The Administration of Electroconvulsive Therapy in Approved Centres:
Activity Report 2014/2015
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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).

Community Healthcare Organisations (CHOs) published under the Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group in October 2014, provide a framework for new governance and organisational structures for community health care services. Central to the report was the establishment of nine Community Healthcare Organisations to deliver an integrated model of care that would see the Integrated Service Area (ISA) structure develop into to the Community Health Organisation (CHO) in 2015. A list of approved centres by CHO is available in Appendix 1.

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

Involuntary patient is a person to whom an admission order relates.

Maintenance ECT - Maintenance ECT (also referred to as continuation ECT) is defined as ECT usually delivered at intervals of between one week and three months, that is designed to prevent relapse of illness. The purpose of maintenance ECT is to give the treatments as infrequently as possible whilst preventing a relapse of symptoms (ECT Accreditation Service, 2015).

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.

Programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist.
**Resident** means a person receiving care and treatment in an approved centre. For the purpose of this report the term resident includes involuntary patients, voluntary patients and individuals who were administered ECT on an out-patient or day-patient basis in an approved centre.

**Voluntary patient** is a person receiving care and treatment in an approved centre who is not the subject of an admission order or a renewal order.
Summary and Key Findings

This report describes the administration of Electroconvulsive Therapy (ECT) in 2013, 2014 and 2015, nationally, regionally (by Community Healthcare Organisations (CHOs) and Independent service providers) and in individual services.

- Approved centres reported 318 programme of ECT to 257 individuals in 2013, 349 programmes of ECT to 278 individuals in 2014 and 308 programmes of ECT to 243 individuals in 2015.

- The average age of all individuals who were administered ECT was 60 years of age in all years and age ranged from 18 to 93 years of age.

- More females than males received treatment approximately two-third to one-third reflective of the relative incidence of depressive illness in women compared to men.

- The average number of treatments per programme was seven.

- The majority of programmes of ECT were administered to residents who were admitted on a voluntary basis when they commenced their programme of ECT, accounting for in excess of 70% of programmes of ECT each year.

- Between 14.5% and 15.9% of programmes of ECT involved one or more treatments without consent over the three years.

- A programme of ECT may involve up to 12 individual treatments of ECT. In 2014, there was a total of 2,611 individual treatments of ECT administered, 84.3% of treatments were administered with consent and 15.7% of treatments were administered without consent. In 2015, 85.6% of treatments were administered with consent and 14.4% were administered without consent.

- Depressive disorders were reported for over 80% of individuals who were administered ECT in 2013, 2014 and 2015.
• Refractory (resistance) to medication was the most common single indication for ECT in 2013, 2014 and 2015 accounting for over 50% of programmes of ECT each year.

• Improvement was reported as the reason for termination for the majority of programmes of ECT within each year, accounting for over 80% of programmes in all years.
1. Introduction

This is the Mental Health Commission’s (the Commission) seventh annual report on the use of Electroconvulsive Therapy (ECT) in approved centres. The Administration of Electroconvulsive Therapy in Approved Centres: Activity Report 2014/2015 reports on 2014 and 2015 data jointly and includes previously published 2013 data (Mental Health Commission, 2015).

Data in this report relates to administration of ECT prior to the implementation of the Mental Health (Amendment) Act 2015, which came into effect on 15th February 2016. This report only includes ECT that was administered in accordance with the Rules Governing the use of Electroconvulsive Therapy (Mental Health Commission, 2009a) and the Code of Practice on the Use of Electroconvulsive Therapy for Voluntary Patients (Mental Health Commission, 2009b), which regulated the administration of ECT in approved centres at the time.

Following implementation of the Mental Health (Amendment) Act 2015, ECT can only be administered to an involuntary patient without consent where it has been determined that the patient is unable to consent to the treatment. The Mental Health Commission issued revised (Version 3) Rules Governing the Use of Electro-Convulsive Therapy (Mental Health Commission, 2016a) and Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients (Mental Health Commission, 2016b) in February 2016 to reflect the legislative change and also to align with current best international practice. Form 16 Electroconvulsive Therapy Involuntary Patient (Adult) Unable to consent was also revised in February 2016.

This report describes the administration of ECT in 2013, 2014 and 2015, nationally, regionally (by Community Healthcare Organisations (CHOs) and Independent service providers) and in individual services. Data for the two-year period from January 2014 to December 2015 are presented for the first time and compared with data from 2013, previously published in The Administration of Electroconvulsive Therapy in approved centres: Activity Report 2013 (Mental Health Commission, 2015). Data for previous years (2008 to 2012) data are available at www.mhcirl.ie/Publications.

1.1 Data coverage

Data are presented for all approved centres that were entered on the Register of Approved Centres during 2013, 2014 and 2015 and were open for admissions during each year. Table 1 reflects the number of approved centres eligible for inclusion in the report along with the number of closures and new centres entered on the Register of Approved Centres in each year. Appendix 1 (Approved
Centres by Service provider. Date of registration and ECT service type) includes a full list of the names of all approved centres and dates of being entered on the register and closures.


<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of approved centres eligible for inclusion (on the register at any time during the reporting year)</td>
<td>65</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Approved centre closures (closed during the reporting year)</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>New approved centres entered on the Register of Approved Centres (opened during the reporting year)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

1.2 Quality assurance and validation of data

- Data on administration of ECT was reported to the Mental Health Commission from approved centres via a form (Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult) and an annual data collection template, specified by the Mental Health Commission (see Appendix 4 ECT data templates and form).
- A draft annual report, for each approved centre, based on information returned by approved centres, was sent to Clinical Directors in approved centres for verification and sign off. Sign off and verification was received for all approved centres in 2013, 2014 and 2015.

1.3 Data limitations

Data limitations as outlined below should be considered. Comparisons between programmes of ECT in individual approved centres and in previous years should be interpreted with caution.

- Approved centres varied in relation to number of beds and the type of service provided. Therefore, comparative analysis between approved centres was crude (For information regarding individual services, see Appendix 2 and the approved centre inspection reports which can be accessed at http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/).
- The new CHO areas have been calculated based on previously agreed configurations for each Mental Health Catchment Area and Local Health Offices, work on finalising borders and populations for some areas is ongoing (Daly and Walsh, 2015). Also, a high proportion of ECT was administered in approved centres operated by independent service providers, which provide a national service and residents’ home addresses were not collected; therefore it was not possible to re-distribute those who received ECT treatment in approved centres in the
independent sector to their own CHO. For these reasons the rate of ECT administration per CHO were not included in the current report.

- Data on the administration of ECT were processed manually, by approved centres and by the Commission, which limited what could reasonably be requested from services and reported on.

1.4 Information regarding admissions to approved centres

Information regarding admission activity to approved centres nationally is included below to provide context in relation to the administration of ECT in approved centres.

Table 2 shows that there were 18,457 admissions nationally in 2013 and 660 less admissions in 2014 (17,797). Admission data for 2015 were not available at the time of writing this report. Data on involuntary admissions\(^1\) (including admissions from the community and re-grades or patients from voluntary to involuntary) shows that involuntary admissions accounted for 11.6% of admissions in 2013 and 12.1% of admissions in 2014.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total All Admissions</td>
<td>18,457</td>
<td>17,797</td>
<td>Not available</td>
</tr>
<tr>
<td>Total Involuntary Admissions</td>
<td>2,132</td>
<td>2,162</td>
<td>2,363</td>
</tr>
<tr>
<td>Form 6 admissions from the community</td>
<td>1,591</td>
<td>1,655</td>
<td>1,755</td>
</tr>
<tr>
<td>Form 13 re-grades from voluntary to involuntary</td>
<td>541</td>
<td>507</td>
<td>608</td>
</tr>
</tbody>
</table>

Note: all admission data are sourced from the Health Research Board’s National In-patient Reporting System Activities report (Daly and Walsh, 2015). Involuntary admission data are sourced from the Mental Health Commission’s Tribunal data (Mental Health Commission, 2016c).

