



The Administration of Electro-convulsive Therapy in Approved Centres:

Activity Report 2009

February 2011

Contents

1.	Introduction.....	4
	Data coverage.....	4
	Data limitations.....	5
	Information regarding admissions to approved centres in 2009.....	6
2.	Electro-convulsive Therapy (ECT) Report.....	7
2.1	Definition of ECT.....	7
2.2	Recording Programmes of ECT.....	7
2.3	ECT Data Analysis.....	7
2.4	Administration of ECT without consent.....	19
3.	Conclusion and Recommendations.....	22
	Appendix 1 – ECT Data collection templates used in 2009.....	23
	Appendix 2 – Overview of 2008 and 2009 Data Returns.....	25
	Appendix 3 – Population by Super-Catchment Area.....	28
	Appendix 4 – ICD 10 Codes and Diagnostic Groups.....	29

List of Tables

Table 1: Number of Involuntary admissions by quarter in 2009.....	6
Table 2: Overview of 2009 ECT data returns by HSE Area/Service Provider, number and percentage (%) of approved centres by HSE Area and overall percentage by data type.	7
Table 3: Administration of ECT in Approved Centres in 2008 and 2009. Numbers and percentage change...	9
Table 4: Approved Centres that sent Form 16s to the Mental Health Commission in 2009	20
Table 5: Patient unable or unwilling to give consent. Number and percentage of Form 16s returned to the Commission in 2009.	21
Table A1: Type of ECT data return by Approved Centres in 2008 and 2009.....	25

List of Figures

Figure 1: Administration of ECT. Number of Treatments, Programmes and Residents by Quarter in 2009. .	13
Figure 2: Legal Status of Residents that were administered ECT in 2008 and 2009, percentage of residents by Quarter.	14
Figure 3: Gender of Residents that were administered ECT, percentage by Quarter in 2009.....	14
Figure 4: Diagnosis, numbers of programmes in 2009.....	15
Figure 5: Indications for ECT, number of programmes in 2009.	16
Figure 6: Reason for termination of ECT, percentage of programmes in 2009	17
Figure 7: Outcome at termination of ECT, percentage of programmes in 2009.....	18

1. Introduction

The Mental Health Commission produced a report on the administration of ECT for the first time in 2008. We intend to produce this report on an annual basis and are therefore pleased to present the second report in this series: *The Administration of Electro-convulsive Therapy in Approved Centres: Activity Report 2009*. The report uses data provided to the Commission by approved centres in accordance with the *Rules (2006) and Code of Practice (2008) Governing the use of Electro-convulsive Therapy*¹, which regulate the administration of ECT in approved centres.

The report aims to provide a picture of the administration of ECT nationally, regionally and in individual services in 2009. Approved centres should use the data presented in these annual reports to inform the quality improvement process in mental health services. This in turn should assist services to achieve compliance with Standard 8.3 of the *Quality Framework for Mental Health Services - Corporate governance* underpins the management and delivery of the mental health service.

Some changes have been made to the report format this year. We present data for each of the HSE super catchment areas and show data for the national intellectual disability service, child & adolescent approved centres and approved centres in the independent sector. We also compare data for 2009 with data collected in 2008. Care should be taken when interpreting changes in the administration of ECT from 2008 to 2009 as the time period is very short and it is not possible to elicit any trends.

Data coverage

We present data for all centres which were entered on the Register of Approved Centres at any point during 2009 and which were accepting admissions during the year. Three approved centres were entered on the Register of Approved Centres in 2009. These were: the Adolescent In-patient Unit at St Vincent's Hospital (January 2009), the Haven Children's Residential Unit (September 2009) and the Child & Adolescent Mental Health In-patient Unit, St Stephen's Hospital (October 2009). Although Haven Children's Residential Unit was registered in 2009, it did not accept admissions until 2010 and therefore is not included in this report. Kylemore Clinic ceased to operate as an approved centre in April 2009.

Sixty-six approved centres were therefore eligible for inclusion in this year's report.

Quality Assurance & Validation of Data

- Data were required in four quarterly reports as opposed to one aggregate report for the whole year. Collecting data on a quarterly basis makes the data collation and validation process easier. Data was extracted locally from the ECT Register and returned to the Mental Health Commission in aggregate format using the template as shown in Appendix 1.
- A draft annual report based on the four quarterly reports was sent to data collectors in approved centres on 12 April 2010 for verification. They were requested to sign off on the data by 30 April 2010. Where data were outstanding, reminders were sent. It was only possible to commence

¹ An updated Version 2 of the Rules Governing the Use of Electroconvulsive Therapy in Approved Centres and an updated Version 2 of the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients came into effect on 01 January 2010. However, the provisions of Version 1 of the rules and code applied to all administration of ECT in 2009.

working on this report once all signed off data was returned, which was not until the end of November 2010.

- In addition to the quarterly reports, approved centres that administered ECT in 2009 were asked to complete a template (see Appendix 1) regarding administration of ECT to individual patients. The purpose of these data was to enable us to report on the number of individuals that were administered ECT in 2009. Unfortunately, it has not been possible to include analysis on these data in the report as there were incomplete returns (data for 5 approved centres missing) and some validation issues; these matters will be addressed for 2010 activity report.
- The individual's right to privacy, dignity and autonomy are central to the operations of the Commission. Therefore, quarterly data were requested in aggregate format with no individual patient identifiers included. Patient Identifiers were disassociated from data returned in relation to administration of ECT to individual patients.

Data limitations

- The report includes comparisons between data for 2008 and 2009. Care should be taken when interpreting changes in the administration of ECT from 2008 to 2009 as the time period is very short and it is not possible to elicit any trends.
- Quarterly ECT data were returned in aggregate format with no individual patient identifiers (to protect the individual's right to privacy). This limits the extent of data analysis that can be carried out.
- Approved Centres vary in size and the type of service they deliver. Therefore, comparative analysis between Approved Centres is crude. (For information regarding individual services see the Mental Health Commission's Approved Centre Inspection Reports 2009 www.mhcirl.ie and the Health Research Board, HRB Statistics Series 9 Activities of Irish Psychiatric Units and Hospitals 2009 www.hrb.ie)
- Each entry in the ECT Register relates to a programme of ECT and as a programme of ECT can be up to 12 treatments of ECT, the patient's legal status may change during this time. The ECT Register associated with Version 1 of the rules and code of practice did not have a field that captured change in legal status, therefore this 2009 report does not include such data. However, this field was added to the ECT Register with effect from 01 January 2010 and will be reported on in relation to 2010 activity data.
- In 2008 it appeared that there was underreporting regarding programmes of ECT administered to patients (voluntary or involuntary) that were referred from one approved centre to another for the administration of ECT. Approved centres were reminded to complete returns in relation to all programmes of ECT and it would appear that this is less of an issue in 2009. The ECT register was revised, with effect from 01 January 2010, to include a question regarding whether the programme related to a patient of the approved centre or one that was referred from another approved centre.

- Data on the administration of ECT is processed manually and this therefore limits the Commission on what it can reasonably request. A national mental health information system would enable the Commission to request additional information that would facilitate enhanced reporting and the comparison of national data with international data.
- There is a dearth of current published ECT data from other jurisdictions; therefore, it is difficult to compare the administration of ECT in Ireland in the international context. Scotland has published 2009 ECT data² and where appropriate these data are referred to in this report.

Information regarding admissions to approved centres in 2009

Information regarding admission activity in 2009 may provide some context in relation to the ECT data.

The following information was reported by the Health Research Board³ regarding admission activity in 2009:

- There were 20,195 admissions to approved centres in 2009 a rate of 476.3 per 100,000 population.
- There were an equal proportion of male and female admissions.
- Depressive disorders accounted for 30% and schizophrenia accounted for 20% of all admissions in 2009.

Table 1 shows the number of involuntary admissions (Form 6 admissions and Form 13 re-grade of a voluntary patient) of adults reported by the Mental Health Commission⁴ in 2009.

Table 1: Number of Involuntary admissions by quarter in 2009.

	Q1	Q2	Q3	Q4	TOTAL
Number of Involuntary admissions (Form 6 admissions and Form 13 re-grades of voluntary patients)	515	533	516	460	2,024

Mental Health Commission data regarding involuntary admissions includes Form 13 re-grades of voluntary patients, whereas the HRB report on legal status as recorded on admission.

