[	Mental Health and Wellbeing Act 2022	Local Patient Identifier	
	Sections 104(1)(c)(ii) and 114(1)(b)	FAMILY NAME	
	MHWA 131A Informed consent to		
	electroconvulsive treatment (ECT) by Medical Treatment Decision Maker	GIVEN NAMES	
A		DATE OF BIRTH SEX GENDER	
131	Mental Health Statewide UR Number	Place patient identification label above	
	<ul> <li>Electroconvulsive treatment (ECT) is a medical procedure of applying electric current to specific areas of a person's head that induces a seizure in the brain, under general anaesthetic and a muscle relaxant, to reduce some symptoms of Mental Illness.</li> <li>This form may be used to obtain informed consent from a person's medical treatment decision maker (see notes 1 and 2 over page) to the performance of ECT on the person at a designated mental health service or private mental health service.</li> <li>This form can only be used to consent to ECT for a person who is receiving voluntary treatment and who does not have capacity to give consent themselves. If the person is an adult and has an instructional directive giving consent to ECT, this form is not required.</li> </ul>		
	GIVEN NAMES	FAMILY NAME (BLOCK LETTERS) of person	
	Designated	Mental Health Service or Private Mental Health Service	
	Diagnosis	ICD-10 code:	
	specify person's diagnosis for which ECT is be The above mentioned person is under 18 years of a	ng proposed ge □ Yes □ No	
	Part A: Type of medical treatment decision maker		
	<ul> <li>I am a person formally appointed under the Medical Treatmet</li> <li>I am a guardian appointed by VCAT under the Guardianship</li> <li>I am the first available of the persons listed in section 55(3)</li> <li>The person is under 18 years old and I am their parent, guard</li> <li>Part B: Details of proposed course of ECT</li> </ul>	and Administration Act 2019; or of the Medical Treatment Planning and Decisions Act 2016; or	
	The number of treatments in the course of ECT is:	treatments (maximum number is 12 treatments)	
	The duration of the course of ECT is:	weeks (maximum duration is 6 months)	
	Part C: Details of registered medical practitioner obtaining informed consent		
	Signature:		
	signature of registered medical practitioner ob	taining consent	
	Given Names:	Family Name:	
	Part D: Statement by medical treatment decision maker		
	Please read the information carefully and tick 🗹 each box to show you understand and agree:		
	<ul> <li>I am the person's medical treatment decision maker able to make this medical treatment decision.</li> <li>The doctor has explained the diagnosis for which ECT is proposed.</li> <li>The doctor has explained ECT, how it is done and how it may benefit the person's condition.</li> <li>I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained their purpose and how they are given.</li> </ul>		
	Signature of registered medical practitioner obtaining consent       Date:         Given Names:       Family Name:         Part D: Statement by medical treatment decision maker         Please read the information carefully and tick ☑ each box to show you understand and agree:         □ I am the person's medical treatment decision maker able to make this medical treatment decision.         □ The doctor has explained the diagnosis for which ECT is proposed.         □ The doctor has explained ECT, how it is done and how it may benefit the person's condition.         □ I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained the advantages, disadvantages, risks and common or expected side effects of ECT, the general anaesthetic and the muscle relaxant.         □ The doctor has explained the advantages, disadvantages, risks and common or expected side effects of ECT, the general anaesthetic and the muscle relaxant.         □ The doctor has explained other treatment options for the person's condition, including the advantages and disadvantages of each option.         □ The doctor has explained the advantages and disadvantages of the person not having ECT		
	<ul> <li>I have been given the statement of rights about ECT and the information has been explained to me.</li> <li>I have had an opportunity to ask questions about ECT and other treatment options and my questions have been answered.</li> </ul>		
ROLLS AUSTRALIA 1300 600 192	<ul> <li>I understand the information I have been given and have had enough time to make my decision.</li> <li>I have had a reasonable opportunity to get other advice or help to make the decision.</li> <li>My consent has been given freely without undue pressure or coercion by any other person.</li> </ul>		
	<ul> <li>Independent of consent has been given neerly without under pressure of coercion by any other person.</li> <li>I understand that the results of ECT cannot be guaranteed. If changes to the person's ECT treatment are needed that affect the consent I am giving, these will be discussed with me and a doctor will seek my informed consent to the changes.</li> <li>I understand that I can withdraw my consent to ECT at any time, even after the course of ECT has started.</li> </ul>		
S AUS	□ I consent to my details being provided to the Mental Health Tribunal for the purpose of a hearing to determine an ECT application.		
ROLL	I am the abovenamed person's medical treatment decision ma course of electroconvulsive treatment (ECT), the general anal	aker and I consent to the abovenamed person having the specified esthetic and the muscle relaxant.	
	Signature:	Date:	
	signature of person giving informed cons	ent <u> </u>	
	Given Names:	Family Name:	

Copy – patient

## Next steps

- The psychiatrist will make an application to the Mental Health Tribunal for approval to perform ECT. 1.
- 2. ECT cannot be given unless the Mental Health Tribunal approves the application.
- 3. The Mental Health Tribunal will hold a hearing to decide whether ECT is approved.
- 4. You will be told when the hearing will be and you will receive supporting documents at least 2 business days before the hearing.
- 5 If you were formally appointed as a Medical Treatment Decision Maker under the Medical Treatment Planning and Decisions Act 2016 or as the person's guardian under the Guardianship and Administration Act 2019, you may be required to give a copy of this document at the hearing.

