

Mental Health Commission

Rules

Rules Governing the Use of Electro-Convulsive Therapy

Issued Pursuant to Section 59(2) of the Mental Health Act, 2001.

VISION

Working Together for Quality Mental
Health Services

Preamble¹

Section 59 of the Mental Health Act 2001 (the “2001 Act”) obliges the Mental Health Commission to make rules providing for the use of electro-convulsive therapy (ECT) on a patient. A patient under the 2001 Act is construed in Section 14 and refers to a person to whom an admission (or renewal) order relates. The 2001 Act provides that ECT may only be administered to a patient with the patient’s written consent. The 2001 Act also provides that where the patient is unable or unwilling to give consent, ECT must be approved by the consultant psychiatrist responsible for the care and treatment of the patient and another consultant psychiatrist following referral of the matter to him/her by the first-mentioned consultant.

The Mental Health Commission prepared Section 59(2) Rules that came into force on 1st November 2006. At this time, the Commission indicated its intention to keep the Rules under periodic review and to revise them as required. An independent review of the Rules was carried out between September and December 2008 which involved an extensive stakeholder consultation.

The Rules have now been revised to take account of the recommendations arising from the review. The main amendments to the Rules are indicated in the *Memorandum on Key Revisions Contained in the Rules Governing the Use of Electro-Convulsive Therapy, Version 2*. A copy of the Memorandum is available on our website at www.mhcirl.ie.

The preamble to Version 1 of the Rules indicated that the Commission would in future be prescribing a rule requiring an anaesthetic assistant to be present during ECT treatment and recovery. Following on from a recommendation of the review, this provision has not been included.

The date of commencement of these Rules is 1st January 2010. Therefore, the Inspector of Mental Health Services will begin assessing compliance with the revised Rules from this date.

In line with its commitment to keep existing Rules and Codes of Practice under review, the Commission intends to review these Rules no later than five years from their date of commencement.

¹ The preamble provides an explanation and context to the Rules Governing the Use of Electro-Convulsive Therapy. It is not part of the Rules.

Section 59(2) Rules

Rules Governing the Use of Electro-Convulsive Therapy

These Rules have been made by the Mental Health Commission in accordance with Section 59(2) of the Mental Health Act, 2001. A programme of electro-convulsive therapy shall not be administered to patients except in accordance with these Rules.

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Glossary

Approved Centre

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

ASA Grade

Assessment of fitness for anaesthesia.

Cerebral

Pertaining to the cerebrum of the brain.

Child

A person under the age of 18 years other than a person who is or has been married.

Clinical file

A record of the patient’s referral, assessment, care and treatment while in receipt of mental health services. This documentation should be stored in the one file. If all relevant information is not stored in the one file, the file should record where the other information is held.

Cognitive impairment

Impairment of mental abilities, skills or knowledge, involving receptive functions (abilities to select, acquire, classify and integrate information), memory and learning (information storage and retrieval), thinking (mental organisation and reorganisation of information) and expressive functions.

Consent

Consent refers to an individual’s agreement or not to a certain specified action or actions e.g. treatment, care, transfer of personal information. Consent is comprised of three key elements:

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- It must be given or withheld voluntarily;
 - It must be given or withheld by someone with capacity to do so, in terms of age and mental competence; and
 - It must be based on sufficient relevant information.

Consultant psychiatrist

A consultant psychiatrist who is employed by the HSE or by an approved centre or a person whose name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

ECG

A recording of the electrical activity of the heart.

EEG

A method of monitoring electrical (or seizure) activity of the brain using high sensitive recording equipment attached to the scalp by fine electrodes.

End tidal carbon dioxide

The amount of carbon dioxide at the end of exhalation.

Foetal gestation

The period commencing the end of month two post-fertilisation to week thirty-eight.

Intellectual Disability

A condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities, as measured by currently recognised criteria.

