

Electroconvulsive treatment

Statement of rights for adults

You have been given this booklet because you are a compulsory patient and your psychiatrist believes that electroconvulsive treatment (ECT) will help you. The booklet explains what happens when people have ECT and its possible benefits and side effects.

If you are receiving treatment under the *Mental Health Act 2014*, you will find information here about your legal rights.

A psychiatrist is required to ensure this information is explained and that your questions are answered.

Your mental health service may give you another brochure that covers more specific information about ECT.

There is room at the back of the booklet to write down your own thoughts and questions and experiences about ECT.

Copies of this booklet are available online at: <https://www2health.vic.gov.au/mental-health> Search 'rights statements'.

Summary

ECT is a medical procedure that applies brief electrical currents to the brain to treat mental illness. It is performed while you are under a general anaesthetic.

ECT may be recommended when other treatments have not worked, take too long to work, or cannot be used safely. It might also be recommended if it has worked well for you previously.

You must be provided with information about ECT and how it may affect you.

If it is possible, your psychiatrist must ask your opinion about ECT. When you are talking to your psychiatrist, you can ask to have someone else with you such as a friend or family member, a nominated person or an advocate. You can speak with anyone you like about ECT and ask for a second opinion before having treatment.

If your psychiatrist believes that you **do** have capacity to make your own decisions, you can decide to have ECT or not. Having capacity means that you can understand, remember and use information to make a decision about ECT, and can communicate your decision.

If your psychiatrist believes that you **do not** have capacity to make your own decisions and that ECT is the best treatment for you, the psychiatrist can ask the Mental Health Tribunal for permission to give you ECT without your consent. The tribunal will then decide if you will have ECT or not.

If your psychiatrist applies for permission from the tribunal, you will be asked if you want to go to the hearing to explain your views and preferences.

You can invite people to support and advise, or represent you at the hearing, including family members, your nominated person, an independent mental health advocate and/or a lawyer.

The tribunal will also consider any views or preferences you have expressed about ECT in an advance statement, through a nominated person or in your notes at the back of this booklet.

This booklet includes the names and addresses of organisations that are able to provide you with independent advice, support and legal representation.

The booklet also includes a worksheet to record your own notes, questions and preferences about ECT.

Information about ECT

The following information is provided to help explain how ECT is given and its possible benefits and side effects. The information is general and not everything will apply to you.

ECT is used to treat severe depression, mania or psychosis and involves sending a brief electrical current to the brain. It may be recommended when:

- other common treatments have not been effective, or caused severe side effects, or cannot be used safely because of another medical problem
- a mental illness is too severe to wait for other treatments to work
- ECT has been helpful for you in the past.

What happens before ECT?

ECT is a medical procedure given under a general anaesthetic. Before you have ECT, your doctor will give you a physical health check that will include blood tests and an ECG (heart tracing) to increase the likelihood that ECT is safe for your heart. Some people will also have a chest x-ray.

If you have ECT while you are taking certain medications, the ECT can be less effective (for example, some sleeping tablets and anticonvulsant drugs).

You may have to reduce or stop these medications while you are having ECT.

You will have an anaesthetic to put you to sleep before your treatment and must not have anything to eat or drink (including water) for at least six hours before the treatment starts. If you eat or drink anything in this time you must tell the doctor or nurse.

If you take other medications regularly then you will usually have to wait until after your ECT treatment to take them. If a medication needs to be taken before treatment, it will be given to you by a nurse with a sip of water.

During your ECT treatment you will wear the same clothes that you wear on the ward or at home. It is best to go to the toilet before your treatment begins. There is no need to take off your earrings or other jewellery.

You must tell the psychiatrist if there is any chance you are pregnant or if you are breastfeeding.

How is ECT done?

ECT is usually given two or three times a week, usually for three – four weeks, but this varies from person to person.

Just before treatment, you will have:

- a blood pressure cuff on an arm or leg or both
- a clip on a finger to check your pulse and oxygen levels
- small stick-on pads on your forehead and behind your ears to record your brain's electrical activity

- ECG (heart tracing) cords on your chest, arms and legs
- An oxygen mask over your mouth and nose.

A doctor will give you an anaesthetic and an injection to relax your muscles. You will fall asleep and not feel or remember the treatment.

