Justice Health and
Forensic Mental Health Network

Justice Health NSW Procedure

Electroconvulsive Therapy

Issue Date: August 2023

Together for
Healthier Tomorrows

Electroconvulsive Therapy

Procedure Number 6.129

Procedure Function Continuum of Care

Issue Date August 2023

Next Review Date August 2026

Risk Rating

Summary ECT for the Forensic Hospital is facilitated by the Prince of Wales Hospital (POWH). This procedure outlines the consent, pre workup and how to book and manage ECT appointments, inclusive of documentation requirements.

Responsible Officer Service Director, The Forensic Hospital

Applies to

☐ Administration Centres
☐ Community Sites and programs
☐ Health Centres - Adult Correctional Centres or Police Cells
☐ Health Centres - Youth Justice Centres
☐ Long Bay Hospital
☒ Forensic Hospital

CM Reference PROJH/6129

Change summary Updated contact details of POWH and site map.

Authorised by The Forensic Hospital Policy and Procedure Committee.

Revision History

#	Issue Date	Number and Name	Change Summary
1	July 2019	DG5299/21	
2	August 2023	DG75882/23	DG75888/23

Justice Health and Forensic Mental Health Network
PO BOX 150 Matraville NSW 2036
Tel (02) 9700 3000
http://www.justicehealth.nsw.gov.au

1. Table of Contents

2. Preface 4
3. Procedure Content 4
3.1 Consent for ECT for an involuntary patient 4
3.2 Pre-ECT work-up 5
3.3 Making an appointment 6
3.4 The week before ECT 6
3.5 The night before ECT 6
3.6 The day of ECT 6
3.7 At Prince of Wales Hospital 7
3.8 On Return to the Forensic Hospital 7
4. Definitions 9
5. Related documents 9
6. Appendix 10
6.1 Information for patients, families and carers on ECT 10
6.2 ECT Pack 13

2. Preface

Electroconvulsive therapy (ECT) for patients of the Forensic Hospital (FH) must occur in a timely, planned manner with Prince of Wales Hospital (POWH) through consultation with the POWH ECT coordinator and ECT chairperson.

As with all medical appointments consideration must be given to the patients' rights for timely health care balanced against the patient's current mental state, and their associated risk of changeable behaviour and violence to self or others whilst on leave. The specific escort requirements for each episode of ECT treatment will be determined and approved beforehand according to the Leave, Ground Access and SCALE Policy, and then reviewed just prior to the commencement of leave.

ECT is a safe and effective treatment for people with severe major depressive disorder and some other mental illnesses. The document Electroconvulsive Therapy: ECT Minimum Standard of Practice should be consulted for a comprehensive overview of ECT as part of the treatment options for mental illness. The guidelines cover Indications, Risks, Consent and Legal issues, Preparation, Administration, Anaesthesia, ECT in children and adolescents, Continuation and Maintenance ECT, Nursing and Coordination requirements, Clinical Governance and Appendices for consumer information, titration and treatment schedules.

