

# ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT) – UNABLE TO CONSENT

**FORM 16**MENTAL HEALTH  
ACT 2001  
(AS AMENDED)**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

2. Date of Birth

 /  /    

Gender

 M

 F

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

was involuntarily admitted to

  
  
  
 Ward. 

on

4. Date

 /  /    

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)

 /  /    

and I am of the opinion that it would be to the benefit of the patient to be administered electroconvulsive therapy for the following reasons

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

  
  


7. Give details of discussion with and views expressed by the patient

  
  


8. Give details of assistance, if any, provided to the patient in relation to discussion

  
  


9. Give details of your assessment of the patient's ability to consent to treatment

  
  


SIGNATURES REQUIRED ON PAGE 3 >

The notes are for guidance only and do not constitute an exact statement of the provisions of the Mental Health Act 2001 and the Mental Health (Amendment) Act 2015.

The Mental Health Act (2001) (as amended) 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.

#### SECTIONS OF THE MENTAL HEALTH ACT 2001 (AS AMENDED)

- 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.
- 56.— ...“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.
- 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 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.

# ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT) – UNABLE TO CONSENT

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

This patient is unable to give consent to this treatment.

I approve this programme of electroconvulsive therapy.

Signed: \_\_\_\_\_ MCRN: \_\_\_\_\_

(Responsible Consultant Psychiatrist)

Date:   /   /     Time:   :

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

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

**10. 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 for the following reasons

**11. Give details of how  
this treatment will  
benefit the patient**


**12. Give details of  
discussion with and views  
expressed by the patient**


**13. Give details of  
assistance, if any,  
provided to the patient  
in relation to discussion**


**14. Give details of your  
assessment of the patient's  
ability to consent to treatment**


This patient is unable to give consent to this treatment.

I authorise this programme of electroconvulsive therapy.

Signed: \_\_\_\_\_ MCRN: \_\_\_\_\_

(Consultant Psychiatrist)

Date:   /   /     Time:   :

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