While you are asleep, the psychiatrist will put electrodes on one side of your head ('unilateral ECT') or both sides ('bilateral ECT') to send an electrical charge for a few seconds. In 'bifrontal ECT', the charge is sent more to the front area of the brain. The electrical charge causes a seizure that usually lasts about 30 seconds. You will be given muscle relaxant medication that keeps any physical movements to a minimum and your teeth are protected using a mouthguard.

During the treatment, doctors will keep checking the electrical activity in your brain, your heart rate and oxygen levels.

What happens after ECT?

The anaesthetic wears off after a few minutes. You may feel tired and confused for a short time after waking up.

You will be taken to a recovery room where you will be checked regularly by nurses for up to an hour before going back to the ward for breakfast.

If you are having ECT as an outpatient (meaning you have come from home in the morning and will go home after the treatment), you will need to have a person there (such as a friend or family member) to go home with.

For 24 hours after your treatment, you should not:

- drive a car or any other vehicle
- operate machinery
- make important decisions or sign a legal document (such as a contract or lease)
- drink alcohol or take recreational drugs.

What happens between treatments?

Your psychiatrist will check you between treatment sessions to see if the ECT is helpful and to see if there are any side effects. If you have serious side effects then your treatment will be reassessed.

How many treatments will I have?

Your psychiatrist will talk with you about the number of ECT treatments. Even if the tribunal approves a certain number of treatments, you do not have to have this number if your health improves quickly.

If your psychiatrist believes that you need more than one course of ECT treatment, you can agree to this or not if you now have capacity to decide. If your psychiatrist believes that you have not regained capacity, the psychiatrist must apply again to the tribunal and there will be another hearing.

Ongoing ECT may be recommended if your mental health condition comes back quickly after ECT stops. To reduce the risk of this happening, your treatments will be spaced out more, for example, from once a week, to once a fortnight then once a month. Your psychiatrist will talk to you if this ('continuation ECT') is recommended.

The benefits and risks of ECT

What can be the benefits of ECT?

There is evidence that ECT may work faster than other treatments when people are so severely depressed that they have difficulty eating or drinking and have obvious slowing of their thinking, speech and movement. This makes it useful when psychological or other medical treatments have not worked or when the person's health and safety are at risk. Research studies show that ECT works especially well when the dose is tailored to each person's individual needs.

ECT can work faster than other medical treatments for people with mania. Experiences such as an elevated mood, fast speech and over-activity will sometimes change very quickly.

ECT might also be used for people with schizophrenia and related conditions. However, the benefits are not usually as great, and do not last as long, as for people with depression or mania.

There is no guarantee that everyone will benefit from ECT. Some people experience benefits quickly, others more slowly. Sometimes the type of ECT will need to be changed if your improvement is slow. It is difficult to predict how long the benefits of ECT last. Some people remain well for long periods afterwards, others for shorter periods. Your psychiatrist may recommend that you take medication afterwards to help prolong your recovery.

What are its side effects?

The anaesthetic and muscle relaxant medication may make you tired, give you a headache, cause you to feel sick or make your muscles sore. These things should all go away quickly, but ask a

nurse for help if you need it. A simple painkiller is often enough to relieve these symptoms.

ECT will cause your pulse and blood pressure to go up for a short time and there is a small risk of your heart rhythm changing. The anaesthetist will check you regularly and give treatment if you need it.

What about memory?

Depression, mania and psychosis all make it harder for people to concentrate, remember information and make plans. ECT may help improve these mental functions, but it can have negative effects too. These negative effects are usually temporary.

You may feel confused straight after treatments. This usually improves within a few minutes of waking up. In older people, the confusion may last longer.

Your concentration and ability to learn new information may be reduced during the period of ECT but is likely to return once treatment stops and should return to normal over a few months.

Some people forget events that happened in the weeks or months before their ECT treatment. These isolated memories do not always come back.

These negative effects are more likely if you have bilateral ECT, a high electrical charge or a lot of treatments. This is why unilateral ECT and using the lowest possible electrical dose is usually preferred. The electrical dose varies a lot from one person to another and will be worked out in your first session.

Your rights

Can I make the decision to have ECT?

If the psychiatrist believes that you have the capacity to make a decision about ECT, you can consent to have it or not by signing a form. You must not be pressured to agree to treatment and you can change your mind at any time.

Having the capacity to make a decision about ECT means that you can:

- understand the information given to you about ECT
- remember the information
- use the information to make a decision (understand the possible benefits and side effects)
- communicate your decision.

If you have the capacity to decide about ECT, no one can force you to have it. You can say no to ECT if you choose.