3. Procedure Content

3.1 Consent for ECT for an involuntary patient

- The administration of ECT in NSW is governed by the MHA and Regulations (NSW Mental Health Act 2007). Please refer to Schedule 3 Statement of Rights for Persons Detained in Mental Health Facility (s74(3)MHA) and the Information and Consent – Electro Convulsive Therapy form SMR025.130.
- The definition of an 'involuntary patient' also includes a forensic patient, correctional patient and a person detained in a mental health facility.
- The FH treating psychiatrist initiates the recommendation for ECT. A second psychiatric opinion for ECT is required prior to the Mental Health Review Tribunal (MHRT) ECT Administration Inquiry. Another Justice Health psychiatrist must provide this opinion to confirm the opinion of the treating psychiatrist that ECT is a necessary and reasonable treatment.
- In addition, as the treatment will take place at POWH a POWH psychiatrist delegated by the Chair of the ECT Committee will conduct an assessment to determine the suitability of the patient to receive ECT, and make recommendations regarding the type of ECT (e.g. RUL, bi-frontal, bi-temporal). The Prince of Wales psychiatrist opinion may be provided by Audio Visual Link. A recent MHRT report or ECT Administration Inquiry report should be faxed to the POWH ECT co-ordinator when requesting the psychiatric opinion on fax number [redacted]
- An authorised medical officer from the FH must then apply to the MHRT for an ECT Administration Inquiry in order to approve ECT. ECT may only be administered to an involuntary patient with an ECT determination made by the MHRT at an ECT Administration Inquiry.
- The MHRT must determine if the patient is capable of giving informed consent for ECT. If the MHRT determines that the patient can consent and has done so, then the ECT may be administered. If the tribunal determines that the patient is incapable of giving informed consent, or is capable of giving informed consent but has refused, or has neither consented nor refused the Tribunal must determine if ECT is a reasonable and proper treatment, and is necessary or desirable for the safety or welfare of the patient.

- For persons under 16 years of age for whom ECT is proposed, the person must be assessed by a psychiatrist with expertise in child and adolescent psychiatry. The matter must go before the MHRT for consideration, even if the young person has capacity and has consented to ECT. Parents or guardians of the young person cannot consent to ECT.
- The tribunal must determine the time frame in which the ECT may be administered and usually request a start date, frequency and finish date. The maximum number of treatments the MHRT can authorise does not ordinarily exceed 12. A determination from the MHRT has effect for 6 months from the date it is made, unless a shorter period is specified. Continuation and maintenance ECT will require an additional MHRT Administration Inquiry hearing.
- The patient's guardian and/or designated carer/principal care provider should be notified during consideration of ECT by the medical officer, and is entitled to be notified if it is proposed to apply for an ECT Inquiry (s78(3)MHA). The MHRT will have regard to the guardian and/or designated carer/principal care provider's views, but is not bound by them.
- The patient, designated carer/principal care provider and/or guardian should be given every opportunity to discuss the treatment with the treating team and be given information about the treatment in a form understandable and accessible to them.
- Examples of information that might be given to patients and their designated carer/principal care providers are provided in Appendix 1 and 2 of Guidelines: Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW Health, and Appendix 6.1 of this procedure. An entry should be made in the health record to document what information was provided.

3.2 Pre-ECT work-up

- The Nurse Unit Manager (NUM) will obtain the ECT pack from POWH; contents outlined Appendix 6.2, and stored to all units folder on the G Drive - G:\FLBH\Forensic Hospital\Common\ECT Pack
- A Pre ECT anaesthetic consultation at POWH at least 72 hours prior to the commencement of ECT is mandatory and must be made in accordance with FH Procedure External Medical Appointments – Bookings and Cancelations.
- On exceptional occasions when, due to elevated risk, the scheduling of this appointment in the timeframe indicated is not possible arrangements can be made, in consultation with the POWH Chair ECT Committee and the Peri-operative Clinical Nurse Consultant, for the anaesthetic consult to be conducted immediately prior to ECT. In this event paperwork required for anaesthetic consult, as detailed in Appendix 6.2, must be sent to the Peri-operative CNC at least 72 hours prior to consult, and not on the day of the consultation.
- In the event of a disagreement between the POWH and Justice Health Psychiatrist, an opinion from another POWH ECT Practitioner can be made available. If there are significant concerns about the suitability of ECT expressed by the POWH psychiatrist who provides the second opinion, options include:
    - A case conference between the POWH psychiatrist, FH psychiatrist and medical superintendent of the FH to clarify clinical need, and/or
    - A further opinion from a South Eastern Sydney Local Health District (SESLHD) psychiatrist with expertise in ECT.
- A comprehensive clinical and medical history and physical examination is required prior to commencing ECT. Investigations performed routinely before ECT are described in the Electroconvulsive Therapy: ECT Minimum Standard of Practice.
- Patients require completion of cognitive testing and other objective rating scales before ECT, midway through the course of the treatments, and 2-3 days after completion of the course. The usual rating scales used are Montreal Cognitive Assessment (MOCA), Montgomery-Asberg Depression Scale (MADRS) and Brief Psychiatric Rating Scale (BPRS). Testing should be completed by a psychologist or

psychiatric registrar from the relevant treating team within the FH. Results are to accompany the patient to POWH for treatment. Tests are located in the ECT pack.