Muscle relaxant

An agent used to ameliorate the convulsive muscle activity during stimulation and the subsequent seizure, and to reduce the risk of injury.

Neonatal

Pertaining to the first four weeks after birth.

Obstetrician

A physician specialist expert in the delivery of total obstetrical care and the diagnosis and treatment of gynaecological disease whose name is entered on the Register of Medical Specialists maintained by the Medical Council.

Patient

A person to whom an admission or renewal order relates. The term patient is to be construed in accordance with Section 14 of the 2001 Act. Section 14(1)(a) states, inter alia, that *“a person to whom an admission order relates is referred to in this Act as a patient”*.

Representative

A person of the patient’s choosing or a legal professional or Guardian ad Litem appointed by the patient, statutory organisation or court to represent the best interests of the patient.

Scavenging Equipment

Equipment used to reduce the effects of anaesthetic gases in the environment in which ECT is being administered.

Stimulus dosing

The selection of the electrical dose for the individual patient.

The 2001 Act

Refers to the Mental Health Act 2001.

Trimester

A period of three months; one-third of the length of a pregnancy.

Urea

A substance that is formed in the liver when the body breaks down protein.

Mental Health Act 2001

Section 59

Electro-convulsive therapy

Section 59

(1) *“A programme of electro-convulsive therapy shall not be administered to a patient unless either –*

a) the patient gives his or her consent in writing to the administration of the programme of therapy, or

b) where the patient is unable or unwilling to give such consent –

(i) the programme of therapy is approved (in a form specified by the Commission) by the consultant psychiatrist responsible for the care and treatment of the patient, and

(i) the programme of therapy is also authorised (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist.

(2) *The Commission shall make rules providing for the use of electro-convulsive therapy and a programme of electro-convulsive therapy shall not be administered to a patient except in accordance with such rules.”*



Part 1: Definition

1. Definition of Electro-Convulsive Therapy (ECT)

- 1.1** 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.
- 1.2** A programme of ECT refers to no more than 12 treatments, prescribed by a consultant psychiatrist, following a psychiatric examination of the patient with a mental disorder for which use of ECT is indicated and in accordance with the Rules hereunder.



Part 2: Consent and Information

2. Consent

- 2.1** A patient must be considered capable of giving informed consent for ECT, including anaesthesia, unless there is evidence to the contrary.
- 2.2** The consultant psychiatrist responsible for the care and treatment of the patient must be satisfied that the patient has capacity to provide consent before he or she obtains consent for a programme of ECT, including anaesthesia, from the patient.
- 2.3** Capacity to consent must ensure that the patient can:
- a) Understand the nature of ECT;
 - b) Understand why ECT is being proposed;
 - c) Understand the benefits, risks and alternatives to receiving ECT;
 - d) Understand and believe the broad consequences of not receiving ECT;
 - e) Retain the information long enough to make a decision to receive or not receive ECT;
 - f) Make a free choice to receive or refuse ECT; and
 - g) Communicate the decision to consent to ECT.
- 2.4** A written record of assessments of capacity to consent to ECT must be kept in the patient's clinical file.
- 2.5** Consent for each programme of ECT, including anaesthesia must be obtained in written form. Consent must also be obtained in writing for each ECT treatment session, including anaesthesia. This must be obtained by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care of the patient prior to each ECT treatment session and recorded in the patient's clinical file.
- 2.6** Consent must be voluntary. Therefore, a patient must be aware that he/she can refuse to give consent or withdraw consent for ECT at any time.

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- 2.7** No relative, carer or guardian can give consent for ECT on behalf of the patient.
- 2.8** Consent must not be obtained through coercion or threats.
- 2.9** The consent form for a programme of ECT must include, as a minimum, all the particulars included in the accompanying “*Consent Form for ECT Programme*” associated with these Rules.
- 2.10** Specific consent for maintenance/continuation ECT must be obtained and renewed after 6 months.