² Scottish ECT Accreditation Network Annual Report 2010, Reporting on 2009

³ Daly A, Walsh D. HRB Statistics Series 9 Activities of Irish Psychiatric Units and Hospitals 2009. Health Research Board (2010)

⁴ Mental Health Commission http://www.mhcirl.ie/Mental_Health_Tribunals/Involuntary_Admission_Activity

2. Electro-convulsive Therapy (ECT) Report

2.1 Definition of ECT

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 illnesses⁵.

2.2 Recording Programmes of ECT

The *Rules and Code of Practice Governing the Use of Electro-convulsive Therapy* prescribe that the ECT Register must be completed for the patient/voluntary patient on conclusion of a programme⁶ of ECT and a copy filed in the patient's/voluntary patient's clinical file. As a programme of ECT may have been commenced in one quarter and completed in another, each programme is counted in the quarter in which it was concluded as this is when the ECT register is completed in full.

2.3 ECT Data Analysis

Data overview

Data are presented for all of 2009 and for each quarter as appropriate. Data on the number of programmes of ECT administered are presented nationally, by super catchment area and service type and by individual approved centre.

Table 2 shows that 24 (36.4%) approved centres (n = 66) reported administration of ECT in 2009. The number of centres is unchanged from 2008, however there are some changes regarding which centres administered ECT (see Table A1, Appendix 2 for details of data returned by individual approved centres). It is also possible to provide some breakdown regarding centres that referred patients to another approved centre for administration of ECT in 2009.

Table 2: Overview of 2008 and 2009 data returns for All Approved Centres. Numbers and Percentages.

Year	Data return type				Total
	√	NR	DNA	Ref O/AC	
2008	24 (37.5%)	12 (18.75%)	28 (43.75%)	*	64
2009	24 (36.4%)	8 (12.1%)	31 (47.0%)	3 (4.5%)	66

*This data was not available for inclusion in the 2008 Activity Report.

√ = Positive data returns (indicated that had administered one or more programmes of ECT)

NR = Nil returns (indicated zero administration of ECT in 2009)

DNA = Do not administer (indicated that they do not administer ECT in their centre)

Ref O/AC = Patients referred to another approved centre for administration of ECT and data reported by the approved centre that administered ECT.

⁵ "mental illness" means a state of mind of a person which affects the person's thinking, perceiving, emotion or judgment and which seriously impairs the mental function of the person to the extent that he or she requires care or medical treatment in his or her own interest or in the interest of other persons.

⁶ A programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist.

Administration of ECT by Super Catchment Area, Approved Centre and Service Type

There were 373 programmes of ECT administered in 2009. This represents a rate of 8.8 programmes per 100,000 total population. There was a slight decrease of 34 programmes of ECT on the number of programmes reported in 2008 (n=407). Table 3 shows the percentage change in number of programmes of ECT administered between 2008 and 2009 by approved centre. Data are also broken down by super-catchment area and service type. Only approved centres and super-catchment areas in which the administration of ECT was recorded during these two years are displayed in the table.

There was a large variance in the number of programmes of ECT administered by approved centres (see Table 3); this is consistent with what was reported in 2008 and has been previously reported by the Health Research Board⁷ and the Inspector of Mental Health Services⁸. When looking at these data variables such as the number of beds in the approved centre and the number of admissions in 2009 are worth considering, this information is included in Table 3.

St Patrick's Hospital reported the highest number of programmes of ECT (n=126) accounting for a third (33.8%) of all programmes of ECT. St Patrick's Hospital was the largest approved centre in 2009 (238 beds) and had the highest number of admissions in 2009 (n=2,253). St Brigid's Hospital, Ballinasloe had the second highest number of programmes (n=38) which represents 10.2% of all programmes followed by Department of Psychiatry, Waterford Regional Hospital (n=26) which accounted for 7% of all programmes. St Brigid's Hospital, Ballinasloe a 94 bed unit had 472 admissions in 2009 and Department of Psychiatry, Waterford Regional Hospital a 44 bed unit reported 649 admissions.

Eleven super-catchment areas reported they had administered ECT in 2009. The super-catchment area which recorded the highest number of programmes of ECT (n=61) and rate per 100,000 population (14.7) in 2009 was West (Galway, Mayo and Roscommon). This was followed by Waterford/Wexford which reported 33 programmes of ECT and a rate of 12.9 programmes per 100,000 population. Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath reported the next highest number of programmes of ECT (n=29) but Carlow/Kilkenny/South Tipperary reported the next highest number of programmes per 100,000 (9.7 programmes).

The national average number of treatments per programme of ECT was 7.2; this is slightly lower than the mean number of treatments per programme (episode) reported in Scotland in 2009⁹ where a mean of 8.2 treatments was recorded. There was some variance between approved centres regarding the mean number of treatments administered per programme of ECT ranging from 3 treatments in Acute Mental Health Admission Unit, Kerry General Hospital to 9.5 treatments in Newcastle Hospital.

⁷ Daly A, Walsh D, Moran R, O'Doherty YK. Activities of the Irish Psychiatric Services 2003. Health Research Board (2004)

⁸ Mental Health Commission. Annual Report 2004 Including the Report of the Inspector of Mental Health Services 2004.

⁹ Scottish ECT Accreditation Network Annual Report 2010, Reporting on 2009

Table 3: Administration of ECT in Approved Centres in 2008 and 2009. Numbers and percentage change. Bed Numbers in 2009 and Admissions in 2009.

Catchment Area	Approved Centre Name	Number of Programmes of ECT in 2008	Number of Programmes of ECT in 2009	Difference	% Change	Bed Numbers in 2009	Admissions in 2009
Dun Laoghaire, Dublin South-East & Wicklow¹⁰							
Dublin South East	Elm Mount Unit, St Vincent's University Hospital (2009 data includes 8 programmes of ECT administered to patients referred from St Brendan's Hospital and Central Mental Hospital, this type of data was not included in 2008 returns)	12	16	4	33.3%	39	311
East Wicklow	Newcastle Hospital	4	2	-2	-50.0%	55	436
Total Dun Laoghaire, Dublin South-East & Wicklow		16	18	2	12.5%		
Total per 100,000 population Dun Laoghaire, Dublin South-East & Wicklow (excluding Cluain Mhuire population)		8.0	9.0				
Dublin West/Dublin South West & Dublin South City							
Dublin South City	Jonathan Swift Clinic (Patients referred to St Patrick's Hospital for administration of ECT but centre returned data in relation to its own patients in 2008 and 2009)	14	9	-5	-35.7%	51	456
Dublin South West	Acute Psychiatric Unit AMNCH, Tallaght	12	4	-8	-66.7%	52	565
Total Dublin West/Dublin South West & Dublin South City		26	13	-13	-50.0%		
Total per 100,00 population Dublin West/Dublin South West & Dublin South City		6.7	3.3				
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath							
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	12	10	-2	-16.7%	29	389
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	4	15	11	275.0%	46	645
Longford/Westmeath	St Loman's Hospital, Mullingar	11	4	-7	-63.6%	115	511
Total Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		27	29	2	7.4%		
Total per 100,000 population Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		5.9	6.3				

¹⁰ The Cluain Mhuire catchment area admits patients to St John of God Hospital Limited, an approved centre in the independent sector, as the HSE purchases in-patient places in this facility for Cluain Mhuire patients. Data for the Dun Laoghaire/Dublin South East & Wicklow super-catchment area do not include data from patients of the Cluain Mhuire (Dun Laoghaire) catchment area who may have been administered ECT in St John of God Hospital Limited as St John of God Hospital return all data in aggregate format without any differentiation between private and public patients.