- When reviewing medications prior to ECT it is recommended that medications which increase the seizure threshold and thereby reduce the efficacy of ECT should be considered for reduction in dose, or cessation. Rationalising of medications should be conducted in consultation with the treating team and the POWH psychiatrist performing ECT.
- All information, results and documentation listed in this procedure and the ECT pack must accompany the patient to the pre ECT anaesthetic and psychiatric consultations and to all ECT treatments at POWH.

3.3 Making an appointment

- Appointments for the prescribed course of ECT, as recommended by the POWH psychiatrist in consultation with the patient's consultant psychiatrist, should be made with POWH after authorisation has been obtained from the MHRT.
- Appointments must be made in accordance with the FH Procedure External Medical Appointments – Bookings and Cancelations.

3.4 The week before ECT

- Ensure transport and escort is booked as per the FH Procedure External Medical Appointments – Bookings and Cancelations.
- Ensure the ECT order, the MHRT order and an Application for Outside Leave form (Section 50/63 Mental Health [Forensic Provisions] Act 1990) has been completed, approved and is present in the patient's health record.
- The Nurse Unit Manager (NUM) is to confirm the appointment with the ECT coordinator. A comprehensive handover outlining the patient's mental state and identified risks must be provided. Patients identified as high risk of aggression will be given the highest priority for treatment. Private waiting rooms are not generally available for patients to use prior to ECT, although a free theatre suite may be utilised if required and available.

3.5 The night before ECT

- The patient must be nil by mouth (NBM) from midnight the night prior to ECT. Increased level of observations as per Network Policy 1.319 Patient Engagement and Observation may be required for this purpose to ensure that the patient's fast is not broken.
- Benzodiazepines must be withheld from 20:00hrs hours as they will increase the seizure threshold and may detrimentally affect the outcome of treatment. Benzodiazepines must ideally be withheld 5 half-lives prior to the ECT stimulation as they will increase the seizure threshold and may detrimentally affect the outcome of treatment. In cases where this is unavoidable the patient should be switched to a shorter acting benzodiazepine for example lorazepam, which must be withheld for at least 24 hours prior to treatment. The treating team is to discuss prescribed medications that may affect ECT provision with the ECT team at POWH (e.g., lithium, anticonvulsants). A plan regarding their provision prior to ECT will be devised.

3.6 The day of ECT

- Ensure that the patient has been NBM from midnight. If patient has not been the leave will need to be cancelled.
- Essential regular and PRN medications, especially hypertensives, as determined and documented by the treating psychiatrist (excluding benzodiazepines), may be

administered with a sip of water. All other charted morning medications are to be administered on return to the FH.
- The nurse in charge is to confirm the appointment, delays and other relevant issues with the POWH ECT coordinator. Time of arrival at theatres is to be estimated, and ECT co-ordinator must be informed of any identified risks that require the patient to bypass Peri Operative Admissions.
- Complete the POWH ECT Checklist (ECT nursing checklist & observations SEI025.146) contained in the ECT Pack, and ensure all accompanying information, copy of medication chart, consents and orders are present and current.
- Ensure that a light meal will be available for the patient upon return to the FH.