The Health Research Board reported that in 2014, depressive disorders were the most common diagnoses recorded, accounting for 27% of all admissions and the highest rates of all admissions (105.3). Schizophrenia accounted for 20% of all admissions and had the second-highest rate of all admissions (77.2). There was an equal proportion of male and female admissions, with rates being almost equal, at 388.7 per 100,000 for males and 387.1 for females. Females had a higher rate of admission for depressive disorders than males, at 9.1 per 100,000 for females and 6.3 for males (Daly and Walsh, 2015).

\(^1\) Mental Health Commission data regarding involuntary admissions includes Form 13 re-grades of voluntary patients, whereas the Health Research Board report on legal status as recorded on admission. The Health Research Board’s figures for involuntary admissions may differ from the Mental Health Commission’s figures as they only capture legal status on admission and do not record any change in legal status during an admission.
2. 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 illnesses.” (Mental Health Commission, 2016a, 2016b).

ECT is usually given to alleviate the symptoms of a diagnosed mental illness, typically depression, mania, catatonia and bipolar disorder and less frequently, schizoaffective disorder and schizophrenia (ECT Accreditation Service, 2015).

2.2 Recording programmes of ECT

The Rules and Code of Practice Governing the Use of Electro-convulsive Therapy (Mental Health Commission, 2009a, 2009b) require that the ECT Register must be completed for the patient/voluntary patient on conclusion of a programme 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 year and completed in another, each programme is counted in the year in which it was concluded as this is when the ECT register is completed in full.

2.3 ECT data analysis

2.3.1 Data overview

Data are presented for 2013, 2014 and 2015. Data on the number of programmes of ECT administered are presented nationally, regionally (by CHO and independent service providers), and by individual approved centre.

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2 A period of time may elapse between the date of last treatment and the date when the Register is completed in full and in some cases these dates fall into different years. For example the date last treatment may have been in December 2015 but the information regarding reason for termination and outcome may not have been completed until January 2016. Some approved centres have indicated that they report such programmes of ECT in the year in which the Register was completed in full rather than the date of last treatment.
Table 3 provides an overview of the number of programmes, number of separate treatments or sessions of ECT and the number of individuals who were administered ECT in the years 2013, 2014 and 2015. The total number of programmes of ECT increased in 2014 (349) in comparison to 2013 (318) but decreased again in 2015 (308). The total number of treatments of ECT and individuals that were administered ECT was also highest in 2014 (2,611 treatments and 278 individuals respectively).

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of programmes of ECT administered</td>
<td>318</td>
<td>349</td>
<td>308</td>
</tr>
<tr>
<td>Total treatments of ECT</td>
<td>2,217</td>
<td>2,611</td>
<td>2,173</td>
</tr>
<tr>
<td>Number of Individuals administered ECT</td>
<td>257</td>
<td>278</td>
<td>243</td>
</tr>
</tbody>
</table>

Table 4 provides an overview of the number of approved centres that administered ECT over the three-year period from 2013 to 2015. Over 60% of approved centres did not provide an ECT service in any of the three years; 61.5% (40/65) in 2013 and 64.1% (41/64) in both 2014 and 2015. In 2013 26.2% (17/65) approved centres provided an ECT service, 7.7% (5/65) referred to another approved centre for ECT treatment and three approved centres reported that they had an ECT service but did not administer any programmes of ECT that year. In 2014, 28.1% (18/64) provided an ECT service and 7.8% (5/64) of approved centres referred to another approved centre for treatment. In 2015, 23.4% (15/64) of approved centres operated and ECT service, 9.4% (6/64) referred to another approved centre and two approved centres had an ECT service but did not administer any programmes of ECT.

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3 The Cluain Mhuire catchment area admits to St John of God Hospital Limited, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. For the purpose of this report St John of God Hospital is counted as one approved centre but in sections of the report that describe administration of ECT by approved centre data that relates to public Cluain Mhuire patients and private St John of God Hospital patients are presented separately.

<table>
<thead>
<tr>
<th>Data Return Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECT service</td>
<td>17</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>ECT service - Nil returns</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No ECT service</td>
<td>40</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Referred to another approved centre for ECT treatment</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Total eligible approved centres</td>
<td>65</td>
<td>64</td>
<td>64</td>
</tr>
</tbody>
</table>

Notes:

ECT service – Includes approved centres where ECT was administered in an ECT suite within the approved centre and where ECT was administered in the operating theatre of the associated general hospital.

ECT service - Nil returns - Indicated they did not administer any programmes of ECT in the reporting period;

No ECT service - Indicated that they did not have an ECT suite in operation in the reporting period;

Referred to another approved centre for ECT treatment - Indicated that they did not operate their own ECT facility but referred one or more residents to another approved centre for ECT treatment in the reporting period. ECT was typically administered on a day-patient basis.

2.3.2 Administration of ECT to individuals

Figure 1 shows that there was a 9.7% (31) increase in the number programmes of ECT administered in 2014 in comparison with 2013 followed by a decrease of 11.7% in the number of programmes of ECT in 2015 (41) compared to 2014. In 2014, there were 8.2% (21) more individuals who were administered ECT in comparison with 2013. In 2015, there was a decrease of 12.6% (35) in the number of individuals who were administered ECT in comparison with 2014 and a decrease of 5.4% (14) in comparison with 2013.

Figure 1: Programmes of ECT. Number of individuals administered ECT. 2013, 2014, 2015. Numbers
Number of Programmes of ECT
An individual may be administered one or more programmes of ECT in a reporting year. Figures 2a to 2c show that the majority of individuals were administered one programme of ECT in 2013 (82.5%), 2014 (64.5%) and 2015 (78.6%). The proportion of individuals that were administered two programmes of ECT was higher in 2014 (21.8%) and 2015 (18.1%) in comparison to 2013 (12.8%). In 2013 and 2014 four was the maximum number of programmes administered to an individual, however in 2015, one individual completed six programmes of ECT in the same year.
Figure 2c: Number of programmes of ECT administered to individuals. 2015. Percentages.

Demographics: Age

Table 5 outlines the age of individuals who were administered ECT between 2013 and 2015. It shows that there has been very little variance in the age of individuals who were administered ECT over three years. The average age of all individuals that were administered ECT was 60 years of age in all years and age ranged from 18 to 93 years of age. The average age of males was slightly less in 2013 (58 years of age) in comparison to females (61 years of age).

<table>
<thead>
<tr>
<th>Age Category</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td>18 to 93 years of age</td>
<td>18 to 83 years of age</td>
<td>19 to 85 years of age</td>
</tr>
<tr>
<td>Average age</td>
<td>60 years of age</td>
<td>60 years of age</td>
<td>60 years of age</td>
</tr>
<tr>
<td></td>
<td>(median = 61 years of age)</td>
<td>(median = 61 years of age)</td>
<td>(median = 60 years of age)</td>
</tr>
<tr>
<td>Average age of males</td>
<td>58 years of age</td>
<td>60 years of age</td>
<td>60 years of age</td>
</tr>
<tr>
<td></td>
<td>(median = 59 years of age)</td>
<td>(median = 61 years of age)</td>
<td>(median = 60 years of age)</td>
</tr>
<tr>
<td>Average age of females</td>
<td>61 years of age</td>
<td>60 years of age</td>
<td>60 years of age</td>
</tr>
<tr>
<td></td>
<td>(median = 61 years of age)</td>
<td>(median = 61 years of age)</td>
<td>(median = 60 years of age)</td>
</tr>
</tbody>
</table>
Demographics – Gender

Figure 3 shows the gender of individuals who were administered ECT between 2013 and 2015. The majority (two-thirds) of individuals within each year were female.