Table 3 continued

Catchment Area	Approved Centre Name	Number of Programmes of ECT in 2008	Number of Programmes of ECT in 2009	Difference	% Change	Bed numbers in 2009	Admissions in 2009
Cavan/Monaghan, Louth Meath							
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital (DNA ECT in 2008 and ECT suite only operational in Q3 & Q4 2009)	0	3	3	-	20	130
Total Cavan/Monaghan, Louth Meath		0	3	3	-		
Total per 100,000 population Cavan/Monaghan, Louth Meath		-	0.8				
Dublin North Central/North West Dublin							
Dublin City - North Central	St Aloysius Ward, Mater Misericordiae Hospital (2009 data includes 1 programme of ECT administered to a patient referred from St Vincent's Hospital)	8	5	-3	-37.5%	15	147
Dublin City - North Central	St Vincent's Hospital (ECT administered in the Mater Hospital, in 2008 St Vincent's returned data in relation to their patients however in 2009 such programmes of ECT were included in returns from the Mater)	3	R/OAC	-	-	87	526
Total Dublin North Central/North West Dublin		11	5	-6	-54.5%		
Total per 100,000 population Dublin North Central/North West Dublin		3.5	1.6				
North Lee/North Cork							
North Lee	St Michael's Unit, Mercy Hospital	2	0	-2	-100.0%	50	670
Total North Lee/North Cork		2	0	-2	-100.0%		
Total per 100,000 population North Lee/North Cork		0.8	0				
South Lee/West Cork/Kerry							
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital	7	1	-6	-85.7%	44	748
South Lee	South Lee Mental Health Unit, Cork University Hospital	0	1	1	-	46	535
Total South Lee/West Cork/Kerry		7	2	-5	-71.4%		
Total per 100,000 population South Lee/West Cork/Kerry		1.9	0.5				

Table 3 continued

Catchment Area	Approved Centre Name	Number of Programmes of ECT in 2008	Number of Programmes of ECT in 2009	Difference	% Change	Bed numbers in 2009	Admissions in 2009
Waterford/Wexford							
Waterford	Department of Psychiatry, Waterford Regional Hospital	27	26	-1	-3.7%	44	649
Wexford	St Senan's Hospital	13	7	-6	-46.2%	102	660
Total Waterford/Wexford		40	33	-7	-17.5%		
Total per 100,000 population Waterford/Wexford		15.6	12.9				
Carlow/Kilkenny/South Tipperary							
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	9	8	-1	-11.1%	44	487
South Tipperary	St Michael's Unit, South Tipperary General Hospital	8	12	4	50.0%	49	690
Total Carlow/Kilkenny/South Tipperary		17	20	3	17.6%		
Total per 100,000 population Carlow/Kilkenny/South Tipperary		8.3	9.7				
Donegal, Sligo, Leitrim, West Cavan							
Donegal	Acute Psychiatric Unit, Carnamuggagh	2	11	9	450.0%	38	560
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services	4	8	4	100.0%	52	527
Total Donegal, Sligo, Leitrim, West Cavan		6	19	13	216.7%		
Total per 100,000 population Donegal, Sligo, Leitrim, West Cavan		2.5	8.0				
Mid-West (Limerick, North Tipperary, Clare)							
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	8	4	-4	-50.0%	39	397
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	21	16	-5	-23.8%	50	605
Total Limerick, North Tipperary, Clare/Mid-West		29	20	-9	-31.0%		
Total per 100,000 population Limerick, North Tipperary, Clare/Mid-West		8.0	5.5				
West (Galway, Mayo and Roscommon)							
East Galway	St Brigid's Hospital, Ballinasloe	47	38	-9	-19.1%	94	472
Mayo	Adult Mental Health Unit, Mayo General Hospital	12	2	-10	-83.3%	32	400
West Galway	Psychiatric Unit, University College Hospital Galway	22	21	-1	-4.5%	43	594
Total Galway, Mayo and Roscommon/West		81	61	-20	-24.7%		
Total per 100,000 population Galway, Mayo and Roscommon/West		19.6	14.7				

Catchment Area	Approved Centre Name	Number of Programmes of ECT in 2008	Number of Programmes of ECT in 2009	Difference	% Change	Bed numbers in 2009	Admissions in 2009
Independents							
N/A	St John of God Hospital Limited	21	24	3	14.3%	183	1353
N/A	St Patrick's Hospital	124	126	2	1.6%	238	2253
Total Independents		145	150	5	3.4%		
Total All Approved Centres		407	373	-34	-8.4%		

Bed Numbers in 2009 are sourced from the Inspector of Mental Health Services Approved Centre Inspection Reports 2009.

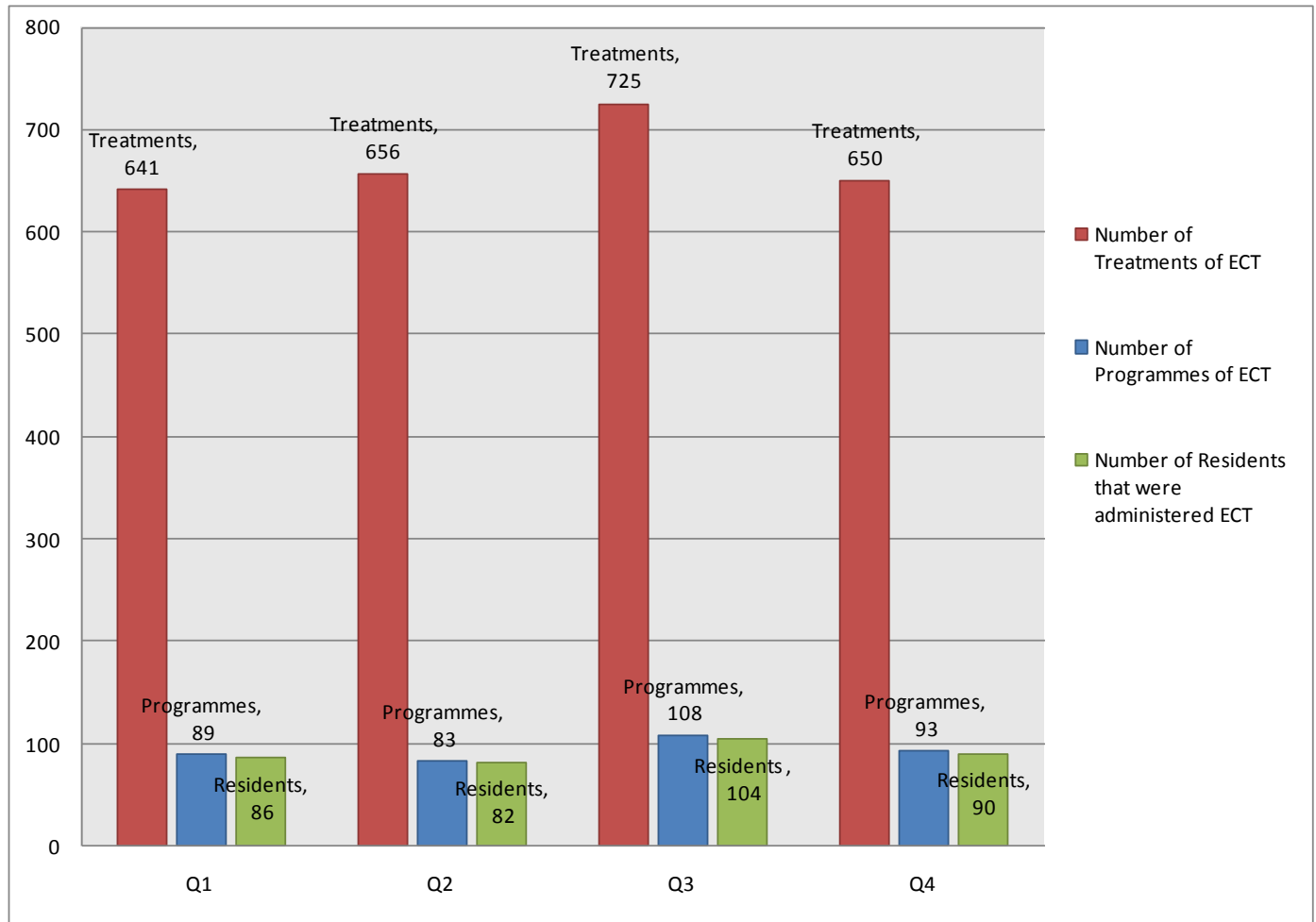
Admissions in 2009 are sourced from the Health Research Board's Statistics Series 9 Activities of Irish Psychiatric Units and Hospitals 2009. These figures only include admissions to approved centres in 2009 and do not account for any residents who were admitted prior to 2009.