3. Information

- 3.1** Appropriate information about ECT must be given to the patient by the consultant psychiatrist responsible for the care and treatment of the patient to enable the patient to make a decision on consent. Information must include the following:
- a) The nature of the treatment of ECT;
 - b) Description of process of ECT ;
 - c) Purpose of treatment with ECT;
 - d) Intended benefit of treatment with ECT;
 - e) Possible consequence of not having ECT;
 - f) Treatment alternatives to ECT; and
 - g) Confirmation that the patient will be offered alternative treatment to ECT if he/she decides to withhold consent.
- 3.2** Information must also be provided on the likely adverse effects of ECT, including the risk of cognitive impairment and the risk of amnesia and other potential side effects.

- 3.3** Information must be provided in both oral and written forms.
- 3.4** Information must be clearly and simply written.
- 3.5** Information must be available in languages other than English if necessary and/or an interpreter provided including Irish sign interpreters for any patient who is deaf.
- 3.6** Subject to the urgency of the clinical circumstances, the patient should be given at least 24 hours to reflect on the information, should he or she wish.
- 3.7** The patient must be informed that he/she may have access to an advocate of his/her choosing at any stage.
- 3.8** The patient should be given an opportunity to raise questions and these questions should be answered. A record of these discussions should be maintained in the patient's clinical file.

4. Absence of Consent

4.1 Where a patient is unable to give consent or is unwilling to give consent, Section 59 (1) (b) of the 2001 Act applies:

59.-(1) *A programme of electro-convulsive therapy shall not be administered to a patient unless either-*

(a) the patient gives his or her consent in writing to the administration of the programme of therapy, or

(b) where the patient is unable or unwilling to give such consent -

(i) The programme of therapy is approved (in a form specified by the Commission) by the consultant psychiatrist responsible for the care and treatment of the patient, and

(ii) The programme of therapy is also authorised (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first mentioned psychiatrist.

4.2 Form 16: Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult) must be completed by both consultant psychiatrists for each programme of ECT and placed in the patient's clinical file. A copy must also be sent to the Mental Health Commission.

Part 3: Administration of ECT

5. Prescription of ECT

- 5.1** A programme of ECT must only be prescribed by the consultant psychiatrist responsible for the care and the treatment of the patient.
- 5.2** The consultant psychiatrist responsible for the care and the treatment of the patient must record the decision to prescribe ECT in the patient's clinical file. The record must include:
- a) The reason for the decision to use ECT;
 - b) Alternative therapies that have been considered or proved ineffective;
 - c) Documentation of the discussion with the patient, and, where appropriate, the patient's next of kin or representative; and
 - d) Current mental state examination.
- 5.3** The initial stimulus dose of electricity to be delivered to each patient must be discussed and considered by the treating consultant psychiatrist and the consultant psychiatrist responsible for the administration of ECT in advance of ECT and prescribed accordingly.

6. Patient Assessment

- 6.1** A cognitive assessment must be completed for the patient before each programme of ECT.
- 6.2** The patient's clinical status must be assessed before and following each ECT treatment session.
- 6.3** The patient's cognitive functioning must be monitored on an ongoing basis throughout the programme of ECT.
- 6.4** A cognitive assessment must be completed for the patient after each programme of ECT.
- 6.5** The consultant psychiatrist in consultation with the patient must review the patient's progress and the need for continuation of the programme for ECT. In the event of a programme of ECT being terminated, reasons for this termination shall be documented in the patient's clinical file.

7. Anaesthesia

7.1 Anaesthesia for ECT must be given by an anaesthetist who has experience in providing anaesthesia for ECT. Where the anaesthetist is not a consultant anaesthetist, he or she must be under the supervision of a consultant anaesthetist.