Figure 3: Gender of individuals who were administered ECT between 2013, 2014, 2015. Percentages.

2.3.3 Administration of ECT by approved centre, CHO and service type

This section includes data in relation to the administration of ECT in individual approved centres. Data are presented nationally, regionally (by CHO and independent service provider) and by individual approved centre for 2013, 2014 and 2015. Only approved centres that reported one or more programmes of ECT over the three-year period are included in this section. Where a person was referred by an approved centre to another approved centre for ECT treatment on a day-patient basis this programme is reported under the referring approved centre in other words programmes of ECT are reported under the approved centre where the patient or voluntary patient was a resident. (For further information in relation to referrals for ECT treatment see Appendix 1: Approved Centres by Service provider. Date first registered and date ceased to operate. ECT service type. 2013, 2014, 2015).

Table 6 shows the number of programmes of ECT reported by each approved centre from 2013 to 2015 and the change in the number of programmes of ECT administered between 2014 and 2015 (a

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3 The percentage of females is reflective of a greater proportion of women (68%) admitted to approved centres with a primary diagnosis of depressive disorders in 2014 (HRB, 2015) and as highlighted in section 1.4 of this report, Depressive disorders are the most common diagnosis of those who are administered ECT.
more detailed breakdown of ECT data by approved centre for 2014 and 2015 including data on beds and admissions where available is available in Appendix 2: Programmes of ECT in approved centres (for adults). Beds and Admissions. 2014 and 2015).

Three approved centres in approved centres in the independent sector accounting for at least 40% of programmes of ECT in each year, 41.8% in 2013, 49.6% in 2014 and 42.2% in 2015. They were St Patrick’s University Hospital, St Edmundsbury Hospital and St John of God Hospital. St Patrick's University Hospital, a large 238-bed service reported the highest number of programmes of ECT across all years 125 programme in 2013, 140 in 2014 and 109 in 2015.

Approved centres in eight out of the nine CHO areas reported one or more programmes of ECT in the three year period. CHO 4 - Cork and Kerry Mental Health Service was the only CHO that did not report any programmes of ECT over this period. The Department of Psychiatry, Waterford Regional Hospital, a 44-bed unit reported the highest number of programmes of ECT in a HSE operated service over the three years 32 programmes in 2013, 37 in 2014 and 24 in 2015.

A notable proportion of approved centres reported low numbers of programmes of ECT. Seven approved centres reported less than five programmes of ECT in each of the three years from 2013 to 2015.

<table>
<thead>
<tr>
<th>CHO</th>
<th>Approved Centres</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>Acute Psychiatric Unit, Cavan General Hospital</td>
<td>0</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Donegal</td>
<td>Department of Psychiatry, Letterkenny General Hospital</td>
<td>10</td>
<td>10</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Sligo/Leitrim</td>
<td>Sligo/Leitrim Mental Health In-patient Unit</td>
<td>10</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>Total CHO 1</td>
<td></td>
<td>20</td>
<td>15</td>
<td>-2</td>
<td>2</td>
</tr>
<tr>
<td>CHO 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Galway</td>
<td>St Brigid's Hospital, Ballinasloe</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Galway</td>
<td>Department of Psychiatry, University Hospital Galway</td>
<td>&lt;5</td>
<td>11</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Mayo</td>
<td>Adult Mental Health Unit, Mayo General Hospital</td>
<td>7</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>Roscommon</td>
<td>Department of Psychiatry, County Hospital, Roscommon</td>
<td>0</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>Total CHO 2</td>
<td></td>
<td>-</td>
<td>15</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>CHO 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clare</td>
<td>Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis</td>
<td>0</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>-</td>
</tr>
<tr>
<td>Limerick</td>
<td>Acute Psychiatric Unit 5B, Midwestern Regional Hospital</td>
<td>14</td>
<td>24</td>
<td>20</td>
<td>-4</td>
</tr>
<tr>
<td>Total CHO 3</td>
<td></td>
<td>14</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Total CHO 4 - Cork and Kerry</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>CHO 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carlow/Kilkenny</td>
<td>Department of Psychiatry, St Luke's Hospital, Kilkenny</td>
<td>8</td>
<td>11</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Waterford</td>
<td>Department of Psychiatry, Waterford Regional Hospital</td>
<td>32</td>
<td>37</td>
<td>24</td>
<td>-14</td>
</tr>
<tr>
<td>Total CHO 5</td>
<td></td>
<td>40</td>
<td>48</td>
<td>37</td>
<td>-11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHO</th>
<th>Approved Centres</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin South East</td>
<td>Cluain Mhuire (public patients admitted to St John of God Hospital)²</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>-1</td>
</tr>
<tr>
<td>Dublin South East</td>
<td>Elm Mount Unit, St Vincent’s University Hospital</td>
<td>15</td>
<td>15</td>
<td>12</td>
<td>-3</td>
</tr>
<tr>
<td>East Wicklow</td>
<td>Newcastle Hospital</td>
<td>&lt;5</td>
<td>10</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Total CHO 6</td>
<td></td>
<td>-</td>
<td>32</td>
<td>32</td>
<td>-</td>
</tr>
<tr>
<td>CHO Area 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin South West</td>
<td>Acute Psychiatric Unit AMNCH (Tallaght) Hospital</td>
<td>21</td>
<td>13</td>
<td>11</td>
<td>-1</td>
</tr>
<tr>
<td>Dublin South City</td>
<td>Jonathan Swift Clinic</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Kildare West/Wicklow</td>
<td>Lakeview Unit, Naas General Hospital</td>
<td>11</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Total CHO 7</td>
<td></td>
<td>-</td>
<td>-</td>
<td>29</td>
<td>-</td>
</tr>
<tr>
<td>CHO 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laois/Offaly</td>
<td>Department of Psychiatry, Midland Regional Hospital, Portlaoise</td>
<td>12</td>
<td>13</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Longford/ Westmeath</td>
<td>St Loman’s Hospital, Mullingar</td>
<td>10</td>
<td>&lt;5</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Longford/ Westmeath</td>
<td>St Bridget’s Ward &amp; St Marie Goretti’s Ward, Cluain Lir Care Centre</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Total CHO 8</td>
<td></td>
<td>-</td>
<td>17</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>CHO 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin North City</td>
<td>St Aloysius Ward, Mater Misericordiae Hospital</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>-</td>
</tr>
<tr>
<td>Dublin North City</td>
<td>St Vincent's Hospital, Fairview</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Total CHO 9</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>National Forensic Mental Health Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Central Mental Hospital²</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHO</th>
<th>Approved Centres</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>St Edmundsbury Hospital\d</td>
<td></td>
<td>11</td>
<td>10</td>
<td>-1</td>
</tr>
<tr>
<td>N/A</td>
<td>St John of God Hospital Limited\e</td>
<td>8</td>
<td>22</td>
<td>11</td>
<td>-11</td>
</tr>
<tr>
<td>N/A</td>
<td>St Patrick’s University Hospital\f</td>
<td>125</td>
<td>140</td>
<td>109</td>
<td>-31</td>
</tr>
<tr>
<td>Total Independents</td>
<td></td>
<td>133</td>
<td>173</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>Total all approved centres</td>
<td></td>
<td>318</td>
<td>349</td>
<td>308</td>
<td>-41</td>
</tr>
</tbody>
</table>

**Notes:**

\(a\) If individuals from Wexford required ECT treatment after this date they were admitted to Department of Psychiatry, Waterford Regional Hospital. Data for 2013, 2014 and 2015 includes programmes of ECT administered to Wexford patients. 2013 data includes two programmes of ECT that relate to individuals who were referred for ECT treatment from outside the Waterford/Wexford catchment area, they were not resident in any approved centre at the time of their referral but were accessing community mental health services.