Your capacity to choose your treatment must be decided at a time and in a place when it can be done most accurately. In other words, when and where you are most likely to be able to make a clear, informed decision.

For you to give informed consent to ECT, you must:

- be given **enough information** about ECT to allow you to make an informed decision, including information about:
 - the purpose of ECT
 - what kind of treatment will be used
 - how long the treatment will go for
 - the advantages and disadvantages of ECT
 - the discomfort, risks and common or expected side effects of ECT

- the advantages and disadvantages of other common treatments that might be available to you

- be given a **reasonable amount of time** to make the decision
- be given a copy of this booklet and have it explained to you.

You can ask any questions you want about ECT and other treatments and your questions must be answered in a way that you understand. Other people can also help you to make a decision about ECT including:

- a family member or carer
- your nominated person or guardian (if you have one)
- an independent mental health advocate
- any other person you choose.

If the psychiatrist believes that do not have capacity to make a decision about ECT, the psychiatrist must still give you as much information as possible about the treatment and the reasons for recommending it.

Can other people decide about ECT on my behalf?

If the psychiatrist believes that do not have capacity to make a decision, your psychiatrist may apply to the Mental Health Tribunal for permission to give you ECT. You cannot be given ECT without the agreement of the tribunal, which is independent of your psychiatrist and mental health service.

When making the application, the psychiatrist must be satisfied that there is no other less restrictive treatment available after considering:

- your views and preferences about ECT
- your views and preferences about other treatments

- the views and preferences in your advance statement (if you have one)
- the views of your nominated person or guardian (if you have one)
- the views of your carer (if you have one and if the decision directly affects your carer and your relationship with them)
- what might happen if you do not have ECT
- any second opinion given to the psychiatrist.

What happens at the Mental Health Tribunal hearing?

The hearing must take place within five working days of the psychiatrist's application. If your psychiatrist believes your situation is extremely urgent, the hearing might happen on the same day. In most cases though, you will have some time to get ready for the hearing.

There will be three tribunal members at the hearing: a lawyer, an independent psychiatrist (not from your health service) and a member of the community. They will listen to what you have to say about ECT and will look at your advance statement if you have one. They will also listen to the views of:

- your psychiatrist
- your nominated person
- your guardian (if you have one)
- your family or carer (if the decision directly affects them and your relationship with them)
- any other person you would like to help you at the hearing.

The hearing will take place either at the hospital or a community clinic. Sometimes, it will be by video-link.

You have a right to be at the hearing (unless you behave in a disruptive way) and to be supported by anyone you choose. You can ask a lawyer to help you prepare for the hearing and to have your say. You should think about what you are going to say at the tribunal hearing. You may also want to write down your views and preferences to give to the tribunal, along with any other written information you might want to provide. There is a section in the back of this booklet that may be helpful for this purpose.

The tribunal will tell you at the end of the hearing what decision has been made. The decision (called an 'order') will also be written down and given to you and your psychiatrist. It will also be given to your carer, nominated person or guardian (if you have one).

If the tribunal agrees to you having ECT, the order will say:

- how many ECT treatments can be given to you
- the date when the ECT will end.

The tribunal cannot approve more than 12 treatments in a single course, and the course cannot last more than six months from the date of the hearing.

If the tribunal does not approve the application, treatment cannot go ahead. If your situation changes, however, your psychiatrist can make another application for ECT. If there is another application, there must be another hearing.

What happens if the tribunal approves ECT?

If the tribunal approves a certain number of treatments, you may not need all of them if your condition improves. Your psychiatrist will discuss this with you. As before, you can invite other people to support you in these discussions.

If you improve to the point where your psychiatrist believes that you now have capacity to make a decision about ECT, you can continue with your treatment or ask for it to stop.

What support is available to me?

You can ask for help from a family member, carer or any other person you choose. You can also get help from a person who speaks your language. A person at the health service, such as a doctor or a nurse, must help you to contact anyone you want to help you.

You can ask for an independent mental health advocate to help communicate your preferences about ECT. Advocates are independent of mental health services and the Mental Health Tribunal.

You can also ask for a lawyer to be at the tribunal hearing.

Contact details for mental health advocates and Legal Aid Victoria are given at the end of this booklet.

Who can I talk to?

You have the right to communicate with anyone you choose. You can make a phone call in private and your mail will not be opened. Your treating team must help you to communicate with the people you choose.

