

Reporting requirements for electroconvulsive treatment (ECT) and neurosurgery to the Chief Psychiatrist

Chief Psychiatrist's directive – September 2023

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

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ISBN/ISSN [978-1-76131-208-3](#) (online/PDF/Word)

Available at [Electroconvulsive Treatment](https://www.health.vic.gov.au/chief-psychiatrist/electroconvulsive-treatment-guideline-mental-health-and-wellbeing-act-2022) <<https://www.health.vic.gov.au/chief-psychiatrist/electroconvulsive-treatment-guideline-mental-health-and-wellbeing-act-2022>>

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Summary of reporting process

- All designated mental health services must report the use of electroconvulsive treatment (ECT) via the Client Management Interface / Operational Data Source (CMI/ODS) to the Chief Psychiatrist
- All designated mental health services must report any serious adverse event(s) associated with ECT that result in death (or a near miss), serious injury, serious illness and/or require transfer to an emergency department or similar setting to the Chief Psychiatrist as soon as practicable
- All designated mental health services must report instances of ECT administration on a young person under 18 years of age to the Chief Psychiatrist
- In the event of neurosurgery for mental illness, the psychiatrist responsible for the application, or the treating psychiatrist, must submit written reports to the Chief Psychiatrist within three months and again within nine to 12 months following surgery.

Purpose

This directive informs services on all reporting requirements to the Chief Psychiatrist for electroconvulsive treatment (ECT). This document does not provide information about how to respond to or prevent ECT adverse events and must be used alongside The Chief Psychiatrist's guideline – electroconvulsive treatment, which services must use to develop local practice and governance processes for comprehensively addressing adverse events related to ECT. This can be accessed via [the Health Department's website](https://www.health.vic.gov.au/publications/chief-psychiatrists-guideline-on-electroconvulsive-treatment) <<https://www.health.vic.gov.au/publications/chief-psychiatrists-guideline-on-electroconvulsive-treatment>>.

Chief Psychiatrist reporting process

Overview

All designated mental health services must report ECT use to the Chief Psychiatrist, including any related serious adverse events. Also, these services must report instances of ECT administration on anyone under 18 years of age.

In the event of neurosurgery for mental illness, the psychiatrist responsible for the application or the treating psychiatrist must submit written reports to the Chief Psychiatrist within three months and again within the nine to 12 month timeframe after surgery. These reporting measures ensure transparency, accountability and compliance with the [Mental Health and Wellbeing Act 2022](https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022) <<https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022>> (Division 6, Part 3.6, s 123) and the *Chief Psychiatrist's guideline – Electroconvulsive treatment (ECT)*, thereby safeguarding the wellbeing of consumers receiving mental health treatments.

Treatment report

Services must report all ECT to the Chief Psychiatrist. The information to be submitted electronically via CMI/ODS including:

- the date, name, UR number, sex and age of each person receiving ECT
- the names of the doctors administering the anaesthetic and ECT
- the treatment pulse width, laterality and stimulus intensity
- the type of consent
- clinical outcome measures.

The authorised psychiatrist must ensure reports are submitted to the Chief Psychiatrist but may designate a staff member, preferably the ECT coordinator to undertake this task. Data should be submitted within a month of treatment.

Serious adverse events

The Chief Psychiatrist must be notified via a prescribed form, of adverse events directly related to ECT that:

- result in death (or a near miss), serious injury, serious illness
- require transfer to an emergency department or similar setting.

Other incidents and near misses will be reported to, and considered by, the service's own ECT committee and safety-monitoring bodies. Records must be kept of these discussions and any agreed actions.

Process

Notification to the Chief Psychiatrist

Whenever adverse events meet the criteria above, they must be promptly reported to the Chief Psychiatrist. Use the [Electroconvulsive Treatment - Serious adverse event form](https://www.health.vic.gov.au/chief-psychiatrist/electroconvulsive-treatment-guideline-mental-health-and-wellbeing-act-2022) <<https://www.health.vic.gov.au/chief-psychiatrist/electroconvulsive-treatment-guideline-mental-health-and-wellbeing-act-2022>> to submit a report.

Electronic completion

All relevant information must be entered into the template electronically. Hand-written notification forms will not be accepted.

Submission method

Once the template is completed, submit the form by [emailing the Office of the Chief Psychiatrist](mailto:ocp@health.vic.gov.au) <ocp@health.vic.gov.au>.