## Notes

A Medical Treatment Decision Maker is a person who has legal authority under section 55 of the Medical Treatment Planning and Decisions Act 2016 to make medical treatment decisions on behalf of a person. Section 55 of the Medical Treatment Planning and Decisions Act 2016 sets out a hierarchy for determining the person's Medical Treatment Decision Maker.

If the person is 18 years or over, the first available and willing person from the list below will be the person's Medical Treatment Decision Maker:

- Someone the person has formally appointed as Medical Treatment Decision Maker in accordance with the
- requirements of the *Medical Treatment Planning and Decisions Act 2016*; A guardian appointed by VCAT under the *Guardianship and Administration Act 1986*; The first of the following with a close and continuing relationship with the person:
  - Spouse or domestic partner of the person;
    - Primary carer of the person;
    - Adult child of the person, and if there is more than one adult child, the oldest; Parent of the person, and if there is more than one parent, the oldest;

    - Adult sibling of the person, and if there is more than one adult sibling, the oldest.
- If the person is under 18, the Medical Treatment Decision Maker is the person's parent, guardian or other person with parental responsibility for the person who is reasonably available and willing and able to make the medical treatment decision.
- If the Medical Treatment Decision Maker signing this form is an appointed medical treatment decision maker, ensure a copy of the appointment that provides the basis for the authority to consent to ECT on behalf of the person is in the person's clinical record and is available to the Mental Health Tribunal at the hearing.
- An instructional directive made in accordance with the requirements of the Medical Treatment Planning and Decisions Act 2016 allows a person who is 18 years or older to provide or refuse consent to specific medical treatment (including ECT) in advance, in the event that they do not have capacity to provide consent at the time the treatment is required. An advance statement made under the Mental Health and Wellbeing Act 2022 is not an instructional directive. If the person has an instructional directive giving consent to ECT, a Medical Treatment Decision Maker is not required to give consent. However, the Mental Health Tribunal will still hold a hearing to decide whether ECT is approved.
- The duration of the course of ECT commences on the date the Mental Health Tribunal makes an order approving the proposed course of ECT, not the date the first treatment is given.
- Once consent has been obtained from a medical treatment decision maker, the psychiatrist proposing to provide ECT must complete either:
  - MHWA 132 Electroconvulsive treatment application (for persons under 18 years old)
  - MHWA132A Application for ECT, voluntary adult without capacity to consent (for persons 18 years or older)

## Meaning of informed consent

A person gives informed consent if the person:

- a) has the capacity to give informed consent to the ECT; and
- b) has been given adequate information to enable the person to make an informed decision; and
- c) has been given a reasonable opportunity to decide whether or not to consent; and
- d) has given consent freely without undue pressure or coercion by any other person; and
- e) has not withdrawn consent or indicated any intention to withdraw consent.

## A person has the capacity to give informed consent if the person:

- a) is able to understand the information they are given ; and
- b) is able to remember the information; and c) is able to use or weigh information; and
- d) is able to communicate the decision by speech, gestures or any other means.

A person has been given adequate information to make an informed decision if the person has been given:

- a) an explanation of the ECT including:
  - i) the purpose of the ECT; and
  - ii) the type, method and likely duration of the ECT; and
- b) an explanation of the advantages and disadvantages of the ECT, including information about the associated discomfort, risks and common or expected side effects; and

c) an explanation of any beneficial alternative treatments that are reasonably available, including any information about the advantages and disadvantages of these alternatives; and

- d) answers to any relevant questions that the person has asked; and
- e) an explanation of the advantages and disadvantages of not undergoing ECT
- f) any other relevant information that is likely to influence the decision of the person; and
- f) the statement of rights about ECT and the information explained to them.

A person has been given a reasonable opportunity to make a decision if, in the circumstances, the person has been given:

- a) a reasonable period of time in which to consider the matters involved in the decision; and
- b) a reasonable opportunity to discuss those matters with the registered medical practitioner who is proposing the ECT; and
- c) the appropriate supports to make the decision; and
- d) a reasonable opportunity to obtain any other advice or assistance in relation to the decision.