\(b\) The Cluain Mhuire catchment area admits to St John of God Hospital Limited, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. Cluain Mhuire data relates to programmes of ECT administered to public HSE patients admitted to St John of God Hospital Limited.

\(c\) Central Mental Hospital data relates to administration of ECT involving all residents whether they were admitted under the Mental Health Act 2001 or the Criminal Law Insanity Act 2006.

\(d\) Residents were referred to St Patrick’s University Hospital for ECT treatment in 2013, 2014 and 2015. A breakdown of the number of programmes of ECT administered to St Edmundsbury residents in 2013 was not available. All such programmes are including in the total figure for St Patrick’s University Hospital for 2013. The breakdown for 2014 and 2015 was available and programmes of ECT to St Edmundsbury residents are reported under this approved centre.

\(e\) St John of God Hospital Limited data only includes programmes of ECT administered to private residents.

\(f\) 2013 data for St Patrick’s University Hospital includes programmes of ECT administered to residents referred from St Edmundsbury Hospital for ECT treatment. Service users are referred/transfered to St Patrick’s University Hospital from other (HSE operated) approved centres for ECT treatment. They are typically admitted for the duration of their programme of ECT. St Patrick’s University Hospital have an arrangement with the HSE to this effect. All such programmes of ECT are reported under St Patrick’s figures for 2013, 2014 and 2015.

< 5: Given the sensitive nature of the data, if less than five programmes of ECT were reported by an approved centre “<5” is used in the table. Some calculations have been omitted as a result.
2.3.4 Programmes of ECT

Treatments per programme of ECT

A programme of ECT refers to no more than 12 treatments of ECT prescribed by a consultant psychiatrist. In 2013, 2014 and 2015 the total number of treatments administered in a programme of ECT varied; ranging from one treatment to 12 treatments. Table 7 shows that for each year the average number of treatments per programme was seven (median = 7). The highest number of ECT programmes where the maximum 12 treatments were administered was in 2014 where they represented 16.3% of all programmes of ECT in that year (57/34); by comparison, the number of programmes which administered the maximum 12 treatments accounted for 12.9% of ECT programmes in 2013 (41/318) and 12% of ECT programmes in 2015 (37/308). In 2015 there was the highest number of individuals who underwent a single treatment within an ECT programme (13/308) which accounted for 4.2% of all ECT programmes that year relative to 2.3% of ECT programmes in 2014 and 1.6% of ECT programmes in 2013.


<table>
<thead>
<tr>
<th>Treatment and Programme Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of treatments per programme of ECT</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Programmes where maximum 12 treatments were administered</td>
<td>41</td>
<td>57</td>
<td>37</td>
</tr>
<tr>
<td>Programmes where only 1 treatment administered</td>
<td>5</td>
<td>8</td>
<td>13</td>
</tr>
</tbody>
</table>

Duration of a programme of ECT

As discussed above, the Rules and Code of Practice governing the use of ECT do specify the maximum number of treatments in a programme of ECT but they do not specify the timeframe or duration of a programme of ECT. Data reported to the Commission indicate that the duration over which a programme of ECT is prescribed to an individual varies.

The majority of programmes of ECT in 2013 (313/318), 2014 (341/349) and 2015 (295/308) involved more than one treatment. The number of treatments prescribed, the individual’s diagnosis, indications for ECT, response to treatment and outcome may all be factors that account for variation in the number of ECT treatments. Table 8 shows that the average duration of ECT programmes ranged from 32 to 36 days. The average duration of programmes of maintenance ECT was 91 to 120 days. This was notably longer than the average duration for more acute ECT programmes which had an average duration of 25 to 27 days.

<table>
<thead>
<tr>
<th>ECT Programme Type</th>
<th>2013a</th>
<th>2014b</th>
<th>2015c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average duration of all programmes of ECT</td>
<td>32</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Average duration of maintenance ECT</td>
<td>120</td>
<td>101</td>
<td>91</td>
</tr>
<tr>
<td>Average duration of a programme of ECT where maintenance ECT excluded</td>
<td>25</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Notes:

a. 2013 figures are based on 306/318 programmes of ECT, information was not available in relation to seven programmes of ECT and 5/318 programmes of ECT only involved one ECT treatment.

b. 2014 figures are based on 339/349 programmes of ECT in 2014, information was not available in relation to two programmes of ECT and 8/349 programmes of ECT only involved one ECT treatment.

c. 2015 figures are based on 292/308 programmes of ECT in 2015, information was not available in relation to three programmes of ECT and 13/308 programmes of ECT only involved one ECT treatment.

2.3.5 Legal Status and Administration of ECT Treatment without Consent

Legal status recorded on the ECT Register relates to the individual’s legal status when they commenced the programme of ECT. Figure 4 shows that, in all years the majority of programmes of ECT were administered to residents who were admitted on a voluntary basis when they commenced their programme of ECT, accounting for 78.6% of programmes in 2013, 84.2% in 2014 and 80.8% in 2015. A similar proportion of programmes were commenced when legal status was involuntary, 17.6% in 2013, 15.5% in 2014 and 17.2% in 2015. A smaller percentage of programmes were administered to residents on an out-patient basis in each of the three years.

Figure 4: Programmes of ECT. Resident’s Legal Status. 2013, 2014, 2015. Percentages
A programme of ECT may run over a number of weeks or months and therefore a resident’s legal status may change during the course of the programme. Table 9 shows that a change in legal status was reported in relation to 11/318 programmes of ECT in 2013, 10/349 programmes of ECT in 2014 and 15/308 programmes of ECT in 2015. A change from involuntary to voluntary legal status was the most common change in each of the three years, accounting for 8/11 programmes in 2013, 6/10 in 2014 and 15/15 in 2015.


<table>
<thead>
<tr>
<th>Year</th>
<th>Involuntary to voluntary</th>
<th>Voluntary to involuntary</th>
<th>Voluntary to out-patient</th>
<th>Out-patient to voluntary</th>
<th>Programmes where legal status changed</th>
<th>All Programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>318</td>
</tr>
<tr>
<td>2014</td>
<td>6</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>349</td>
</tr>
<tr>
<td>2015</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>308</td>
</tr>
</tbody>
</table>

Administration of ECT Treatment without Consent

A programme of ECT may involve one or more treatments of ECT without consent. Table 10 shows that in 2013, 14.5% (46/318) of programmes had one or more treatments without consent. In 2014, the percentage was 15.2% (53/349) and in 2015 it was 15.9% (49/308).

Table 10: Programmes of ECT with one or more treatment without consent. 2013, 2014, 2015. Numbers and Percentages.