Rates per 100,000 population were calculated by multiplying the number of programmes of ECT by 100,000 and dividing by the catchment population. (See Appendix 3 for catchment population figures). For the purpose of this report the population used for Dun Laoghaire, Dublin South-East & Wicklow is 199,775 (total population 372,107- Cluain Mhuire population 172,332).

ECT Data by Quarter

Figure 1 shows that the highest number of programmes¹¹ of ECT (n= 108) were administered in Quarter 3 and the lowest number in Quarter 2 (n=83). As the number of programmes of ECT is greater than the number of residents¹², we can infer that one or more residents received more than one programme of ECT in each quarter. The mean number of treatments per programme was consistent over the course of the year ranging from 6.7 to 7.9 treatments per programme.

Figure 1: Administration of ECT. Number of Treatments, Programmes and Residents by Quarter in 2009.



Legal Status

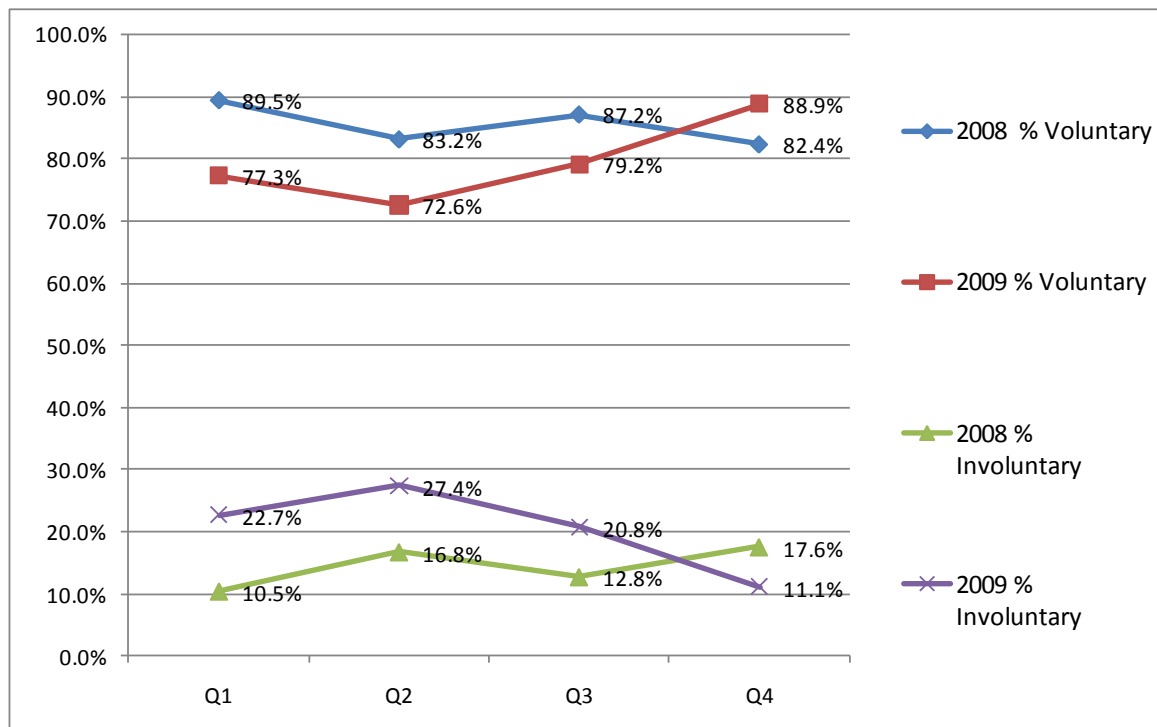
Figure 2 shows that in 2009, the majority of residents that were administered ECT were voluntary patients, at the time when the ECT Register was being completed. The proportion of residents administered ECT who were voluntary was more than 70% in all quarters. This is slightly lower than 2008 when legal status was voluntary for over 80% of residents in all quarters.

As previously stated the data do not currently capture if the patient's legal status changed during the programme of ECT. This makes it difficult to provide any additional analysis on legal status.

¹¹ Programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist.

¹² Resident: means a person receiving care and treatment in a centre.

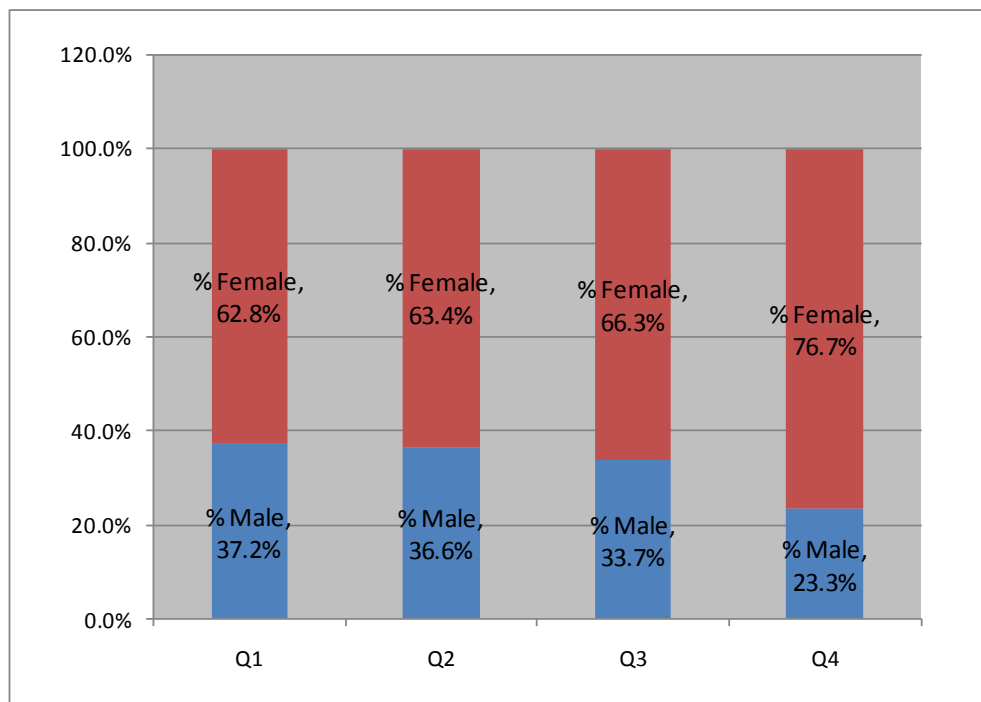
Figure 2: Legal Status of Residents that were administered ECT in 2008 and 2009, percentage of residents by Quarter.



Gender

Overall within the data for the year it was observed that the ratio of female to male residents administered ECT was 2:1 (see Figure 3), as was the case in 2008. This ratio did however vary by approved centre; four approved centres reported that ECT was administered to a higher ratio of male than female residents.

Figure 3: Gender of Residents that were administered ECT, percentage by Quarter in 2009.