7.2 Formal identification of the patient must be confirmed to the anaesthetist.

7.3 The anaesthetist should ensure that a pre-anaesthetic assessment has been carried out and recorded in the patient's clinical file. It shall include the following:

- a) A detailed medical history and a full physical examination must be performed before ECT and recorded;
- b) Any physical problem must be recorded and the anaesthetist notified;
- c) A detailed medication history, including allergies or previous anaesthetic difficulties, must be taken and recorded;
- d) The presence or absence of dental problems and/or dentures must be noted;
- e) The length of time the patient has been fasting must be recorded;
- f) Investigations such as full blood count, urea and electrolytes, urine testing for blood glucose and protein must be performed. Patients at risk for sickle-cell anaemia must have blood tests for this condition;
- g) An ECG for patients with cardiovascular disease or who have risk factors for cardiovascular disease must be performed;
- h) A chest X-Ray is required if the patient has cardio-respiratory problems; and
- i) Any other relevant information.

7.4 The anaesthetic risk of the patient must be assessed by the anaesthetist and recorded in the patient's clinical file. Any variation in the ASA grade of the patient must be recorded before the ECT treatment session.

- 7.5** The designated ECT nurse is responsible for checking that the pre-anaesthetic assessment is completed and made available to the anaesthetist.
- 7.6** The patient's consent form, Mental Health Act documentation, clinical file, medication prescription chart and record of administered drugs and a copy of any other supporting documentation relating to consent must be made available to the anaesthetist.
- 7.7** The anaesthetic induction agent used for the patient must remain consistent throughout the duration of his/her programme of ECT unless such an approach is contraindicated.
- 7.8** The doses of all anaesthetic agents used, the patient's response and the monitor recordings before and immediately after treatment and recovery must be recorded, dated and the record signed by the anaesthetist.

8. Administration of ECT

- 8.1** ECT must be administered by a constant current, brief pulse ECT machine capable of delivering a wide range of electrical dose, from 25 millicoulombs to 1000 millicoulombs or more.
- 8.2** ECT must be administered to a patient using the same ECT machine throughout his/her programme of ECT, unless in exceptional circumstances. Where the same machine is not used, the rationale for this must be clearly documented in the patient's clinical file.
- 8.3** There must be a facility for EEG monitoring on two channels.
- 8.4** All machines must have a regular programme of maintenance and service. Records of maintenance should be kept safe by the approved centre and confirmation of the service must be identifiable from the machine, as is appropriate.
- 8.5** Stimulus dosing or using recommended starting dose regimes (per age/sex) as per the Royal College of Psychiatrists' Guidelines must be used and recorded in the ECT record.

9. ECT Suite

- 9.1** ECT must only be carried out in a dedicated ECT suite in an approved centre or where deemed appropriate, in a specified location in a critical care area in a general hospital or maternity hospital.
- 9.2** An ECT suite must have a private waiting area, an adequately equipped treatment room and an adequately equipped recovery room.
- 9.3** High risk patients must be treated in an environment allowing rapid intervention should complications occur, for example, a theatre suite or its recovery area.
- 9.4** The recovery room must be of sufficient size to accommodate the number of patients receiving ECT at each treatment session.

10. Materials and Equipment

- 10.1** Up-to-date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia must be prominently displayed.
- 10.2** If nitrous oxide is ever used, then the treatment room must be equipped with scavenging equipment.
- 10.3** There must be one tipping trolley or bed, with cot sides, per patient which can comfortably accommodate a reclining adult, with braked wheels and which can rapidly be tipped into a head down position.
- 10.4** There must be a fully equipped emergency trolley with adequate resuscitation equipment including a defibrillator.
- 10.5** There must be means of measuring temperature, blood pressure, oxygen saturation, ECG and end-tidal carbon dioxide.
- 10.6** Provision must be made for positive pressure respiration: oxygen cylinder, mask and self-inflating bag and at least one full spare cylinder in both the treatment and recovery areas.