<table>
<thead>
<tr>
<th></th>
<th>Numbers</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme with one or more treatment without consent</td>
<td>46</td>
<td>53</td>
</tr>
</tbody>
</table>

A programme of ECT may involve up to 12 individual treatments of ECT. In 2014, there was a total of 2,611 individual treatments of ECT administered, 84.3% (2,200/2,611) of treatments were administered with consent and 15.7% (411/2,611) of treatments were administered without consent. In 2015, 85.6% (1,860/2,173) of treatments were administered with consent and 14.4% (313/2,173) were administered 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 to administration of ECT, Section 59 (1)(b) of the Mental Health Act 2001 applies. ECT is approved by the consultant psychiatrist responsible for the care and treatment of the patient and authorised by another consultant psychiatrist in a form specified by the Commission (Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult)).

The section below includes data in relation to all Form 16s returned to the Commission in each year from 2013 to 2015. A Form 16 may be returned in one year but the associated programme of ECT may not be completed until the following year. Therefore, the figures in this section will differ from the previous section which reported on the number of programmes of ECT completed in each year which involved one or more treatments without consent.

Table 11 shows the total number of Form 16s returned in each year. It also includes a breakdown of the number of forms where ECT treatment without consent did or did not proceed (i.e. a Form 16 was completed but ECT treatment without consent did not occur). The number of forms returned ranged from 50 to 59. In each of the three years there were four forms where although the form was completed ECT without consent did not proceed. In 2013, there was total of 50 Form 16s returned, for 46/50 ECT without consent did proceed. In 2014, 59 Form 16s were returned; for 55/59 administration of ECT without consent did proceed. In 2015, there was a total of 57 Form 16s returned; for 53/57 administration of ECT without consent did proceed.

5 The Mental Health Amendment Act was signed by the President on the 25th December, 2015 and came into force on 15 February 2016. Following implementation of the 2015 Act, Electroconvulsive Therapy (ECT) can only be administered to an involuntary patient without consent where it has been determined that the patient is unable to consent to the treatment. All references to unwilling have been removed.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Form 16s returned</td>
<td>50</td>
<td>59</td>
<td>57</td>
<td>166</td>
</tr>
<tr>
<td>ECT treatment without consent did proceed</td>
<td>46&lt;sup&gt;a&lt;/sup&gt;</td>
<td>55&lt;sup&gt;b&lt;/sup&gt;</td>
<td>53&lt;sup&gt;c&lt;/sup&gt;</td>
<td>154</td>
</tr>
<tr>
<td>ECT treatment without consent did not proceed</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Notes:

a. 43/46 forms related to programmes of ECT completed in 2013 and 3/14 forms related to programmes of ECT completed in 2014.

b. 50/55 forms related to programmes of ECT completed in 2014 and 5/55 related to programmes of ECT completed in 2015.

c. 44/53 related to programmes of ECT completed in 2015 and 9/53 related to programmes of ECT completed in 2016.

As required by Section 59 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. Each consultant psychiatrist must indicate, on the form, whether in their clinical judgement, the patient is unable to give consent or unwilling to give consent.

Table 12 provides an aggregate report on what was indicated by each consultant psychiatrist on all the Form 16s (166) sent to the Commission over the three years from 2013 to 2015. On the majority, 88.6% (147/166) of all forms received both consultant psychiatrists indicated that the patient was unable to give consent. Both consultants indicated the patient was unwilling on 5.4% (9/166) of all forms. For the remaining 6% (10/166) of forms the consultants differed with one indicating unable the other indicating unwilling.
Table 12: Form 16 ECT without consent administered. Patient unable or unwilling to give consent as indicated by the Treating Consultant Psychiatrist and Another Consultant Psychiatrist. 2013-2015. Numbers and percentages.

<table>
<thead>
<tr>
<th>Patient unable or unwilling to give consent to treatment</th>
<th>Numbers</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Consultant Psychiatrists indicated unable</td>
<td>147</td>
<td>88.6</td>
</tr>
<tr>
<td>Both Consultant Psychiatrists indicated unwilling</td>
<td>9(^a)</td>
<td>5.4</td>
</tr>
<tr>
<td>Treating Consultant Psychiatrist indicated unwilling/Another Consultant Psychiatrist indicated unable</td>
<td>7</td>
<td>4.2</td>
</tr>
<tr>
<td>Treating Consultant Psychiatrist indicated unable/Another Consultant Psychiatrist indicated unwilling</td>
<td>3(^b)</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>166</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Notes:

\(^a\) For 1/9 forms ECT without consent did not proceed.

\(^b\) For 1/3 forms ECT without consent did not proceed.

2.3.6 Diagnosis

The overwhelming majority of programmes of ECT in 2013, 2014, and 2015 were administered to individuals with a diagnosis of depressive disorders\(^6\), 81.8% (256/313) in 2013\(^7\), 81.9% (286/349) in 2014 and 72.9% (243/307)\(^8\) in 2015. This is in keeping with other jurisdictions as depressive disorders are the most common indication for ECT internationally (Scottish ECT Accreditation Network, 2015; ECT Accreditation Service, 2015).

Schizophrenia, schizotypal and delusional disorders were the second most frequent diagnostic group accounting for 8.6% (27/313) of programmes in 2013, 7.4% (26/349) in 2014 and 9.1% (28/307)\(^8\) in 2015. Mania was the third most common diagnostic group (5.8% (18/313) in 2013, 6.3% (22/349) in 2014 and 7.5% (23/307) in 2015).

In 2013, neuroses accounted for 1.6% (5/313) of programmes and a dual diagnosis was reported for 1.3% (4/313) of programmes. Personality and behavioural disorder and other diagnosis accounted for 0.6% (2/313) and 0.3% (1/313) of programmes respectively. In 2014, the remaining of percentage of programmes included 2.6% (9/349) neuroses, 0.9% (3/349) dual diagnosis, 0.6% (2/349) eating disorders and 0.3% (1/349) organic disorders. In 2015, the remaining percentage of of programmes included 3.6% (11/307) neuroses, 0.3% (1/307) organic disorders and 0.3% (1/307) other.

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\(^6\) See Appendix 5 for a description of each ICD 10 diagnostic category (World Health Organisation, 1992).

\(^7\) In 2013, diagnostic information was not available for five programmes of ECT.

\(^8\) In 2015, diagnostic information was not available for one programme of ECT.
2.3.7 Indications for ECT

Table 13 shows the breakdown of indications for programmes of ECT between 2013 and 2015. Refractory (resistance) to medication was the most common single indication for ECT in 2013, 2014 and 2015. Multiple indications (a combination of more than one indication) and maintenance ECT accounted for the second and third most common indications across each year respectively.

Analyses revealed that there was a notable increase in maintenance ECT from 2013 to 2015 accounting for 6.6% (21/318) of ECT programmes in 2013, 7.4% (26/349) of programmes in 2014 and 13.3% (41/308) of programmes in 2015. Also, there was an annual increase in the indication rapid response required for programmes of ECT which accounted for 6.9% (22/318) of programmes in 2013, 7.7% (27/349) of programmes in 2014 and 8.4% (26/308) of programmes in 2015; thus making it the fourth most prevalent indication over a three year period.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory to medication</td>
<td>200</td>
<td>198</td>
<td>182</td>
<td>62.9</td>
<td>56.7</td>
<td>59.1</td>
</tr>
<tr>
<td>Multiple indications</td>
<td>47</td>
<td>74</td>
<td>35</td>
<td>14.8</td>
<td>21.2</td>
<td>11.4</td>
</tr>
<tr>
<td>Maintenance ECT</td>
<td>21</td>
<td>26</td>
<td>41</td>
<td>6.6</td>
<td>7.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Rapid response required</td>
<td>22</td>
<td>27</td>
<td>26</td>
<td>6.9</td>
<td>7.7</td>
<td>8.4</td>
</tr>
<tr>
<td>Acute suicidality</td>
<td>18</td>
<td>12</td>
<td>10</td>
<td>5.7</td>
<td>3.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Physical deterioration</td>
<td>8</td>
<td>8</td>
<td>11</td>
<td>2.5</td>
<td>2.3</td>
<td>3.6</td>
</tr>
<tr>
<td>Othera</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>0.6</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Total Programmes</td>
<td>318</td>
<td>349</td>
<td>308</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Note:

a. Other indications included ‘patient requested ECT’ and ‘person refusing food and water’

2.3.8 Reason for termination of ECT

The consultant psychiatrist responsible for the care and treatment of the resident records the reason for termination of ECT on the ECT Register. Table 14 provides a breakdown of each reason for termination of ECT between 2013 and 2015.