Email subject

When sending the email, address the subject line as follows: 'ECT Serious Adverse Event – Name of health service – Initial of first name of the consumer and full last name of the consumer – Date of the adverse event'.

For example: **ECT Serious Adverse Event – Melbourne Health – J Smith – 01.01.2023**

Consumer who is under 18 receiving ECT

According to the *Mental Health and Wellbeing Act 2022*, if an authorised psychiatrist proposes to use ECT treatment, they must apply to the Mental Health Tribunal for authorisation.

In 2023, the Chief Psychiatrist accepted a recommendation from the Neurostimulation Therapy Committee about reporting to the Chief Psychiatrist on all consumers under the age of 18 who receive ECT. This recommendation ensures better oversight and monitoring in ECT use among this group.

Please note that the use of ECT on this group is only reported to the Chief Psychiatrist for monitoring purposes. Approval decisions remain with the Mental Health Tribunal.

Process

Application to the Mental Health Tribunal

An authorised psychiatrist must prepare a written report for the tribunal using Form MHT 7 (ECT Report – Young Person – Patient) or Form MHT 8 (ECT Report – Young Person – Voluntary).

The tribunal lists the ECT application for hearing

After receiving an application, the tribunal will schedule a hearing and send a notice of hearing to all parties.

The tribunal considers the application

The tribunal will consider the views and preferences of the young person, and other relevant people, in deciding whether to approve ECT.

Notification to the Chief Psychiatrist by designated mental health services

After the tribunal approves ECT use on the young person, the authorised psychiatrist or the delegate must notify the Chief Psychiatrist by [emailing the Office of the Chief Psychiatrist](mailto:ocp@health.vic.gov.au) <ocp@health.vic.gov.au>.

When sending the email, address the subject line as follows: 'Under 18 ECT – Name of health service – Initial of first name of the consumer and full last name of the consumer'.

For example: **Under 18 ECT – Royal Children's Hospital – J Smith**

The email notification should include at a minimum:

- a brief clinical summary of the young person
- the young person's name
- the young person's statewide UR number
- the young person's date of birth.

It is the Chief Psychiatrist's expectation that young people under 18 years receiving ECT will have had a second psychiatric opinion from a second child and adolescent psychiatrist and one from a psychiatrist with expertise in ECT. Submitted documentation should show these second opinions have been sought and informed the clinical decision.

Note that a copy of the Mental Health Tribunal report requesting ECT, can be submitted as a means of providing information to the Chief Psychiatrist.

Follow-up report

When the course of ECT is complete, the authorised psychiatrist or the delegate must provide the Chief Psychiatrist with a concise clinical summary of the treatment's outcome. This summary should be submitted by [emailing the Office of the Chief Psychiatrist](mailto:ocp@health.vic.gov.au) <ocp@health.vic.gov.au>.

Neurosurgery for mental illness

Neurosurgery for mental illness can only be performed with the informed consent of the person and the approval of the Mental Health Tribunal.

Reporting requirement

The psychiatrist responsible for the application, or the treating psychiatrist, must submit written reports to the Chief Psychiatrist within three months and again within nine to 12 months following surgery.

Process

Notification from the Mental Health Tribunal

When the Mental Health Tribunal approves a consumer receiving neurosurgery for mental illness, the tribunal will inform the Office of the Chief Psychiatrist.

The notification sent to the Office of the Chief Psychiatrist will include the:

- consumer's name
- consumer's date of birth
- consumer's statewide UR number
- date of the hearing
- responsible health service
- name of the applicant psychiatrist.

Initial report from health service

1. Once the neurosurgery is performed, either the psychiatrist responsible for the application or the treating psychiatrist must prepare a written report.
2. The report should describe the procedure and outcome of the neurosurgery for mental illness.
3. The report must be submitted to the Office of the Chief Psychiatrist within three months.
4. The report should be submitted by [emailing the Office of the Chief Psychiatrist](mailto:ocp@health.vic.gov.au) <ocp@health.vic.gov.au>.
5. When sending the email, address the subject line as follows: 1st Neurosurgery Report – Name of health service – Initial of first name of the consumer and full last name of the consumer – Date of the report'.

For example: **1st Neurosurgery Report – Melbourne Health – J Smith – 01.01.2023**

Follow-up report

1. Within the nine to 12 months following the initial neurosurgery, the psychiatrist responsible for the application or the treating psychiatrist must submit another written report.