- 10.7** There must be two suction machines, one in the treatment room and one in the recovery room.
- 10.8** The following drugs must be available in the ECT suite:
- a) An anaesthetic induction agent;
 - b) A neuro-muscular blocking agent; and
 - c) Oxygen.
- 10.9** There must be a standard tray of drugs for use in the event of cardiac arrest. The emergency tray must contain drugs and equipment agreed with the local pharmacy or resuscitation committee.
- 10.10** Dantrolene and sterile water must be available. These should be stored under the direction of the anaesthetist and there must be a protocol in the ECT suite for where they are stored.

11. Staffing

- 11.1** There must be a named consultant psychiatrist with overall responsibility for the management of ECT.
- 11.2** ECT must only be administered by a registered medical practitioner. Where the registered medical practitioner is not a consultant psychiatrist, he or she must be under the supervision of a consultant psychiatrist.
- 11.3** There must be a named consultant anaesthetist with overall responsibility for anaesthesia.
- 11.4** An anaesthetic must only be administered by an anaesthetist. Where the anaesthetist is not a consultant anaesthetist, he or she must be under the supervision of a consultant anaesthetist.

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- 11.5** The anaesthetist has responsibility for anaesthesia and recovery of the patient. He or she must be satisfied that the patient is fully recovered prior to leaving the ECT suite.
- 11.6** There must be a minimum number of two registered nursing staff in the ECT suite at all times to safely meet the needs of patients, one of whom must be trained in ECT and shall be known as “a designated ECT nurse”.
- 11.7** All registered nurses involved in the administration of ECT treatment must be trained in Professional Cardio-Pulmonary Resuscitation.
- 11.8** The designated ECT nurse is responsible for ensuring that before each ECT treatment session, emergency resuscitation equipment is tested and checked in the ECT suite, and the emergency drugs tray has been recently checked and stocked. All such checks should be recorded.
- 11.9** The designated ECT nurse must be in the treatment room while ECT is being administered.

12. Documentation

- 12.1** The ECT Register must be completed for the patient on conclusion of a programme of ECT and a copy filed in the patient’s clinical file.
- 12.2** The register must be made accessible to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.
- 12.3** Pre-ECT assessments (capacity to consent, consent, pre-anaesthetic assessment, anaesthetic risk, mental state) must be completed and filed in the patient’s clinical file.
- 12.4** A record of ECT must be completed after each ECT treatment session and filed in the patient’s clinical file. The record should include:
- a) Session number;
 - b) Laterality;

- c) Dose (set and received);
- d) Duration and quality of seizure;
- e) Any/all complications experienced; and
- f) Signature of registered medical practitioner(s) administering ECT.

12.5 A record of anaesthesia must be completed after each ECT session and filed in the patient's clinical file.

12.6 Post-ECT assessments (clinical status, patient progress) must be recorded after each ECT treatment session in the patient's clinical file. Reasons for continuing or discontinuing further ECT must be outlined. Any adverse events during or following ECT should be addressed in full and recorded.

12.7 A copy of all cognitive assessments that are completed must be filed in the patient's clinical file.

13. ECT During Pregnancy

13.1 All pregnant patients must be assessed by an obstetrician prior to receiving ECT.

13.2 Facilities administering ECT to pregnant patients must have resources for managing obstetric and neonatal emergencies.

13.3 If foetal gestation age is past first trimester, foetal monitoring is required.

Appendices

Appendix 1 Consent Form for ECT Programme

Appendix 2 ECT Register

Appendix 3 Form 16 – Treatment without Consent Electroconvulsive Therapy Involuntary Patient (Adult)

Appendix 1: Consent Form for ECT Programme

To be completed by the Patient, the Consultant Psychiatrist responsible for the care and treatment of the patient and the Anaesthetist responsible for administering anaesthetic for ECT.