Improvement was reported as the reason for termination for the majority of programmes of ECT within each year, accounting for over 80% of programmes in all years. ‘Other’ reasons for termination accounted for between 2.0% to 5.3%. Programmes of ECT were terminated because the
resident withdrew consent in a very small proportion of programmes in each year from 3.5% in 2013 down to 1.6% in 2015. No improvement, complications and no change was the reason for termination for between 0.3% to 4.4% across the three years.

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<td>308</td>
<td>269</td>
<td>84.9</td>
<td>88.3</td>
<td>87.3</td>
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<td>Other</td>
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<td>15</td>
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<td>4.9</td>
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<tr>
<td>No improvement</td>
<td>14</td>
<td>12</td>
<td>6</td>
<td>4.4</td>
<td>3.4</td>
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<td>Resident withdrew consent</td>
<td>11</td>
<td>11</td>
<td>5</td>
<td>3.5</td>
<td>3.1</td>
<td>1.6</td>
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<td>Complications</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>1.9</td>
<td>2.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Moderate improvement</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>No change</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.3</td>
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<tr>
<td>Multiple reasons recorded</td>
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<td>2</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
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<tr>
<td>Register not completed</td>
<td>-</td>
<td>-</td>
<td>3</td>
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<td>-</td>
<td>1</td>
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<tr>
<td>Total programmes</td>
<td>318</td>
<td>349</td>
<td>308</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: 'Other’ reasons for termination included: underlying medical conditions, insufficient improvement, course not completed and resident leaving the unit.

2.3.9 Outcome at termination of ECT
The consultant psychiatrist responsible for the care and treatment of the resident records the outcome at termination of ECT on the ECT Register. Table 15 shows the outcome at termination of ECT at the end of programmes of ECT administered in 2013, 2014 and 2015.

Complete recovery was reported as the outcome at termination of the programmes of ECT for over one-third of programmes of ECT in each year ranging from 34.7% of programmes in 2014 to 38.7% in 2013. Significant improvement accounted for a similar proportion of programmes in each year ranging from 35.2% in 2013 and increasing to 42.2% in 2015. No change was reported as the outcome at termination for 5.0% in 2013, 5.1% in 2014 and 2.9% in 2015. In a small percentage (ranging from 0.6% to 1.3%) of programmes, in each year, the person was reported to have deteriorated at the end of their programme of ECT.
### Table 15: Outcome at termination of ECT. 2013, 2014, 2015. Numbers and percentages.

<table>
<thead>
<tr>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
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<td>121</td>
<td>111</td>
<td>38.7</td>
<td>34.7</td>
<td>36.0</td>
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<tr>
<td>Significant improvement</td>
<td>112</td>
<td>128</td>
<td>130</td>
<td>35.2</td>
<td>36.7</td>
<td>42.2</td>
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<tr>
<td>Moderate improvement</td>
<td>26</td>
<td>25</td>
<td>28</td>
<td>8.2</td>
<td>7.1</td>
<td>9.1</td>
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<tr>
<td>Some improvement</td>
<td>34</td>
<td>54</td>
<td>25</td>
<td>10.7</td>
<td>15.5</td>
<td>8.1</td>
</tr>
<tr>
<td>No change</td>
<td>16</td>
<td>18</td>
<td>9</td>
<td>5.0</td>
<td>5.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Deterioration</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1.3</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Complication</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>0.3</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0.9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Register not completed</td>
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<td>0</td>
<td>3</td>
<td>0</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>318</td>
<td>349</td>
<td>308</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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</table>

**Note:**

a. ‘Other’ outcomes included: insufficient improvement and multiple outcomes.

### 2.3.10 Indications for ECT and Outcome at termination of ECT

This section focuses on the percentage breakdown of outcome, recorded by the consultant psychiatrist responsible for the care and treatment of the resident, under each indication in 2013, 2014 and 2015.

In 2013 complete recovery was reported for 39.0% of programmes of ECT where refractory to medication was indicated and 38.9% of programmes in 2014 and 39.6% of programmes in 2015.

Significant improvement was the outcome for 35.5% of programmes in 2013, 36.9% of programmes in 2014 and 40.7% of programmes in 2015. For 53.8% of programmes in 2015 where significant improvement was the outcome, rapid response required was the indication reported; this is a notable increase compared to 33.3% in 2014 and 36.4% in 2013.

No change accounted for 18.2% of programmes where rapid response required was indicated in 2013, 6.8% of programmes where multiple indications were reported in 2014 and 10% of programmes where acute suicidality was reported in 2015.

Please see Appendix 3 (Indications for ECT and Outcome at Termination of ECT) for a percentage breakdown of outcome, recorded by the consultant psychiatrist responsible for the care and treatment of the resident, under each individual indication in 2013, 2014 and 2015.
3. Conclusion

This report presents activity in relation to the administration of ECT in approved centres in 2013, 2014 and 2015 with limitations as outlined in Section 1.3.

The profile of individuals, who received ECT, over the three year from 2013 to 2015, was relatively unchanged with the majority being treated for depressive disorders, where refractory (resistance) to medication was indicated. The National Institute for Health and Clinical Excellence (2009) states that ECT should be considered for severe depression that is life-threatening or where a rapid response is required or other treatments have failed.

More females than males received ECT treatment and the average age was 60 years of age. The figures reported in Ireland are in line with what has been reported in recent figures from the United Kingdom (Scottish ECT Accreditation Network, 2015; ECT Accreditation Service, 2015).

This report is primarily based on information recorded on the ECT Register by the treating consultant psychiatrist and does not include feedback from service users who have received ECT treatment. The Commission will explore opportunities to broaden the scope of their ECT data collection in future to reflect the service user’s experience.

The Mental Health Amendment Act 2015 came into effect on 15th February 2016. This legislative change means that administration of ECT to involuntary patients who are unwilling to receive is no longer permitted. The Rules and Code of Practice governing the administration of ECT in approved centres and Form 16 Administration of ECT without consent were updated by the Commission to reflect this statutory amendment. The 2016 ECT activity report will include data which will reflect this change.

Finally, the Commission would like to thank staff in approved centres for their on-going co-operation in relation to the collation and return of ECT data which has enabled this report to be completed. In the absence of a national mental health information system the collation of this data is a manual process and the Commission appreciates the local commitment required to report this data on an annual basis.
References


Department of Health (2015), Mental Health Amendment Act 2015. (Dublin Stationery Office).


Health Service Executive (2014), Community healthcare organisations – report and recommendations of the integrated service area review group. (Dublin).


### Appendix 1: Approved Centres by Service provider. Date of registration and ECT service type.

#### Appendix 1 Table 1 Approved Centres by Service Provider. Date first registered and date ceased to operate. ECT Service type. 2013, 2014, 2015.