3.7 At Prince of Wales Hospital

- Enter the hospital via the Barker Street entrance and drive up Nurses Drive (see POWH Site Map)
- The patient must be presented to the Peri-Operative admissions unit accessible via the level 1 sliding door located between the Hyperbaric Chamber and Dickinson Building.
- If clinically indicated due to increased risk, the ECT coordinator may arrange admission without the need to attend the Peri-Operative admission waiting area, and escort you directly to theatres.
- The Peri-Operative unit and/or ECT coordinator will orient you to the theatres and provide a hospital gown for the patient if required, ID bands, to be worn on the wrist and ankle, and a red allergy band if required.
- FH staff will be provided with a gown and hair net prior to entering the theatre.
- The POWH theatre and recovery staff will conduct the ECT and all physical observations. The role of FH staff is to remain with the patient to provide comfort, support and security of the patient.
- When the patient is oriented to time, place and person (or at baseline) and cleared for discharge for transport back to the FH, POWH staff will supply FH staff with:
    - All orders, treatment sheets and observation charts which accompanied the patient.
    - Physical observations chart, pre and post ECT and EEG tracings.
    - ECT order sheet - The treating POWH consultant / registrar will document on the ECT order sheet the duration and quality of the seizure and any comments regarding the treatment.
    - Post Operative Report
    - POWH staff will keep a copy of this paperwork.
    - The pre-anaesthetic consultation sheets are usually kept at POWH.
- This original documentation will be required at all subsequent ECT treatments.
- The escorting nurse to check that patient's intravenous cannula has been removed prior to discharge.

3.8 On Return to the Forensic Hospital

- Escort the patient to the unit, providing reassurance and information around possible side effects, including nausea and discomfort.
- Offer prophylactic analgesia and inform of availability of analgesia throughout the day to alleviate discomfort.
- Administer any remaining morning medications withheld prior to ECT.
- Provide a clinical handover to the treating team including presentation, any complications, seizure duration, tolerance to anaesthesia, recovery, observations, and plan for next / subsequent ECT treatment. An incident report should be completed on ims+ for any reportable incident that occurred whilst on leave.
- The medical team must review the patient and accompanying documentation. The ward clerk is to ensure the documentation is filed in the patient's health record. Any

abnormalities or side effects detected should be documented in the health record and communicated with the nurse in charge (NiC), the NUM and the psychiatry registrar, requesting assessment and possible treatment as required.

- Document the clinical handover in the patient's health record and update the patients TPRIM to reflect:
    - Date for next ECT,
    - Ongoing monitoring requirements, including frequency of patient observation,
    - Physical observations,
    - Regular monitoring of mood and mental state,
    - Frequency of BGLs if diabetic,
    - The passing of urine post procedure,
    - Potential side-effects of the treatment.
- Assess the patient's gag reflex prior to offering light lunch or morning tea by offering a sip of water.
- The FH treating team will continue ongoing liaison with the POWH ECT team regarding ECT dosing and frequency.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Related documents

Legislations	Mental Health Act 2007 No 8 (NSW)
Justice Health NSW Policies, Guidelines and Procedures	Policy 1.249 Leave, Ground Access and SCALE Forensic Hospital Policy 1.319 Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit Procedure 6.089 External Medical Appointments - Bookings and Cancellations Procedure 9.026 Escorts – Staff Responsibilities
Justice Health NSW Forms	CORP000 *Title of Form*
NSW Health Policy Directives and Guidelines	PD2011_003 Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW
Other documents and resources	SMR025.130 Information and Consent – Electro Convulsive Therapy form

6. Appendix

6.1 Information for patients, families and carers on ECT

This information sheet will try to answer some of the questions you may have about Electroconvulsive Therapy (ECT). Your psychiatrist will discuss with you why ECT has been recommended for you.

What is ECT and why is it given?

