patient's Advance Health Directive.
- The *Guardianship and Administration Act 2000* establishes ECT as 'special health care'. This means that consent for ECT cannot be given by a substitute decision maker or the Queensland Civil and Administrative Tribunal (QCAT).
3 Performance of ECT with MHRT approval

- A doctor may apply to the MHRT for approval to perform ECT if:
  - the patient is an adult and the doctor is satisfied they are unable to give informed consent to the ECT, or
  - the patient is a minor.

- Prior to a doctor making an application to the MHRT, a psychiatrist must prescribe ECT, having regard to the person’s clinical condition, treatment history and any known views and wishes that the patient may have had in the past in relation to ECT.

- When making a decision about appropriateness of ECT, the patient’s support persons (i.e. nominated support person or, if the person does not have a nominated support person, a family member, carer or other support person) should be contacted to discuss any known views and wishes that the patient may have had in the past in relation to ECT. These views and wishes should be taken into consideration when deciding whether ECT is an appropriate treatment.

- It is also recommended that a second opinion from another psychiatrist be obtained to inform the doctor’s decision about applying for ECT. If obtained, the second opinion must accompany any application to the MHRT.

- The doctor must complete a Treatment Application - ECT when making an application to the MHRT.

- The Treatment Application - ECT is available as a clinical note in CIMHA.

- The doctor must provide the Treatment Application - ECT to the Administrator of the AMHS. The Administrator of the AMHS must forward the application to the MHRT without delay.

- The doctor making the Treatment Application - ECT must, to the extent practicable, tell the patient the application has been made and explain the application to the patient. The application must also be explained to the person’s support person/s. Support person means a nominated support person or, if the person does not have a nominated support person, a family member, carer or other support person.

- An application for ECT must be heard by the MHRT within 14 days of receiving the Treatment Application - ECT. Additionally the MHRT require the Treatment Application - ECT at least 7 days before a scheduled hearing date.

- On receipt of the application, the MHRT must notify the following people of the hearing date:
  - the person the subject of the application
  - the doctor who made the application, and
  - the administrator of the treating AMHS.

4 Performance of ECT in an emergency

- ECT may be performed in an emergency for a patient who is:
  - subject to a:
• The performance of ECT in an emergency can only occur if:
  – a doctor for an AMHS and the senior medical administrator of the patient's treating health service have certified in writing (by way of a Certificate to Perform Emergency ECT) that performing ECT is necessary to:
    o save the patient's life, or
    o prevent the patient from suffering irreparable harm; and
  – a Treatment Application - ECT has been made to the MHRT but is not yet decided.
• The Certificate to Perform Emergency ECT must be completed electronically in CIMHA or, if this is not practicable, completed in hard copy and uploaded to CIMHA.
• The Treatment Application - ECT is available as a clinical note in CIMHA.
• A Certificate to Perform Emergency ECT is in force for the period:
  – starting on the day the Treatment Application - ECT to the MHRT was made, and
  – ending on the day the Treatment Application - ECT is determined by the MHRT.
• If a Certificate to Perform Emergency ECT is made, the MHRT must hear a Treatment Application - ECT as soon as practicable.
• A Treatment Application - ECT to the MHRT may be made before, or at the time of, the Certificate to Perform Emergency ECT being made. While these documents are typically completed concurrently, there may be clinical circumstances where the Certificate to Perform Emergency ECT is completed after a Treatment Application - ECT has already been lodged with the MHRT.
• The doctor must immediately provide the document/s (i.e. the Treatment Application - ECT and the Certificate to Perform Emergency ECT or, if the Treatment Application - ECT has already been lodged with the MHRT, the Certificate to Perform Emergency ECT) to the Administrator of the AMHS.
• The Administrator of the AMHS must immediately forward the document/s to the MHRT.
• The doctor making the Certificate to Perform Emergency ECT must, to the extent practicable, tell the patient the Certificate has been made and explain the Certificate to the patient. The Certificate must also be explained to the person's support person/s. If the Certificate to Perform Emergency ECT is made after a Treatment Application - ECT was lodged with the MHRT, a separate and specific effort must be made to provide information and explanation about the Certificate and modified treatment plan.
• The clinical rationale for the emergency performance of ECT must be provided on the Certificate to Perform Emergency ECT and documented in a clinical note. Particular attention should be given to documenting the rationale in circumstances where a Certificate
to Perform Emergency ECT is made after a Treatment Application – ECT was lodged with the MHRT.

5 MHRT decisions for treatment applications

• The MHRT cannot approve an application to perform ECT unless satisfied:
  – the performance of ECT on the patient is in their best interests, and
  – evidence supports the effectiveness of ECT for the patient's particular mental illness, and
  – if ECT has previously been performed on the patient—of the effectiveness of ECT for the patient, and
  – if the patient is a minor—evidence supports the effectiveness of ECT for persons of the patient’s age.

• In deciding a Treatment Application - ECT, the MHRT must have regard to:
  – if the Application relates to an adult any views, wishes and preferences the adult has expressed about the therapy in an Advance Health Directive. In making the Application the doctor should also identify the views, wishes and preferences expressed by the adult at other times or in other documents (e.g. clinical notes) and ensure these are reflected in the Application.
  – if the Application relates to an a minor—the views of the minor's parents and the views, wishes and preferences of the minor.

• If the MHRT decides to approve the Application, its decision must state the number of treatments that may be performed in a stated period under the approval, and any conditions the MHRT considers appropriate.

• The MHRT must notify the following people of their decision within 7 days of the hearing:
  – the person the subject of the application
  – the doctor who made the application, and
  – the administrator of the treating AMHS.

• In giving its decision, the MHRT must provide information about entitlements to seek reasons for the MHRT decision and to appeal the decision to the Mental Health Court.

5.1 Legal representation and support

• The MHRT must appoint legal representation for patients at no cost for all hearings where a Treatment Application - ECT is being considered.

• The MHRT website provides further information regarding the process of appointing legal representation: www.mhrt.qld.gov.au

• A patient may also be accompanied at the MHRT hearing by a support person. Support person includes a nominated support person or a family member, carer or other support person. With the leave of the MHRT, more than one support person may attend the hearing.
Glossary of Terms

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<tr>
<th>Term</th>
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<td>AMHS</td>
<td>Authorised Mental Health Service</td>
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<td>CIMHA</td>
<td>Consumer Integrated Mental Health Application</td>
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<td>ECT</td>
<td>Electroconvulsive Therapy</td>
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<td>MHA 2016</td>
<td><em>Mental Health Act 2016</em></td>
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<td>MHRT</td>
<td>Mental Health Review Tribunal</td>
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<td>QCAT</td>
<td>Queensland Civil and Administrative Tribunal</td>
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Referenced Forms, Clinical Notes and Templates

- Certificate to Perform Emergency Electroconvulsive Therapy form
- Treatment Application - ECT clinical note (available at www.mhrt.qld.gov.au)

Referenced Documents & Sources

- Chief Psychiatrist Policy: Electroconvulsive Therapy
- Guardianship and Administration Act 2000
- Mental Health Act 2016
- Queensland Health Guidelines for the Administration of Electroconvulsive Therapy

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