<table>
<thead>
<tr>
<th>CHO Area</th>
<th>2011 Census population</th>
<th>CHO MHS Area</th>
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<th>Date ceased to operate as an approved centre</th>
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<th>ECT 2013</th>
<th>ECT 2014</th>
<th>ECT 2015</th>
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<td>Cavan Monaghan</td>
<td>Acute Psychiatric Unit, Cavan General Hospital</td>
<td>01/11/2006</td>
<td>n/a</td>
<td>Nil returns</td>
<td>ECT service</td>
<td>Nil returns</td>
<td>ECT service</td>
<td>Nil returns</td>
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<td>St Davnet’s Hospital - Blackwater House</td>
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<td>No ECT service</td>
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<td>ECT service</td>
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<td>Sligo/Leitrim Mental Health In-patient Unit</td>
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<td>ECT service</td>
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<tr>
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<td>Adult Mental Health Unit, Mayo General Hospital</td>
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<td>An Coillín</td>
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<td>Teach Aisling</td>
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<th>ECT 2015</th>
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## The Administration of Electroconvulsive Therapy in Approved Centres: Activity Report 2014/2015

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<tr>
<td>Dublin South East</td>
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Appendix 2 Table 1: Programmes of ECT by Approved Centre. Beds and Admissions. Numbers. 2014

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<th>Approved Centre name</th>
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</tr>
<tr>
<td></td>
<td>St Patrick’s University Hospitald</td>
<td>238</td>
<td>2,445</td>
<td>140</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- **a.** Includes programmes of ECT administered to Wexford residents who were admitted to the Department of Psychiatry, Waterford Regional Hospital.
- **b.** Includes number of programmes of ECT, beds and admissions that relate to public Cluain Mhuire residents admitted to St John of God Hospital.
- **c.** Includes number of programmes of ECT, beds and admissions that relate to private residents admitted to St John of God Hospital.
- **d.** Includes 11 programmes of ECT referred from HSE services nationally. All residents were admitted to St Patrick’s Hospital for the duration of their programme of ECT.

<5: Given the sensitive nature of the data, if less than five programmes of ECT were reported by an approved centre “<5” is used in the table.
### Appendix 2 Table 2: Programmes of ECT by Approved Centre. Beds. Numbers 2015

<table>
<thead>
<tr>
<th>CHO</th>
<th>Catchment Area</th>
<th>AC Name</th>
<th>Beds</th>
<th>Programmes of ECT</th>
<th>Approved Centre referred to for ECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO 1</td>
<td>Donegal</td>
<td>Department of Psychiatry, Letterkenny General Hospital</td>
<td>34</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sligo/Leitrim / West Cavan/ South Donegal</td>
<td>Sligo/Leitrim Mental Health In-patient Unit</td>
<td>34</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>CHO 2</td>
<td>Galway</td>
<td>Department of Psychiatry, University Hospital Galway</td>
<td>45</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mayo</td>
<td>Adult Mental Health Unit, Mayo General Hospital</td>
<td>32</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roscommon</td>
<td>Department of Psychiatry, County Hospital, Roscommon</td>
<td>45</td>
<td>&lt;5</td>
<td>Department of Psychiatry, University Hospital Galway</td>
</tr>
<tr>
<td>CHO 3</td>
<td>Clare</td>
<td>Acute Psychiatric Unit, University Hospital Ennis</td>
<td>39</td>
<td>&lt;5</td>
<td>Acute Psychiatric Unit 5B, University Hospital Limerick</td>
</tr>
<tr>
<td></td>
<td>Limerick</td>
<td>Acute Psychiatric Unit 5B, University Hospital Limerick</td>
<td>50</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>CHO 5</td>
<td>Carlow/Kilkenny/ South Tipperary</td>
<td>Department of Psychiatry, St Luke's Hospital, Kilkenny</td>
<td>44</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waterford/ Wexford</td>
<td>Department of Psychiatry, Waterford Regional Hospital a</td>
<td>44</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>CHO 6</td>
<td>Dublin South East</td>
<td>Cluain Mhuire Family Centre b</td>
<td>32</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dublin South East</td>
<td>Elm Mount Unit, St Vincent's University Hospital</td>
<td>36</td>
<td>12</td>
<td>Elm Mount Unit, St Vincent's University Hospital</td>
</tr>
<tr>
<td></td>
<td>Dublin South East</td>
<td>Avonmore &amp; Glencree Units, Newcastle Hospital</td>
<td>55</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>CHO 7</td>
<td>Dublin South Central</td>
<td>Acute Psychiatric Unit, AMNCH (Tallaght) Hospital</td>
<td>52</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dublin South Central</td>
<td>Jonathan Swift Clinic, St James's Hospital</td>
<td>51</td>
<td>5</td>
<td>St Patrick's University Hospital</td>
</tr>
</tbody>
</table>

*a: For died patients, \[ \text{ECT} \]
b: For living patients, \[ \text{ECT} \]
## The Administration of Electroconvulsive Therapy in Approved Centres: Activity Report 2014/2015

<table>
<thead>
<tr>
<th>CHO</th>
<th>Catchment Area</th>
<th>AC Name</th>
<th>Beds</th>
<th>Programmes of ECT</th>
<th>Approved Centre referred to for ECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kildare West Wicklow</td>
<td>Lakeview Unit, Naas General Hospital</td>
<td>29</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHO 8</td>
<td>Laois/Offaly</td>
<td>Department of Psychiatry, Midland Regional Hospital, Portlaoise</td>
<td>46</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Longford/</td>
<td>Admission Unit &amp; St Edna’s Ward, St Loman’s Hospital, Mullingar</td>
<td>44</td>
<td>7</td>
<td></td>
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<tr>
<td>Westmeath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHO 9</td>
<td>Dublin North City</td>
<td>St Aloysius Ward, Mater Misericordiae University Hospital</td>
<td>15</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>National</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forensic</td>
<td>Forensic</td>
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<tr>
<td>Mental</td>
<td>Mental</td>
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<td></td>
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<tr>
<td>Health</td>
<td>Health</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Service</td>
<td>Service</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central Mental Hospital</td>
<td>94</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td>Independent Service Provider</td>
<td>Independent Service Provider</td>
<td>St Edmundsbury Hospital</td>
<td>50</td>
<td>10</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>St John of God Hospital Limitedc</td>
<td>200</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>St Patrick’s University Hospitald</td>
<td>238</td>
<td>109</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- **a.** Includes programmes of ECT administered to Wexford residents who were admitted to the Department of Psychiatry, Waterford Regional Hospital.
- **b.** Includes number of programmes of ECT, beds and admissions that relate to public Cluain Mhuire residents admitted to St John of God Hospital.
- **c.** Includes number of programmes of ECT, beds and admissions that relate to private residents admitted to St John of God Hospital.
- **d.** Includes ten programmes of ECT where residents were referred from HSE services and admitted to St Patrick’s University Hospital for the duration of the programme of ECT.

<5: Given the sensitive nature of the data, if less than five programmes of ECT were reported by an approved centre “<5” is used in the table.

The Health Research Board 2015 Activities of Irish Psychiatric Units and Hospitals is not currently available – therefore national admission data for 2015 is not included within this report.
Appendix 3. Programmes of ECT. Indications for ECT and Outcome at Termination of ECT. Percentages.