Please use BLOCK CAPITALS

1 – 11 TO BE COMPLETED BY THE PATIENT

1. TITLE:	2. FIRST NAME:	3. SURNAME:
4. DOB: □ □ / □ □ / □ □ □ □	5. HOSPITAL:	
<p>6. I agree to undergo a programme of ECT treatment and I have discussed the following with my consultant psychiatrist <input type="checkbox"/></p> <p>(a) The nature of ECT treatment and description of the process of ECT treatment and why it has been proposed (including anaesthesia and muscle relaxation)</p> <p>(b) The risks, benefit and side effects of treatment</p> <p>(c) The availability of other treatments and the risk and benefits of those treatments</p> <p>(d) I have had an opportunity to ask questions about the treatment and these have been answered</p>		
<p>7. I confirm that</p> <p>(a) I have read the PATIENT INFORMATION SHEET and understand the risks involved in having ECT treatment <input type="checkbox"/></p> <p>(b) I have been offered at least 24 hours, subject to the urgency of the clinical circumstances, to make a decision regarding treatment and to discuss treatment with family and/or a representative should I so wish <input type="checkbox"/></p>		
<p>8. I understand that I may withdraw my consent at any time during the treatment duration <input type="checkbox"/></p>		
<p>9. I understand that the maximum number of treatments in this programme of ECT will be 12 and that my consent will be obtained for each treatment <input type="checkbox"/></p>		
<p>10. I have discussed whether the treatment will be unilateral or bilateral with my consultant psychiatrist and the treatment will be:</p> <p style="text-align: right;">Unilateral <input type="checkbox"/> Bilateral <input type="checkbox"/></p>		
11(a). PATIENT SIGNATURE:		11(b). DATE: □ □ / □ □ / □ □ □ □

12 – 14 TO BE COMPLETED BY THE CONSULTANT PSYCHIATRIST RESPONSIBLE FOR CARE AND TREATMENT OF THE PATIENT:

<p>12. I have examined this patient and established that he/she is competent to give consent for ECT <input type="checkbox"/></p>	
<p>13 CONSULTANT PSYCHIATRIST NAME (please print):</p>	
<p>14(a). CONSULTANT PSYCHIATRIST SIGNATURE:</p>	<p>14(b). DATE: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

15 – 17 CONSENT TO ANAESTHESIA FOR ECT – TO BE COMPLETED BY THE PATIENT

<p>15. I have read the fact sheet for ECT anaesthesia and understand the procedure, relevant risks and complications. I have discussed these with the anaesthetist. <input type="checkbox"/></p>	
<p>16. I hereby consent to having general anaesthesia for ECT <input type="checkbox"/></p>	
<p>17(a). PATIENT SIGNATURE:</p>	<p>17(b). DATE: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

18 – 20 ASSESSMENT OF FITNESS FOR ANAESTHESIA FOR ECT – TO BE COMPLETED BY THE ANAESTHETIST RESPONSIBLE FOR ADMINISTERING ANAESTHETIC FOR ECT

<p>18. I have reviewed the medical history, relevant investigations and physical condition of this patient and I consider that he/she is fit for general anaesthesia for ECT. I have explained the relevant risks and complications for general anaesthesia and the particular risks for ECT anaesthesia. This information has also been presented to the patient in the form of a fact sheet.</p>	
<p>19. ANAESTHETIST NAME (please print):</p>	
<p>20(a). ANAESTHETIST SIGNATURE:</p>	<p>20(b). DATE: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Appendix 2: ECT Register

To be completed by the consultant psychiatrist responsible for the care and treatment of the resident.

