

# Latest ECT data for Ireland suggests usage is in line with the UK

ECT no longer to be administered to people unwilling to receive it from 2016

**September 09 2016:** The use of Electroconvulsive Therapy (ECT) in inpatient mental health services remained reasonably stable from 2013 to 2015 with Irish statistics being broadly in line with those from the UK.

The Mental Health Commission is today publishing a report containing data on the administration of ECT for the two year period from January 2014 to December 2015, and comparing it to previously published data for 2013. Data for previous years (2008-2012) are available at [www.mhcirl.ie/Publications](http://www.mhcirl.ie/Publications)

## Key findings:

- There was a 9.7% increase in the number of programmes of ECT administered in 2014 compared with 2013, but a decrease of 11.7% in 2015 over 2014.
- Most programmes of ECT were administered to residents with depressive disorders showing resistance to medication.
- A programme of ECT may involve up to 12 individual treatments of ECT. In 2014, there was a total of 2,611 individual treatments of ECT administered, 84.3% of treatments were administered with consent and 15.7% of treatments were administered without consent. In 2015, 85.6% of treatments were administered with consent and 14.4% were administered without consent.
- Two thirds of ECT programmes were administered to women.

The majority of individuals who received ECT during the 2013-2015 period were being treated for depressive disorders where resistance to medication had been shown. More women than men received ECT, and the average age was 60. These figures are in line with recent figures from the UK. A large majority showed improvement at the end of their ECT programmes with over a third experiencing complete recovery.

“The Mental Health Commission received 154 forms authorising a programme of ECT without consent over the three years from 2013 to 2015. In 11% (17/154) of all forms it was indicated by one or both consultant psychiatrists that the patient was unwilling to give consent to ECT treatment”, according to Mr John Saunders, Chairman of the Mental Health Commission. “However an important legal change took effect in February 2016, and ECT can now only be administered to an involuntary patient where he or she is *unable* to consent. Up to this, ECT could also be administered to involuntary patients *unwilling* to content, and the Commission had long-sought this change and welcomes it. The impact of this change should be seen in the 2016 figures.”

In all years the majority of programmes of ECT were administered to residents admitted on a voluntary basis when they commenced their programme of ECT, accounting for 78.6% of

programmes in 2013, 84.2% in 2014 and 80.8% in 2015. A large majority of the remainder was carried out on involuntary patients, with a small number administered to residents on an outpatient basis.

In 2013 14.5% of ECT programmes had one or more treatments without consent. This percentage was 15.2% in 2014 and 15.9% in 2015.

There was a 9.7% increase in the number of programmes of ECT administered in 2014 compared with 2013, but a decrease of 11.7% in 2015 over 2014. The figures are below:

**Overview of ECT administration, programmes, treatments and individuals. 2013, 2014, 2015. Numbers.**

<b>Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of programmes of ECT administered	318	349	308
Total treatments of ECT	2,217	2,611	2,173
Number of Individuals administered ECT	257	278	243

Most residents who receive ECT receive just one programme (involving a number of treatments) in each calendar year. A very small proportion received more than two programmes. In 2013 and 2014 four was the maximum number of programmes administered to one individual, while in 2015 one individual completed six programmes of ECT. The full breakdown of these figures is in Figures 2a-c of the report.

A programme of ECT refers to no more than 12 treatments of ECT prescribed by a consultant psychiatrist. During 2013, 2014 and 2015 the total number of treatments administered in a programme varied from one to 12 with an average number of seven. The average duration of ECT programmes ranged from 32 to 36 days.

ECT was provided in a minority of approved centres, with over 60% not operating an ECT service in any of the three years covered. A small proportion, less than 10% in each year, of approved centres, which did not operate their own ECT service referred residents to other approved centres for treatment.

Resistance to medication was the most common single reason why ECT was prescribed for individual residents. A very large majority of programmes of ECT in all three years was administered to individuals with a diagnosis of depressive disorders. In 2015 72.9% were administered to people with depressive disorders, 9.1% to people with schizophrenia or related disorders and 7.5% to people with mania. The remainder were given to people with other disorders such as neuroses, personality or behavioural disorders, dual diagnosis, eating disorders and organic disorders.

“Complete recovery” was recorded as the outcome at termination for over one third of ECT residents, with a further third experiencing “significant improvement”. Around a fifth recorded more modest improvement, 3-5% no change and 0.6-1.3% recorded a deterioration.

**ENDS**

Issued by Murray on behalf of The Mental Health Commission

**For further information contact:  
Murray Consultants**

01 4980300

## NOTES TO EDITOR

**The Mental Health Commission** is an independent statutory body. The primary functions of the Mental Health Commission are to foster and promote high standards of care and good practice in the delivery of mental health services and to ensure that the interests of those involuntarily admitted are protected, pursuant to the Mental Health Act 2001.

The Commission has produced *Rules Governing the Use of Electro-convulsive Therapy (ECT)* and a *Code of Practice on the Use of Electro-convulsive Therapy (ECT) for Voluntary Patients*, which regulate the administration of ECT in approved centres. In addition the Commission has produced *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* and a *Code of Practice on the Use of Physical Restraint in Approved Centres*, which regulate the use of seclusion and restraint in approved centres.

**An Approved Centre:** An “approved centre” is a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder that is registered pursuant to the Mental Health Act 2001. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

**ECT:** Electroconvulsive Therapy (ECT) is a medical procedure in which an electric current is passed briefly through the brain via electrodes applied to the scalp to induce generalised seizure activity. The person receiving treatment is placed under general anaesthetic and muscle relaxants are given to prevent body spasms. Its purpose is to treat specific types of major mental illnesses.

**Resident** means a person receiving care and treatment in an approved centre. For the purpose of this report the term resident includes involuntary patients, voluntary patients and individuals who were administered ECT on an out-patient or day-patient basis in an approved centre.

**A programme of ECT** refers to no more than 12 treatments prescribed by a consultant psychiatrist.