### Appendix 3 Table 1: Programmes of ECT. Indications for ECT and Outcome at Termination of ECT. 2013 Percentages.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Complete Recovery</th>
<th>Significant Improvement</th>
<th>Some Improvement</th>
<th>Moderate Improvement</th>
<th>No Change</th>
<th>Deterioration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory to medication</td>
<td>39.0</td>
<td>35.5</td>
<td>9.0</td>
<td>10.5</td>
<td>4.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Multiple indications</td>
<td>46.8</td>
<td>29.8</td>
<td>8.5</td>
<td>6.4</td>
<td>6.4</td>
<td>2.1</td>
<td>-</td>
</tr>
<tr>
<td>Rapid response required</td>
<td>27.3</td>
<td>36.4</td>
<td>13.6</td>
<td>4.5</td>
<td>18.2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Maintenance ECT</td>
<td>42.9</td>
<td>23.8</td>
<td>23.8</td>
<td>4.8</td>
<td>-</td>
<td>-</td>
<td>4.8</td>
</tr>
<tr>
<td>Acute Suicidality</td>
<td>27.8</td>
<td>50.0</td>
<td>11.1</td>
<td>-</td>
<td>5.6</td>
<td>5.6</td>
<td>-</td>
</tr>
<tr>
<td>Physical deterioration</td>
<td>25.0</td>
<td>62.5</td>
<td>12.5</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Other</td>
<td>50.0</td>
<td>-</td>
<td>50.0</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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</table>

### Appendix 3 Table 2: Programmes of ECT. Indications for ECT and Outcome at Termination of ECT. 2014 Percentages.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Complete Recovery</th>
<th>Significant Improvement</th>
<th>Some Improvement</th>
<th>Moderate Improvement</th>
<th>No Change</th>
<th>Deterioration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory to medication</td>
<td>38.9</td>
<td>36.9</td>
<td>13.1</td>
<td>3.5</td>
<td>6.1</td>
<td>1.0</td>
<td>-</td>
</tr>
<tr>
<td>Multiple indications</td>
<td>33.8</td>
<td>35.1</td>
<td>13.5</td>
<td>10.8</td>
<td>6.8</td>
<td>0.0</td>
<td>-</td>
</tr>
<tr>
<td>Rapid response required</td>
<td>22.2</td>
<td>33.3</td>
<td>37.0</td>
<td>3.7</td>
<td>3.7</td>
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<td>23.1</td>
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<tr>
<td>Acute Suicidality</td>
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<td>25.0</td>
<td>50.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Physical deterioration</td>
<td>12.5</td>
<td>50.0</td>
<td>-</td>
<td>37.5</td>
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<td>-</td>
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<tr>
<td>Other</td>
<td>25.0</td>
<td>25.0</td>
<td>50.0</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>
### Appendix 3 Table 3: Programmes of ECT. Indications for ECT and Outcome at Termination of ECT. 2015 Percentages.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Complete Recovery</th>
<th>Significant Improvement</th>
<th>Some Improvement</th>
<th>Moderate Improvement</th>
<th>No Change</th>
<th>Deterioration</th>
<th>Other</th>
<th>Register not completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory to medication</td>
<td>39.6</td>
<td>40.7</td>
<td>4.9</td>
<td>8.8</td>
<td>3.8</td>
<td>0.5</td>
<td>-</td>
<td>1.6</td>
</tr>
<tr>
<td>Maintenance ECT</td>
<td>19.5</td>
<td>43.9</td>
<td>17.1</td>
<td>17.1</td>
<td>-</td>
<td>2.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Multiple indications</td>
<td>48.6</td>
<td>40.0</td>
<td>8.6</td>
<td>2.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rapid response required</td>
<td>38.5</td>
<td>53.8</td>
<td>3.8</td>
<td>3.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Physical deterioration</td>
<td>27.3</td>
<td>45.5</td>
<td>-</td>
<td>18.2</td>
<td>9.1</td>
<td>-</td>
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<tr>
<td>Acute Suicidality</td>
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<td>20.0</td>
<td>50.0</td>
<td>10.0</td>
<td>10.0</td>
<td>-</td>
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<td>100.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</table>
Appendix 4. ECT data collection template and Form

Annual ECT data collection template

<table>
<thead>
<tr>
<th>AC Name</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

NB: If a form is void or both copies removed from the book please enter the form ID number and enter ‘void’ or ‘missing’ under patient initials.

Form 16: *Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult)* forms relating to patients who were unwilling or unable to consent to ECT treatment.

---

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

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**

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

4. **Ward:**

5. **Date:**

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

7. 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**

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

---

For use only in accordance with the Mental Health Act 2001. Penalties apply for giving false or misleading information.
8. Give details of assistance, if any, provided to patient in relation to discussion/decision making:

This patient is:
unavailable 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.

Signed: (Responsible Consultant Psychiatrist)

Date: __/__/____ (24 hour clock e.g. 2.45 pm is written as 14:45) Time: __:__

9. 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:

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

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

12. Give details of assistance, if any, provided to patient in relation to discussion/decision making

This patient is:
unavailable or unwilling to give consent to this treatment.

I authorise this programme of electroconvulsive therapy.

Signed: (Consultant Psychiatrist)

Date: __/__/____ (24 hour clock e.g. 2.45 pm is written as 14:45) Time: __:__

For use only in accordance with the Mental Health Act 2001. Penalties apply for giving false or misleading information.
Form 16 Confirmation of ECT without consent proceeding template.

**Form 16 Treatment without consent Electroconvulsive Therapy involuntary patient (adult)**

Please complete the information below electronically in relation to the attached Form 16 and return by email: mentalhealthdata@mhcirl.ie

<table>
<thead>
<tr>
<th>1. Approved Centre Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Form ID number:</td>
<td></td>
</tr>
<tr>
<td>3. Did this programme of ECT without consent proceed? (if no you do not need to complete the remaining questions)</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>4. Was this patient (please select response a or b or c)</td>
<td></td>
</tr>
<tr>
<td>a) A patient of this Approved Centre who was administered ECT in this Approved Centre?</td>
<td></td>
</tr>
<tr>
<td>Or</td>
<td></td>
</tr>
<tr>
<td>b) A patient of another Approved Centre who was referred here for ECT treatment? (if yes please specify name of other Approved Centre)</td>
<td></td>
</tr>
<tr>
<td>Or</td>
<td></td>
</tr>
<tr>
<td>c) A patient of this Approved Centre who was referred to another Approved Centre for ECT treatment? (if yes please specify the name of the other Approved Centre)</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 5 – ICD 10 Codes and Diagnostic Groups

### Appendix 5 Table 1: ICD 10 Codes and Diagnostic Groups

<table>
<thead>
<tr>
<th>ICD-10 diagnostic groups</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organic disorders</td>
<td>F00-F09</td>
</tr>
<tr>
<td>2. Alcoholic disorders</td>
<td>F10</td>
</tr>
<tr>
<td>3. Other drug disorders</td>
<td>F11-F19, F55</td>
</tr>
<tr>
<td>4. Schizophrenia, schizotypal and delusional disorders</td>
<td>F20-F29</td>
</tr>
<tr>
<td>5. Depressive disorders</td>
<td>F31.3, F31.4, F31.5, F32, F33, F34.1, F34.8, F34.9</td>
</tr>
<tr>
<td>6. Mania</td>
<td>F30, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.0</td>
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<tr>
<td>7. Neuroses</td>
<td>F40-F48</td>
</tr>
<tr>
<td>8. Eating disorders</td>
<td>F50</td>
</tr>
<tr>
<td>9. Personality and behavioural disorders</td>
<td>F60-F69</td>
</tr>
<tr>
<td>10. Intellectual disability</td>
<td>F70-F79</td>
</tr>
<tr>
<td>11. Development disorders</td>
<td>F80-F89</td>
</tr>
<tr>
<td>12. Behavioural and emotional disorders of childhood</td>
<td>F90-F98</td>
</tr>
</tbody>
</table>