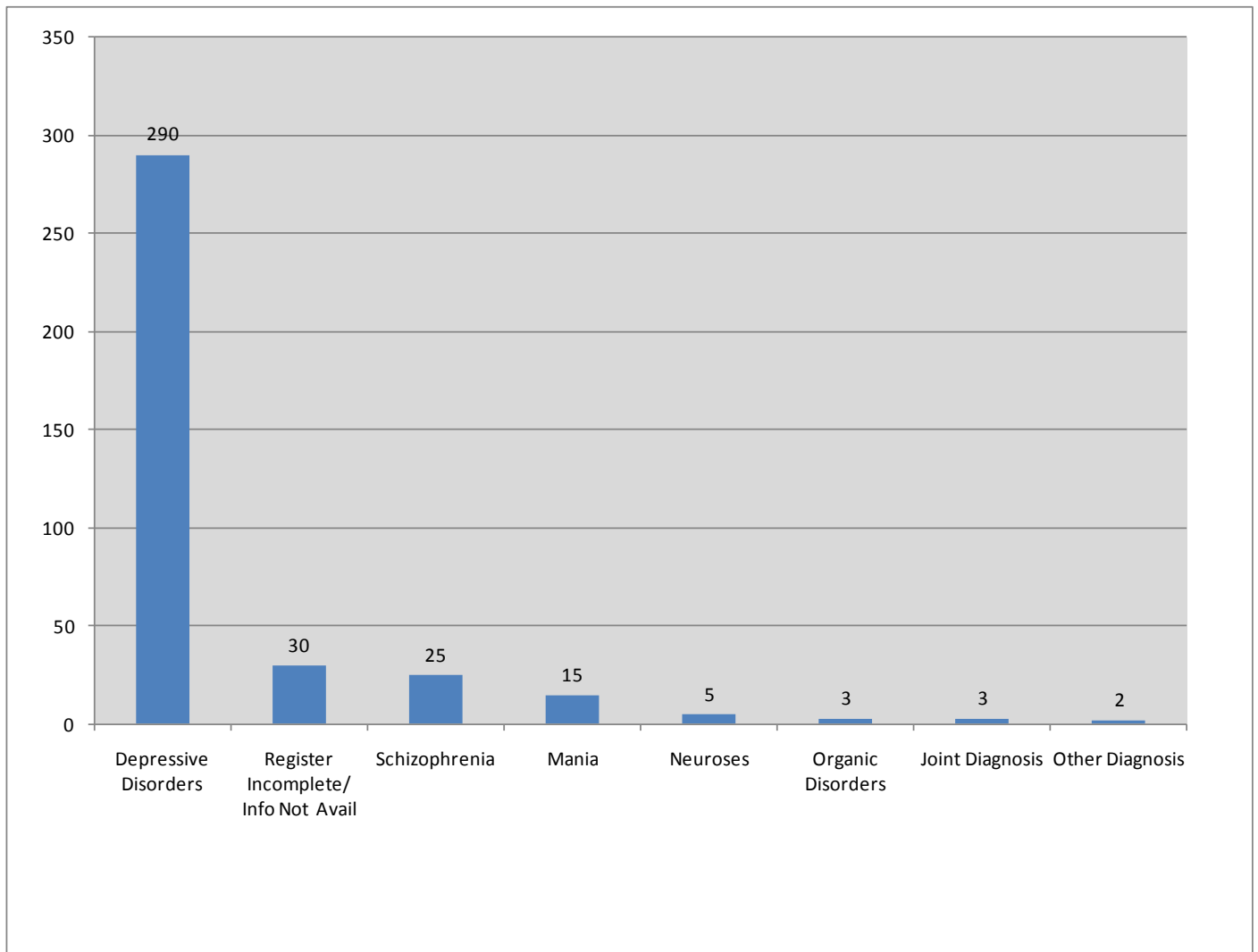


Diagnosis

Depressive disorders were indicated for over three quarters 78% (n=290) of all programmes of ECT administered in 2009. Schizophrenia (n=25) and Mania (n=15) were the next most common ICD-10 diagnoses (Figure 4), this is relatively unchanged from what was indicated in 2008.

Diagnosis was missing in relation to 30 programmes of ECT. This occurred either because the ECT register was not completed or the information was still missing following data validation.

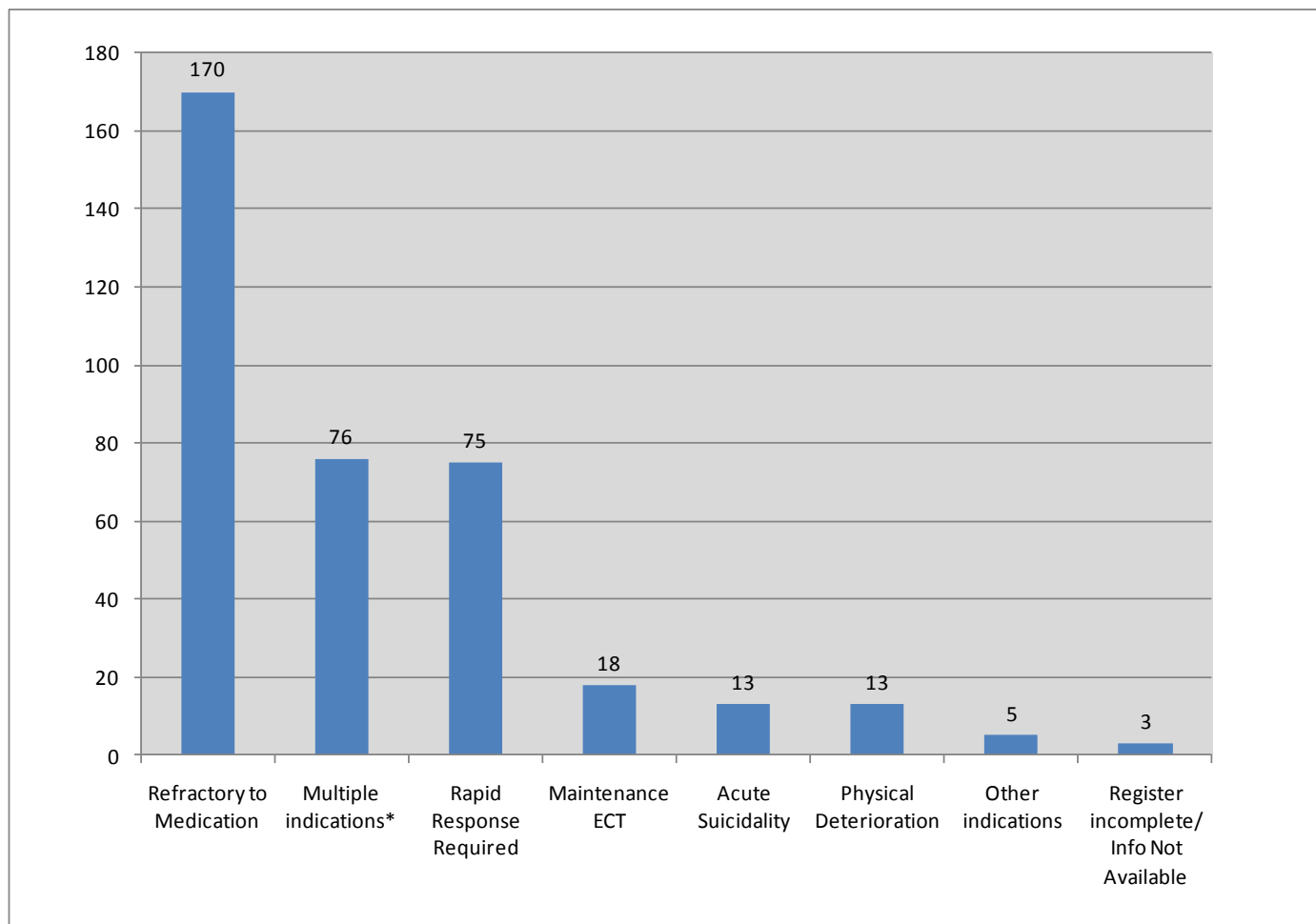
Figure 4: Diagnosis, numbers of programmes in 2009.



Indications for ECT

In 2009, refractory to medication was reported as the most prevalent indication for ECT and accounted for almost half 45.6% (n=170) of all programmes of ECT, see Figure 5. This was followed by multiple indications 20.4% (n=76) and rapid response required for 20.1% (n=75), this is relatively unchanged since 2008.

Figure 5: Indications for ECT, number of programmes in 2009.