The psychiatrist cannot stop you communicating with:

- a lawyer
- the Mental Health Complaints Commissioner
- the Mental Health Tribunal
- the Chief Psychiatrist
- the Independent Mental Health Advocacy service
- a community visitor.

Can I get a second opinion?

If you are receiving treatment under the Mental Health Act, you have the right to ask for a second opinion from another psychiatrist about your treatment, including ECT, at any time. A member of your treating team can help you to get a second opinion. You can also ask for help from any other person you choose.

The second opinion psychiatrist will give you a written report about your treatment and may recommend changes. Copies of the report will also be given to your psychiatrist, your nominated person or guardian and your carer.

Your psychiatrist must consider the second psychiatrist's opinion but does not have to change your treatment. If your psychiatrist does not change your treatment, the psychiatrist must tell you this and give your reasons.

You have the right to ask the Chief Psychiatrist to review your treatment if your psychiatrist does not make any changes after the second psychiatrist's report.

Your psychiatrist can still give you compulsory treatment, including ECT, while you wait for a second opinion and even after you receive the second psychiatrist's report.

More information and help

Independent Mental Health Advocacy (IMHA) is an independent, free and confidential advocacy service that supports people who are receiving compulsory mental health treatment. They do not provide legal advice.

Tel: **1300 947 820**

More information is on the [Independent Mental Health Advocacy IMHA website <www.imha.vic.gov.au>](http://www.imha.vic.gov.au)

Victoria Legal Aid provides free legal information, education and advice about lots of areas of law. It provides a visiting advice service to most of Melbourne's mental health inpatient facilities and many regional mental health inpatient facilities.

Tel: **1300 792 387**

More information is on the [Victoria Legal Aid website <www.legalaid.vic.gov.au>](http://www.legalaid.vic.gov.au)

Mental Health Legal Centre provides a free legal advice service on Tuesday and Thursday evenings between 6.30 pm and 8.30 pm.

Tel: **9629 4422**

More information is on the [Mental Health Legal Centre website <www.communitylaw.org.au/mhlc>](http://www.communitylaw.org.au/mhlc)

Community Visitors are people who visit mental health services and can help you with any questions and with support or to resolve issues about the mental health services you are being given.

Tel: **1300 309 337**

Mental Health Complaints Commissioner is an independent complaints body that can help you with any concerns or complaints you may have about the mental health services you are being given.

Toll free: **1800 246 054**

Email the Mental Health Complaints Commissioner [<help@mhcc.vic.gov.au>](mailto:help@mhcc.vic.gov.au)

More information is on the [Mental Health Complaints Commissioner website <www.mhcc.vic.gov.au>](http://www.mhcc.vic.gov.au)

Mental Health Tribunal is an independent tribunal that makes compulsory treatment orders and hears applications for ECT.

Tel: **9032 3200**

Toll free: **1800 242 703**

Email the Mental Health Tribunal [<mht@mht.vic.gov.au>](mailto:mht@mht.vic.gov.au)

More information is on the [Mental Health Tribunal website <www.mht.vic.gov.au>](http://www.mht.vic.gov.au)

Your notes

Use this section to write down notes from conversations about ECT, and your views and preferences about ECT. These notes may support you in making decisions about your treatment.

Notes can be helpful when you are talking about treatment options with your psychiatrist, nurse or the Mental Health Tribunal. They can also be helpful when thinking back on your experience, particularly if the ECT affects your memory.

1. Questions I want to ask my psychiatrist or nurse about ECT:

2. Why ECT has been recommended for me:

3. The possible benefits and risks of ECT for me:

Pros:

Cons:

4. My views and preferences about ECT and why:

5. Preparing for a Mental Health Tribunal hearing

If you have a Mental Health Tribunal hearing to decide if you will have compulsory ECT, use this section to prepare what you want to say.

Date and time of hearing:

My support people:

My advocate and/or legal representative:

What I want to say about my capacity to make my own decision about ECT:

My understanding about why ECT has been recommended for me:

My own views and preferences about ECT and why:

Alternative treatments to ECT that I prefer, and why (including any recovery outcomes you would like to achieve):

6. Record of ECT treatment

If you have ECT treatment, use this section to make a record of the benefits or side effects to discuss with your psychiatrist or nurse.

Improvements:

Side effects, concern:

Other notes or thoughts:

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, March 2018

ISBN xxx-x-xxxx-xxx-x (pdf/online)

Available online <https://www2.health.vic.gov.au>. Search 'ECT statement of rights' (1802023)