Mental Health Commission

Rules

Rules Governing the Use of Electro-Convulsive Therapy

Mental Health Commission
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Preamble[1]

Section 59 of the Mental Health Act 2001 (the "2001 Act") as amended by the Mental Health (Amendment) Act 2015 (the "2015 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 (as amended) is construed in Section 14 and refers to a person to whom an admission (or renewal) order relates. The 2001 Act (as amended) provides that ECT may only be administered to a patient with the patient's written consent. The 2001 Act (as amended) also provides that where the patient is unable 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 psychiatrist.

The Mental Health Commission prepared Rules that came into force on 1st November 2006. An independent review of the Rules was carried out between September and December 2008 which involved extensive stakeholder consultation. The Rules were revised to take account of the recommendations arising from the review and the amended Rules came into effect on 1st January 2010.

Following the implementation of the 2015 Act, ECT can only be administered to a patient without consent where it has been determined that the patient is unable to give consent to the treatment. ECT shall not be administered to a patient who is unwilling to give consent. The Rules have been revised to take into account the 2015 Act. The date of commencement of these Rules is 15th February 2016.

[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 (as amended). 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 (as amended). The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act (as amended).

Clinical file

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

Cognitive

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.

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.

Designated ECT nurse

The named ECT nurse who has overall responsibility for nursing care for patients receiving ECT.

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.

Muscle relaxant

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

Patient

A person to whom an involuntary admission or renewal order relates. The term patient is to be construed in accordance with Section 14 of the 2001 Act (as amended).

Policy

Written statement that clearly indicates the position of the organisation on a given subject.

Stimulus dosing

The selection of the electrical dose for the individual patient.

The 2001 Act

Refers to the Mental Health Act 2001, which includes all legislative amendments, from 2001 to date.

SECTION 59 OF THE 2001 ACT

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 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."*

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: Information and Consent

2. Information

2.1 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 consequences 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.

2.2 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.

2.3 Information must be provided both orally and in writing or in any other form that is in clear and simple language that the patient can understand.

2.4 Information must be available in languages other than English if necessary and/or an interpreter provided including Irish sign language interpreters for any patient who is deaf.

2.5 Subject to the urgency of the clinical circumstances, the patient must be given at least 24 hours to reflect on the information, should he or she wish.

2.6 The patient must be informed that he/she may have access to an advocate of his/her choosing at any stage.

2.7 The patient must be given an opportunity to raise questions at any time before, during or after a programme of ECT and these questions must be answered. A record of these discussions must be maintained in the patient's clinical file.

3. Consent

3.1 A patient must be considered capable of giving informed consent for ECT, including anaesthesia, unless there is evidence to the contrary.

3.2 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.

3.3 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.

3.4 A written record of assessments of capacity to consent to ECT must be kept in the patient's clinical file.

3.5 Consent for each programme of ECT, including anaesthesia must be obtained in written form. The form must contain, but is not limited to, the following:

a) Confirmation that all the points at 2.1 have been discussed with the patient;

b) Confirmation that the patient has been provided with all relevant information; and

c) Confirmation that the patient understands that they may withdraw their consent at any time during the treatment session.

3.6 Consent must also be obtained in writing for each ECT treatment session, including anaesthesia.

3.7 All consent must be obtained by the consultant psychiatrist responsible for the care of the patient, or by a registered medical practitioner under the supervision of the responsible consultant psychiatrist, prior to each ECT treatment session and recorded in the patient's clinical file.

3.8 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.

3.9 No relative, carer or guardian can give consent for ECT on behalf of the patient.

3.10 Consent must not be obtained through coercion or threats.

4. Absence of Consent

4.1 ECT shall only be administered to a patient without consent where it has been determined that the patient is unable to give consent. Section 59 (1) (b) of the 2001 Act (as amended) provides that:

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.*

4.2 *Form 16: Electroconvulsive Therapy Involuntary Patient (Adult) – Unable to Consent* must be completed by both consultant psychiatrists for each programme of ECT.

4.3 Both consultant psychiatrists must assess and record the following:

a) How the treatment will benefit the patient;

b) Any discussion with and views expressed by the patient;

c) Any assistance provided in relation to the discussion in (b) above; and

d) The patient's ability to give consent to the treatment.

4.4 The Form must be placed in the patient's clinical file. A copy must also be sent to the Mental Health Commission in line with the specified timeframe.

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;

d) Current mental state examination; and

e) The assessments referred to in Rule 6.

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, in line with best international practice, 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 of 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 must 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) Relevant haematology and biochemistry investigations that are needed before the start of an ECT programme;

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 anaesthetic risk 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 and dated. The record must be signed by the anaesthetist and filed on the patient's clinical file.

7.9 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.

8. Administration of ECT

8.1 The patient's clinical file and the forms that are required by these Rules (including the involuntary admission order in relation to the patient) must be made available to all involved in the administration of ECT.

8.2 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.

8.3 ECT must be administered by a constant current, brief pulse ECT machine capable of delivering a wide range of electrical dose, in line with best international practice.

8.4 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.

8.5 Stimulus dosing or using recommended starting dose regimes (per age/sex) in line with best international practice, 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, in line with best international practice.

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.

9.5 There must be a facility for EEG monitoring on two channels.

9.6 All machines must have a regular programme of maintenance and service. Records of maintenance must be kept safe by the approved centre and confirmation of the service must be identifiable from the machine, as is appropriate.

9.7 All materials and equipment in the ECT suite, including emergency drugs, must be in line with best international practice.

9.8 Up-to-date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia must be prominently displayed.

10. Staffing

10.1 There must be a named consultant psychiatrist with overall responsibility for the management of ECT.

10.2 There must be a named consultant anaesthetist with overall responsibility for anaesthesia.

10.3 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 designated as having overall responsibility for nursing care for patients receiving ECT.

10.4 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 must be recorded.

10.5 The designated ECT nurse must be in the treatment room while ECT is being administered.

10.6 All staff involved in ECT must be trained commensurate to their role, in line with best international practice.

10.7 All staff involved in ECT must have appropriate training and education in basic life support techniques.

11. Documentation

11.1 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.

11.2 The Register must be made accessible to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

11.3 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.

11.4 A record of ECT must be completed after each ECT treatment session and filed in the patient's clinical file. The record must include:

a) Session number;

b) Laterality;

c) Dose (prescribed and administered);

d) Duration and quality of seizure;

e) Any/all complications experienced; and

f) Signature of registered medical practitioner(s) administering ECT.

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

11.6 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 must be addressed in full and recorded.

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

12. Clinical Governance

12.1 An approved centre where ECT is administered to patients must have written operational policies and procedures concerning ECT and must ensure that such procedures comply with these Rules.

12.2 Written operational policies and procedures concerning ECT must be reviewed annually, in line with best international practice.

12.3 Specific protocols must be developed in line with best international practice including, but not limited to:

a) How and where the initial and subsequent doses of Dantrolene are stored;

b) The management of cardiac arrest;

c) The management of anaphylaxis;

d) The management of malignant hyperthermia; and

e) Obtaining consent for maintenance/continuation ECT.

Resources

- ECT Accreditation Service (ECTAS), Royal College of Psychiatrists, UK
- ECT Handbook, Royal College of Psychiatrists, UK
- National Institute for Health and Care Excellence (NICE), UK