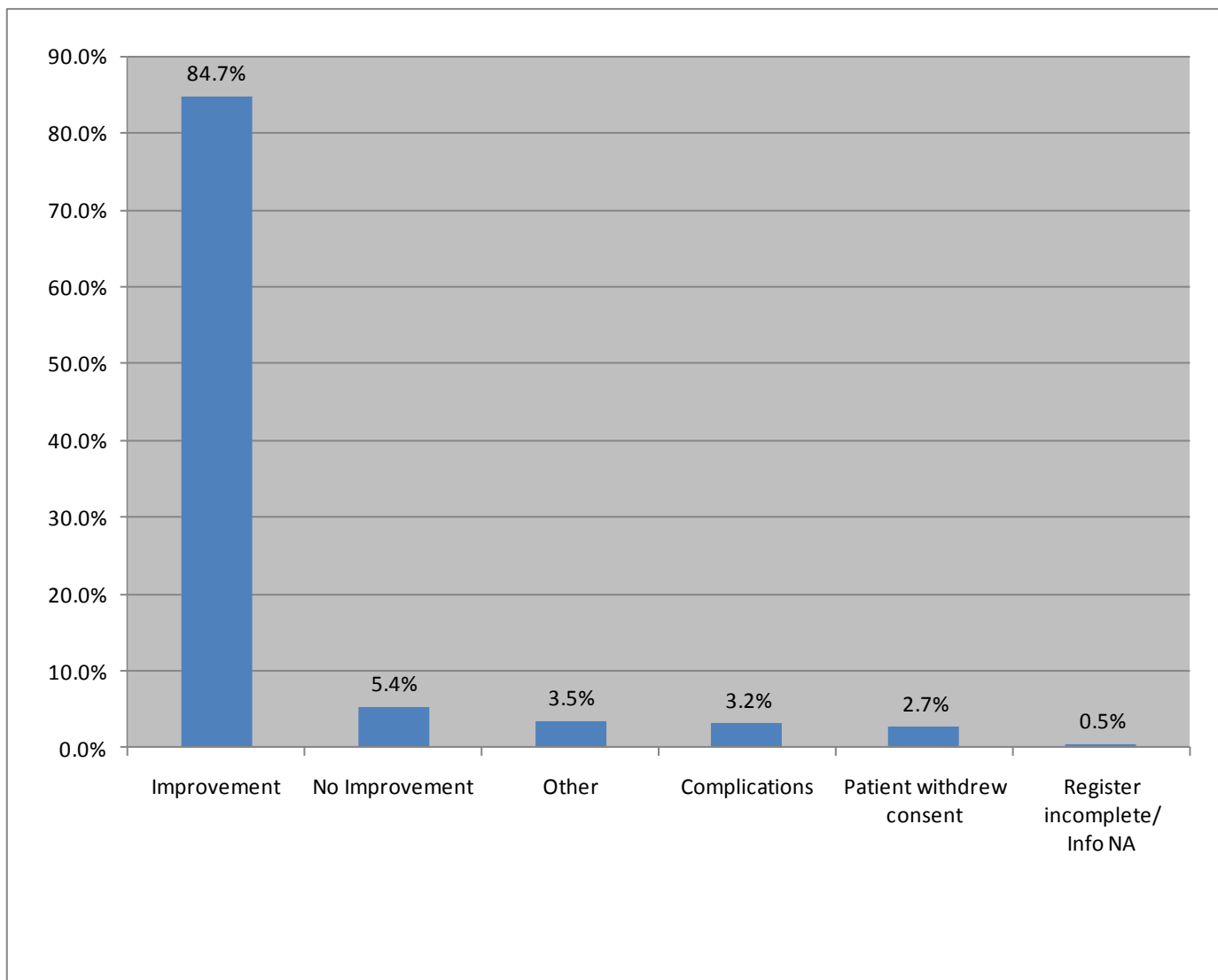


* Multiple indications means a combination of two or more of the following: acute suicidality, maintenance ECT, physical deterioration, rapid response required and refractory to medication.

Reason for termination of ECT

Figure 6 shows that improvement was indicated (on the ECT Register by the consultant psychiatrist responsible for the care and treatment of the resident) as the reason for termination of ECT in the majority of programmes of ECT 84.7% (n=316). This represents a slight increase from 2008 when improvement was indicated in relation to 70.8% (n=288) programmes of ECT. No improvement was reported as the reason for termination of ECT in 5.4% (n=20) of programmes and a further 5.9% (n=22) of programmes were terminated due to complications or where the patient withdrew consent.

Figure 6: Reason for termination of ECT, percentage of programmes in 2009



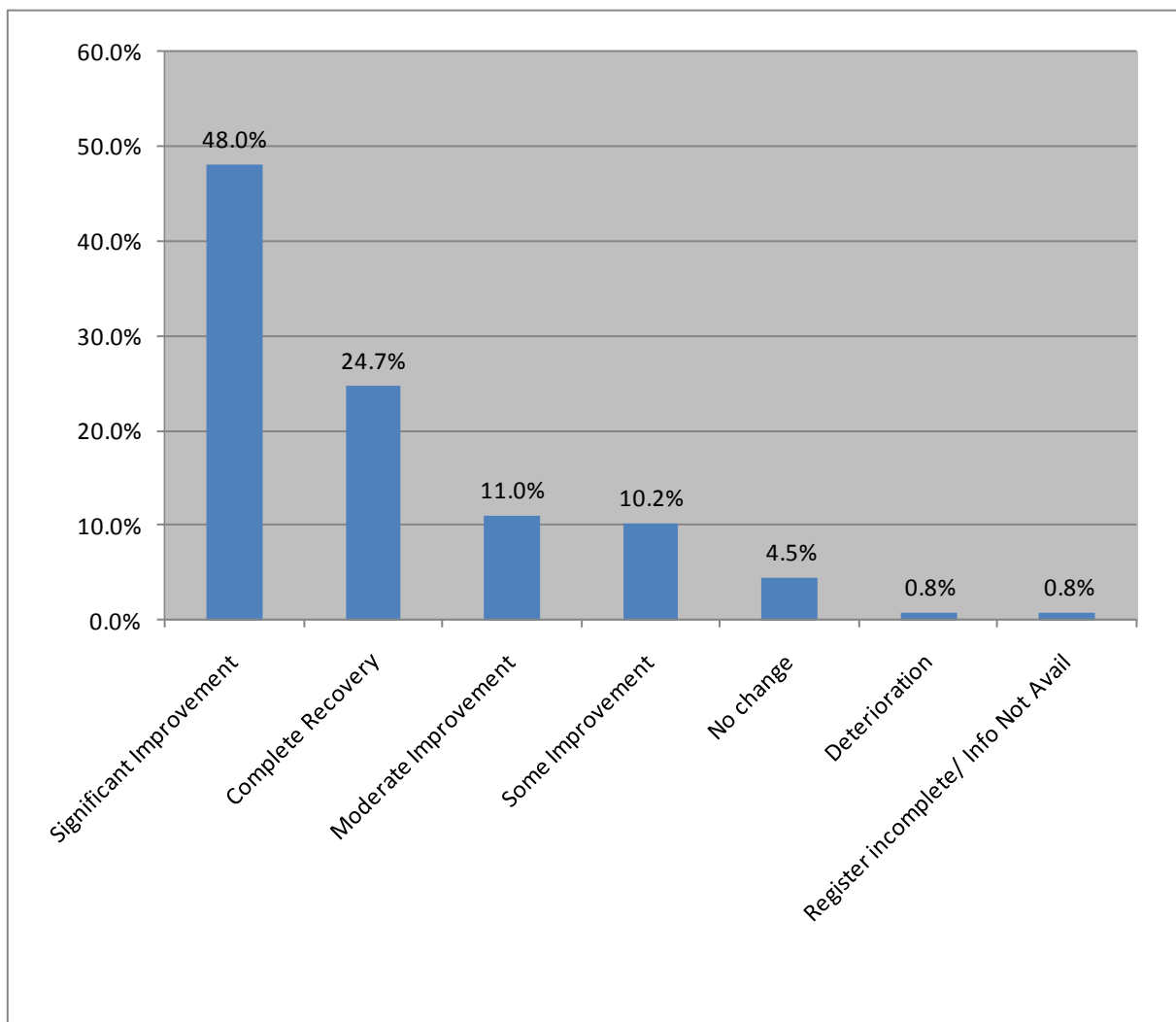
Outcome at termination of ECT

Figure 7 shows that 93.9% of all programmes of ECT in 2009 were reported to have varying levels of recovery as their treatment outcome (as recorded on the ECT Register by the consultant psychiatrist responsible for the care and treatment of the resident).

The outcome in 24.7% (n=92) of programmes was complete recovery, the overall mean ratio of complete recovery to number of programmes was 0.25, or for every 10 programmes 2.5 were on average described as having this treatment outcome.

Less than 6% of programmes had an outcome of no change or deterioration.

Figure 7: Outcome at termination of ECT, percentage of programmes in 2009.