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2. This report should, once again, describe the procedure and outcome of the neurosurgery for mental illness.
3. The follow-up report should be submitted by [emailing the Office of the Chief Psychiatrist <ocp@health.vic.gov.au>](mailto:ocp@health.vic.gov.au).
4. When sending the email, address the subject line as follows: 2nd Neurosurgery Report – Name of health service – Initial of first name of the consumer and full last name of the consumer – Date of the report’.

For example: **2nd Neurosurgery Report – Melbourne Health – J Smith – 01.10.2023**

Chief Psychiatrist's ECT Complex Consultation Expert Panel

The Chief Psychiatrist's ECT Complex Consultation Expert Panel was set up in direct response to a Mental Health Complaints Commissioner recommendation for promoting and ensuring safeguards are upheld in ECT.

The panel will advise the Chief Psychiatrist in situations that are at the extreme end of clinical complexity or that raise challenging ethical and/or legal considerations. These situations will typically sit outside existing guidelines, standard practice and statutory protections and include other, individualised models of care to be considered where appropriate.

Public mental health services must raise such complex clinical or ethical and/or legal matters with the Chief Psychiatrist.

The panel will provide advice to the Chief Psychiatrist. On receiving advice, the Chief Psychiatrist may request further expert advice on ethical and/or legal matters.

The Chief Psychiatrist will then advise the mental health service based on advice from the panel. However, the final decision-making responsibility remains with the mental health service. This panel is not intended for urgent clinical decision making of care and treatment. Rather, it is designed to facilitate learning and provide advice on options for future care and treatment.

It is crucial to understand that some clinical situations require urgent attention. The process of requesting a panel review should not interfere with urgent clinical decision making for a person's care and treatment. Nonetheless, in such instances, it is still necessary to refer the case to the Chief Psychiatrist for consideration. If you are uncertain about the referral requirements, please [email the Office of the Chief Psychiatrist <ocp@health.vic.gov.au>](mailto:ocp@health.vic.gov.au).

Criteria for making a referral

Appropriate referrals would include treatment plans where:

- the consumer presents with an unusual and highly complex set of clinical and ethical issues, and/or
- ECT is used outside the regular setting, and/or
- treatment involves continuing anaesthesia beyond what is normally required for ECT.

Process

Notification to the Office of the Chief Psychiatrist

Whenever a matter associated with complex clinical, ethical and/or legal dilemma arises, the public mental health service must notify the Chief Psychiatrist for panel consideration.

Such referrals should be made by the service's authorised psychiatrist or ECT director only.

Required documents

The referral must include the following documentation at minimum:

- clinical summary of the consumer including their mental health history, psychosocial circumstances, current clinical presentation, current treatment/management plan and risk assessment
- actions taken to resolve complex care needs, communications between mental health services at the director and chief executive levels including but not limited to:
 - minutes/summary from area mental health service internal case conference meeting(s)
 - specialist assessment reports where appropriate
 - an external second opinion on the most appropriate management and treatment (plus any other relevant assessments or documentation).

Electronic completion

Enter information electronically into the template. Hand-written or verbal notifications will not be accepted.

Submission method

All referrals must be submitted by [emailing the Office of the Chief Psychiatrist](#)

<ocp@health.vic.gov.au> with the subject line: 'Request for ECT Complex Consultation Expert Panel'.

Panel review

The Office of the Chief Psychiatrist will schedule a meeting of the panel, as well as the relevant ECT director and/or clinical director who refers the matter. Panel reviews will be documented by the Office of the Chief Psychiatrist, and the relevant ECT director and/or clinical director may invite other members of the treating team to present if necessary. The panel's recommendations will be provided to the Chief Psychiatrist for consideration and action.

Definitions

Electroconvulsive treatment

According to the Mental Health and Wellbeing Act, electroconvulsive treatment means the application of electric current to specific area of a person's head to produce a generalised seizure.

Designated mental health service

A health service that may provide compulsory assessment and treatment to people under the Mental Health and Wellbeing Act.

Neurosurgery for mental illness

- Any surgical technique or procedure by which a lesion is created in a person's brain for the purpose of treatment, or
- The use of intracerebral electrodes to create a lesion in a person's brain for the purpose of treatment, or
- The use of intracerebral electrodes to stimulate a person's brain without creating a lesion for the purpose of treatment.