Please use BLOCK CAPITALS

1. TITLE:	2. RESIDENT'S FIRST NAME:	3. SURNAME:
4. DOB: □ □ / □ □ / □ □ □ □	5. GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	
6. LEGAL STATUS: Involuntary <input type="checkbox"/> Ward of Court <input type="checkbox"/> Voluntary <input type="checkbox"/>		
7. Was this patient (please select response a or b) a) A patient of this Approved Centre who was administered ECT in this Approved Centre? Or b) A patient of another Approved Centre who was referred here for ECT treatment? (if yes please specify name of other Approved Centre)		
8. Did the patient's legal status change during the programme of ECT? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:		
9. HSE AREA:	10. APPROVED CENTRE:	
11. PRIMARY DIAGNOSIS (ICD 10):		
12. INDICATIONS FOR ECT:		
Rapid Response Required	<input type="checkbox"/>	
Acute Suicidality	<input type="checkbox"/>	
Physical Deterioration	<input type="checkbox"/>	
Refractory to Medication	<input type="checkbox"/>	
Maintenance ECT	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/> _____	
13. DATE OF FIRST TREATMENT:	□ □ / □ □ / □ □ □ □	
14. OTHER DATES OF TREATMENT:	□ □ / □ □ / □ □ □ □	
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15. TOTAL NO. OF TREATMENTS ADMINISTERED:	□ □	

16. NO. OF TREATMENTS ADMINISTERED WITH CONSENT:	<input type="checkbox"/> <input type="checkbox"/>
17. NO. OF TREATMENTS ADMINISTERED WITHOUT CONSENT:	<input type="checkbox"/> <input type="checkbox"/>
18. TREATMENT TYPE:	Unilateral <input type="checkbox"/> Bi-lateral <input type="checkbox"/>
19. STIMULUS DOSING:	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. REASON FOR TERMINATION OF TREATMENT:	
Improvement	<input type="checkbox"/>
No Improvement	<input type="checkbox"/>
Resident Withdrew Consent	<input type="checkbox"/>
Complications (please specify)	<input type="checkbox"/> _____
Other (please specify)	<input type="checkbox"/> _____
21. OUTCOME AT TERMINATION OF ECT	
Complete Recovery	<input type="checkbox"/>
Significant Improvement	<input type="checkbox"/>
Moderate Improvement	<input type="checkbox"/>
Some Improvement	<input type="checkbox"/>
No Change	<input type="checkbox"/>
Deterioration	<input type="checkbox"/>

SIGNATURE:

22. CONSULTANT NAME (please print):	
23(a). CONSULTANT SIGNATURE:	23(b). DATE:
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Appendix 3: Form 16 – Treatment Without Consent ECT Involuntary Patient Adult



TREATMENT WITHOUT CONSENT ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT)

FORM 16
MENTAL HEALTH
ACT 2001
SECTION 59

PAGE 1 OF 3

To be completed by the consultant psychiatrist responsible for the care and treatment of the Patient:

BLOCK CAPITALS (Before completing this form please read the notes overleaf)

1. Full Name of Patient being administered electroconvulsive therapy without consent

2. Date of Birth

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Gender M F

3. Name and Address of Approved Centre to which patient was admitted

Ward:

on

4. Date:

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5. Full Name of Responsible Consultant Psychiatrist (and Professional Address if other than Section 3 above)

I have examined the above named patient on (date)

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 and I am of the opinion that it would be to the benefit of the patient to be administered electroconvulsive therapy without consent for the following reasons

6. Give details of how this treatment will benefit the patient

This patient is; unable or unwilling to give consent to this treatment.

I approve this programme of electroconvulsive therapy.

I have given the patient adequate information, in a form and language that the patient can understand, on the nature, purpose and likely effects of the proposed treatment. Yes No

Signed:

(Responsible Consultant Psychiatrist)

Date:

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Time:

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 (24 hour clock e.g. 2.41p.m. is written as 14.41)

For use only in accordance with the Mental Health Act 2001. Penalties apply for giving false or misleading information.

NOTES

PAGE 2 OF 3 **FORM 16**

The notes are for guidance only and do not constitute an exact statement of the provisions of the Mental Health Act 2001.

The Mental Health Act (2001) does not define "Adult". "Child" means a person under the age of 18 years other than a person who is or has been married. Adult means any person who is not included in the definition of a "Child" in the Act.