2.4 Administration of ECT without consent

Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult)

Where a patient is unable to give consent or is unwilling to give consent, Section 59 (1)(b) of the Mental Health Act 2001 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.*
- (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.*

The Rules specify that Form 16: Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult) must be completed by both consultant psychiatrists and placed in the patient's clinical file. A copy must also be sent to the Mental Health Commission.

Based on the data that were returned to the Commission, 44 out of 373 programmes of ECT (11.8%) were administered to involuntary patients who were either unable or unwilling to give consent in 2009, this is unchanged from 2008.

Fifty four Form 16s were received by the Commission in 2009. After data validation, it was confirmed that the administration of ECT without consent did not proceed in 10 of these cases. The data below are in relation to the 44 forms where ECT without consent was administered in 2009. In 2008, 55 Form 16s were received by the Commission, it was confirmed that the administration of ECT without consent did not proceed in relation to six of these forms and did proceed in relation to 49.

The 44 forms returned were in relation to 40 individual patients, three of whom were administered more than one programme of ECT without consent.

A higher proportion of females (62.5%) than males (37.5%) were administered ECT without consent which is a slight change on 2008 when the gender breakdown was almost equal. Just over half (55%) of patients were between 18 and 64 years of age and 45% were 65 years of age or older, relatively unchanged on 2008.

Less than a third 30.3% (n=20) of all approved centres (n=66) sent Form 16s to the Commission in 2009 (Table 4). Due to the small numbers and sensitive nature of the information the number of forms returned by each centre is not provided.

Table 4: Approved Centres that sent Form 16s to the Mental Health Commission in 2009

Catchment Area	Approved Centre Name
Dun Laoghaire, Dublin South-East & Wicklow	
Dublin South East	Elm Mount Unit, St Vincent's University Hospital
Dublin West/Dublin South West & Dublin South City	
Dublin South City	Jonathan Swift Clinic, St James's Hospital*
Dublin South West	Acute Psychiatric Unit, AMNCH, Tallaght
*Referred patient(s) to another approved centre for ECT treatment, they made their own data return in relation to the programmes of ECT that were administered to their patients in 2009	
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath	
Kildare/West Wicklow	Lakeview Unit, Naas General Hospital
Longford/Westmeath	St Loman's Hospital, Mullingar
Cavan/Monaghan, Louth Meath	
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital
Dublin North Central/North West Dublin	
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital
Dublin North Central	St Vincent's Hospital**
Dublin North West	St Brendan's Hospital**
**Referred patient(s) to other approved centres for the administration of ECT. The approved centres which administered ECT included these programmes of ECT in their 2009 data returns.	
Waterford/Wexford	
Waterford	Department of Psychiatry, Waterford Regional Hospital
Carlow/Kilkenny/South Tipperary	
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny
South Tipperary	St Michael's Unit, South Tipperary General Hospital
Donegal, Sligo, Leitrim, West Cavan	
Donegal	Acute Psychiatric Unit, Carnamuggagh, Letterkenny
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services
Mid-West (Limerick, North Tipperary, Clare)	
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital
West (Galway, Mayo and Roscommon)	
East Galway	St Brigid's Hospital, Ballinasloe
West Galway	Psychiatric Unit, University College Hospital Galway
National Forensic Service	
National Forensic Service	Central Mental Hospital***
***Referred patients to another approved centres for the administration of ECT. The approved centre which administered ECT included these programmes of ECT in their 2009 data returns.	

Table 4 continued

Independent Service Providers	
N/A	St John of God Hospital
N/A	St Patrick's Hospital

As required by S59 of the Mental Health Act 2001 the consultant psychiatrist responsible for the care and treatment of the patient ('treating consultant psychiatrist'), must approve the programme of ECT without consent and it must be authorised by 'another consultant psychiatrist' following referral of the matter to him or her by the first mentioned psychiatrist. Form 16 requires that each consultant psychiatrist must indicate whether, in their clinical judgement, the patient is unable or unwilling to give consent. Table 5 gives a breakdown of what was indicated by each consultant psychiatrist on the Form 16s sent to the Commission in 2009.

Table 5: Patient unable or unwilling to give consent. Number and percentage of Form 16s returned to the Commission in 2009.

	Administration of ECT without consent <u>did proceed</u>		Administration of ECT without consent <u>did not proceed</u>		All Form 16s returned in 2008	
	Number of Forms	% of Forms	Number of Forms	% of Forms	Number of forms	% of Forms
Unable or unwilling to give consent						
Both consultant psychiatrists indicated the patient was unable	33	75.0%	5	50.0%	38	70.4%
Both consultant psychiatrists indicated the patient was unwilling	9	20.5%	2	20.0%	11	20.4%
Treating consultant psychiatrist indicated the patient was unable and Another consultant psychiatrist indicated the patient was unwilling	0	0.0%	2	20.0%	2	3.7%
Treating consultant psychiatrist indicated the patient was unwilling and Another consultant psychiatrist indicated the patient was unable	2	4.5%	1	10.0%	3	5.5%
Total	44	100.0%	10	100.0%	54	100.0%

3. Conclusion and Recommendations

This report has described activity in relation to the administration of ECT in approved centres during 2009. Overall, the data show that there were 373 programmes of ECT administered to inpatients in approved centres in 2009 an 8.4% decrease on the number of programmes reported in 2008. Almost 90% of programmes were administered to patients who were capable of giving consent. The majority of patients that were administered ECT had a diagnosis of Depressive disorders and there was a higher rate of administration of ECT to females than males. Overall the use of ECT in Ireland, in 2009, is in line with what has been reported in Scotland for the same period.

There are currently no national clinical guidelines for ECT in Ireland however, guidelines produced by NICE¹³ recommend that ECT is used only to achieve rapid and short-term improvement of severe symptoms after an adequate trial of other treatment options has proven ineffective and/or when the condition is considered to be potentially life-threatening, in individuals with: severe depressive illness; catatonia; a prolonged or severe manic episode. The data reported to the Commission would appear to indicate that ECT administered in Ireland is in keeping with these guidelines.


Where the data presented in these annual reports are used to inform the quality improvement process in approved centres, this will assist services to achieve compliance with Standard 8.3 of the *Quality Framework for Mental Health Services* relating to corporate governance.

Ideally these data would be collected at an individual level which could facilitate evaluation of not only service capacity and utilisation but also understanding, measuring and evaluating treatment outcomes and ensuring the highest standard of patient care. We will continue to work with services to enhance the quality of the data and usefulness of these annual reports.

Finally, the Commission acknowledges that in the absence of mental health information systems the process of manual data collection and verification can be an arduous task for services and appreciates the co-operation of all those involved in returning the information requested to enable us to compile this activity report.

¹³ National Institute for Clinical Excellence (2003). *Guidance on the Use of Electroconvulsive Therapy (Technology Appraisal 59)*. National Institute for Clinical Excellence.

Appendix 1 – ECT Data collection templates used in 2009

Section 59(2) Rules and Section 33(3)(e) Code of Practice on the Use of Electro-convulsive Therapy Report on the Use of Electro-convulsive Therapy Information should be sourced directly from the ECT Register. Please read the accompanying guidance before completing the template.						
1.	Quarter:	Year: 2009				
2.	(a) Approved Centre Name					
	(b) Referring Approved Centre Name (if applicable)					
						Total
3.	Number of Programmes of ECT administered					
		Involuntary	Voluntary	WOC		Total
4.	Number of Residents that were administered ECT					
		Female	Male			Total
5.	Gender (breakdown of residents)					
6.	Primary ICD 10 Diagnosis					
7.	Indications for ECT					
a.	One Indication for a Single Programme of ECT					
	Rapid Response Required					
	Acute Suicidality					
	Physical Deterioration					
	Refractory to Medication					
	Maintenance ECT					
	Other (please specify if information provided on the ECT Register)					
b.	Multiple Indications for a Single programme of ECT (if there were multiple indications ticked on the ECT Register for a single programme of ECT please specify the combination below)					
8.	Total Number of Treatments Administered					
9.	Reason for Termination of Treatment					
	Improvement					
	No Improvement					
	Patient Withdrew Consent					
	Complications					
	Other					
10.	Outcome at termination of ECT					
	Complete Recovery					
	Significant Improvement					
	Moderate Improvement					
	Some Improvement					
	No Change					
	Deterioration					
11.	Report Completed by:					
	Name:	Job title:	Date (dd/mm/yyyy):			