"Consent", in relation to a patient, means consent obtained freely without threats or inducements, where—

- (a) the consultant psychiatrist responsible for the care and treatment of the patient is satisfied that the patient is capable of understanding the nature, purpose and likely effects of the proposed treatment; and
- (b) the consultant psychiatrist has given the patient adequate information, in a form and language that the patient can understand, on the nature, purpose and likely effects of the proposed treatment.

The Health Act 2004 dissolves Health Boards. References to Health Boards in the Mental Health Act 2001 are to be read as references to the Health Service Executive.

If a programme of Electro-Convulsive Therapy commences for a patient who has not given his or her consent to the programme i.e. it has been authorised as per Section 59(1)(b) of the Mental Health Act 2001, a *Form 16: Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult)* must be returned to the Commission in all cases as per Rule 4.2 of the Rules Governing the Use of Electroconvulsive Therapy. This includes situations during a programme of ECT where a patient provides consent to a subsequent treatment or treatments in the programme. The approved centre should specify on the ECT Register for each programme of ECT how many treatments of ECT the patient had with consent and how many treatments of ECT the patient had without consent.

If a programme of Electro-Convulsive Therapy commences for a patient who has given his or her consent to the programme and he or she is subsequently unwilling or unable to give his or her consent for one or more treatments and a decision is taken to proceed with the programme of ECT as per Section 59(1) (b) of the Mental Health Act 2001, then a *Form 16: Treatment Without Consent Electroconvulsive-Therapy Involuntary Patient (Adult)* must be returned to the Commission as per Rule 4.2 of the Rules Governing the Use of Electro-convulsive Therapy. The approved centre should indicate on the ECT Register for each programme of ECT how many treatments of ECT the patient had with consent and how many treatments of ECT the patient had without consent.

SECTIONS OF THE MENTAL HEALTH ACT 2001

- 4.— (1) In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person), the best interests of the person shall be the principal consideration with due regard being given to the interests of other persons who may be at risk of serious harm if the decision is not made.
- (2) Where it is proposed to make a recommendation or an admission order in respect of a person, or to administer treatment to a person, under this Act, the person shall, so far as is reasonably practicable, be notified of the proposal and be entitled to make representations in relation to it and before deciding the matter due consideration shall be given to any representations duly made under this subsection.
- (3) In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person) due regard shall be given to the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy.
- 57.— (1) The consent of a patient shall be required for treatment except where, in the opinion of the consultant psychiatrist responsible for the care and treatment of the patient, the treatment is necessary to safeguard the life of the patient, to restore his or her health, to alleviate his or her condition, or to relieve his or her suffering, and by reason of his or her mental disorder the patient concerned is incapable of giving such consent.
- (2) This section shall not apply to the treatment specified in *section 58, 59 or 60*.
- 59.— (1) A programme of electro-convulsive therapy shall not be administered to a patient unless either—
- (a) the patient gives his or her consent in writing to the administration of the programme of therapy, or
 - (b) where the patient is unable or unwilling to give such consent—
 - (i) the programme of therapy is approved (in a form specified by the Commission) by the consultant psychiatrist responsible for the care and treatment of the patient, and
 - (ii) the programme of therapy is also authorised (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist.



**TREATMENT WITHOUT CONSENT
ELECTROCONVULSIVE THERAPY
INVOLUNTARY PATIENT (ADULT)**

FORM 16
MENTAL HEALTH
ACT 2001
SECTION 59
PAGE 3 OF 3

This part to be completed by another consultant psychiatrist following referral by the first-mentioned psychiatrist.

7. Full Name of Consultant Psychiatrist
(and Professional Address if other than Section 3 above)

I have examined the above named patient on DATE: / /
and I am of the opinion that it would be to the benefit of the patient to be administered electroconvulsive therapy without consent for the following reasons

8. Give details of how this treatment will benefit the patient

This patient is;
unable or unwilling to give consent to this treatment.

I authorise this programme of electroconvulsive therapy.

Signed: _____
(Consultant Psychiatrist)

Date: / / Time: :
(24 hour clock e.g. 2.41p.m. is written as 14.41)





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