Appendix 2 – Overview of 2008 and 2009 Data Returns

Table A1: Type of ECT data return by Approved Centres in 2008 and 2009

Catchment Area	Approved Centre Name	2008 Data Type	2009 Data Type
Dun Laoghaire, Dublin South-East & Wicklow			
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	√	√
East Wicklow	Newcastle Hospital	√	√
Dublin West/Dublin South West & Dublin South City			
Dublin South City	Jonathan Swift Clinic	√*	√*
Dublin South West	Acute Psychiatric Unit AMNCH	√	√
Dublin South West	St Loman's Hospital, Palmerstown	DNA	DNA
*ECT was administered to patients from Jonathan Swift Clinic in another approved centre however they made their own data return in relation to the programmes of ECT that were administered to their patients in 2008 and 2009			
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath			
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	√	√
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	√	√
Laois/Offaly	St Fintan's Hospital	DNA	DNA
Longford/Westmeath	St Loman's Hospital, Mullingar	√	√
Cavan/Monaghan, Louth Meath			
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital*	DNA	√
Cavan/Monaghan	St Davnet's Hospital - Wards 4, 8 and 15	NR	DNA
Louth/Meath	Department of Psychiatry, Our Lady's Hospital, Navan	NR	NR
Louth/Meath	St Brigid's Hospital, Ardee	NR	NR
*ECT suite in APU, Cavan only operational in Q3 & Q4 2009			
Dublin North			
Dublin North	St Ita's Hospital - Mental Health Services	DNA	DNA
Dublin North Central/North West Dublin			
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital	√	√
Dublin North Central	St Vincent's Hospital	√	Ref O/AC
Dublin North West	St Brendan's Hospital	DNA	Ref O/AC
Dublin North West	Department of Psychiatry, Connolly Hospital	DNA	DNA
Dublin North West	Sycamore Unit, Connolly Hospital	DNA	DNA
North Lee/North Cork			
North Cork	St Stephen's Hospital	DNA	DNA
North Lee	Carraig Mór Centre	DNA	DNA
North Lee	St Michael's Unit, Mercy Hospital	√	NR

Table A1 continued

Catchment Area	Approved Centre Name	2008 Data Type	2009 Data Type
South Lee/West Cork/Kerry			
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital	√	√
Kerry	St Finan's Hospital	DNA	DNA
South Lee	South Lee Mental Health Unit, Cork University Hospital	NR	√
South Lee	St Finbarr's Hospital	NR	DNA
West Cork	Acute Psychiatric Unit, Bantry General Hospital	DNA	DNA
Waterford/Wexford			
Waterford	Department of Psychiatry, Waterford Regional Hospital	√	√
Waterford	St Otteran's Hospital	NR	NR
Wexford	St Senan's Hospital	√	√
Carlow/Kilkenny/South Tipperary			
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	√	√
Carlow/Kilkenny	St Canice's Hospital	DNA	DNA
Carlow/Kilkenny	St Dymphna's Hospital	DNA	DNA
South Tipperary	St Luke's Hospital, Clonmel	NR	DNA
South Tipperary	St Michael's Unit, South Tipperary General Hospital	√	√
Donegal, Sligo, Leitrim, West Cavan			
Donegal	Acute Psychiatric Unit, Carnamuggagh	√	√
Donegal	St Conal's Hospital	NR	NR
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services	√	√
Mid-West (Limerick, North Tipperary, Clare)			
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	√	√
Clare	Cappahard Lodge	DNA	DNA
Clare	Orchard Grove	DNA	DNA
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	√	√
Limerick	St Joseph's Hospital	DNA	DNA
Limerick	Tearmann Ward and Curragour Ward, St Camillus' Hospital	DNA	DNA
West (Galway, Mayo and Roscommon)			
East Galway	St Brigid's Hospital, Ballinasloe	√	√
Mayo	Adult Mental Health Unit, Mayo General Hospital	√	√
Mayo	An Coillín	DNA	DNA
Mayo	St Anne's Unit, Sacred Heart Hospital	DNA	DNA
Mayo	Teach Aisling	DNA	DNA
Roscommon	Department of Psychiatry, County Hospital Roscommon	DNA	DNA
West Galway	Psychiatric Unit, University College Hospital Galway	√	√
West Galway	Unit 9A, Merlin Park University Hospital	DNA	DNA

Table A1 continued

Catchment Area	Approved Centre Name	2008 Data Type	2009 Data Type
Child and Adolescent Services			
Child and Adolescent Service	St Anne's Children's Centre	NR	DNA
Child and Adolescent Service	Warrenstown Child & Adolescent Inpatient Unit	DNA	DNA
Child and Adolescent Service	Adolescent Un-patient Unit, St Vincent's Hospital	N/A	NR
Child and Adolescent Service	Child and Adolescent Mental Health In-patient Unit, St Stephen's Hospital	N/A	DNA
National Forensic Service			
National Forensic Service	Central Mental Hospital	NR	Ref O/AC
National Intellectual Disability Service			
National Intellectual Disability Service	St Joseph's Intellectual Disability Services, St Ita's Hospital	DNA	DNA
Independent Service Providers			
N/A	Bloomfield Care Centre - Bloomfield, Kylemore, Owendoher & Swanbrook Wings	DNA	DNA
N/A	Hampstead Private Hospital	NR	NR
N/A	Highfield Private Hospital	NR	NR
N/A	Kylemore Clinic (ceased to operate as an AC on 06/05/2009)	DNA	DNA
N/A	Palmerstown View, Stewart's Hospital	DNA	DNA
N/A	St Edmundsbury Hospital	DNA	DNA
N/A	St John of God Hospital Limited	√	√
N/A	St Patrick's Hospital	√	√

Abbreviations used in Table A1:

√ = Positive data returns (indicated that had administered one or more programmes of ECT)

NR = Nil returns (indicated zero administration of ECT in 2009)

DNA = Do not administer (indicated that they do not administer ECT in their centre)

Ref O/AC = Patients referred to another approved centre for administration of ECT and data reported by the approved centre that administered ECT

N/A = Not applicable, approved centre not operating at the time

Appendix 3 – Population by Super-Catchment Area

Super Catchment Area	Population
Dun Laoghaire/Dublin South-East & Wicklow	372,107
Dublin West/South West & South City	389,750
Kildare/West Wicklow/Laois/Offaly/Longford & Westmeath	457,244
Cavan/Monaghan/Louth & Meath	390,636
Dublin North	222,049
Dublin North Central & North West	312,472
North Lee & North Cork	248,470
South Lee/West Cork & Kerry	372,660
Waterford & Wexford	255,593
Carlow/Kilkenny & South Tipperary	205,245
Donegal/Sligo/Leitrim & West Cavan	238,317
Mid-West	361,028
West	414,277
Total	4,239,848

Appendix 4 – ICD 10 Codes and Diagnostic Groups

ICD-10 diagnostic groups	ICD-10 Code
1. Organic disorders	F00-F09
2. Alcoholic disorders	F10
3. Other drug disorders	F11-F19, F55
4. Schizophrenia, schizotypal and delusional disorders	F20-F29
5. Depressive disorders	F31.3, F31.4, F31.5, F32, F33, F34.1, F34.8, F34.9
6. Mania	F30, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.0
7. Neuroses	F40-F48
8. Eating disorders	F50
9. Personality and behavioural disorders	F60-F69
10. Intellectual disability	F70-F79
11. Development disorders	F80-F89
12. Behavioural and emotional disorders of childhood	F90-F98
13. Other diagnosis	F38, F39, F51-F54, F59, F99
14. Unrecorded	

*ICD-10 codes were summarised into 14 categories for ease of presentation. Diagnostic categories used are as per HRB coding (Daly and Walsh, 2006) however residents without a diagnosis assigned are separated out from the HRB category Other and Unspecified.



Mental Health Commission
Coimisiún Meabhair-Shláinte
St. Martin's House,
Waterloo Road, Dublin 4

Telephone: 01 636 2400
Fax: 01 636 2440

Email: info@mhcirl.ie
Web: www.mhcirl.ie