ECT is a modern psychiatric treatment that is effective for a range of mental illnesses, including major depression, mania, some forms of schizophrenia and a small number of other mental and neurological disorders. It might be used when medications have not worked or other forms of treatment are ineffective. It might also be used for people who have serious side-effects from medications or whose medical condition means they can't take medications safely. A general anaesthetic and muscle relaxant is given. When these have taken full effect, i.e. when you are asleep, a brief, carefully controlled electrical current is passed through the brain, causing a seizure. You will wake up after 5 to10 minutes, much as you would from minor surgery. ECT usually consists of 6 to 12 treatments given 2 to 3 times a week over about a month. The total number of treatments needed to get a person better varies between individuals and your psychiatrist will discuss with you how many treatments you are likely to need. While most people show some improvement after 3 to 4 sessions, it takes on average 9 treatments to achieve recovery and some patients may need more than 12 treatments. There is evidence that ECT is effective in improving depressive and psychotic symptoms. Approximately 8 out of 10 patients who undergo ECT will experience dramatic improvement.

How Does ECT Work?

A lot of research has been done into the changes that occur within the brain after ECT treatment. It is known that after ECT the activity levels of different parts of the brain are changed, hormones are released, and signalling between brain cells is modified. The latest research studies suggest that ECT may even result in the growth of new brain cells, possibly a process to 'repair' impaired brain circuits that may be responsible for depression. There is one accepted theory about how ECT works, leading some to claim that ECT is unscientific, or to reject it as a treatment.

When will your doctor order ECT treatment?

The decision to administer ECT is based on a thorough physical and psychiatric evaluation of the person, taking into account the type of illness, the degree of suffering, the expected result and the outlook for the person if the treatment is not given. When the risk of suicide is high or when a seriously ill person is unable to eat or drink, ECT can be life-saving.

Prior to your treatment

Before your first ECT treatment, you will be examined to make sure you are fit to have a short general anaesthetic and ECT.
You must not eat or drink anything including water for at least 6 hours before the ECT treatment to make sure your stomach is empty. This is called 'fasting'. If you eat or drink anything within the fasting period, you must tell the nursing or medical staff before the treatment. Some medication might be given early on the morning of ECT treatment, but only with a tiny sip of water.

How is ECT given?

In the operating theatre of the hospital the staff will attach the following to you:

- Blood pressure cuff on your arm or leg or both
- A small clip over one of your fingers to check heart rate and oxygen levels in your blood
- Small stick-on recorders on your forehead and behind your ears to record the brain's electrical activity during the treatment

- Face mask over your nose and mouth to give you oxygen.

This is to prepare your body and brain for the extra activity that will happen briefly with the treatment. You will have a short general anaesthetic so that you will be asleep and not feel or remember the treatment. The anaesthetic medication will be injected into a vein to make it work quickly and well. An anaesthetist will be present and give the anaesthetic. You will also be given a medicine to relax your muscles. You won't feel the seizure because of the anaesthetic, and any muscle movement during ECT will be limited because of the medicine given to relax your muscles. A doctor who has specialised training in ECT will administer the treatment. The doctor puts small electrodes on your scalp and passes a measured amount of electricity to a part of the brain to cause a seizure. The seizure will last up to two minutes. During the treatment, the anaesthetist will continue to give you oxygen through the face mask and monitor your heart rate and oxygen level. The anaesthetist will give you any medications necessary to adjust your heart rate etc. during and after the treatment. You will not feel or remember any of the actual treatment because you will be asleep due to the anaesthetic medication. Within a few minutes after the treatment, the anaesthetic will have worn off and you will wake up. During this time, you will be moved to the recovery room where you will be looked after until you are awake enough to return to the Forensic Hospital. After you wake up, the anaesthetic medication and the treatment will make you 'groggy' for a while.

Is it safe? What are the benefits of ECT? What about side-effects?

ECT is regarded as a very safe treatment. Research has shown that ECT doesn't cause brain damage or changes in personality because the amount of electricity used is too small to harm tissue. Your psychiatrist will discuss with you the expected benefits of ECT. These will vary depending on the nature and seriousness of your illness, but ECT will generally improve your ability to think and return your emotions to a healthier state. All treatments have risks and side-effects – even no treatment has risks.

The risks and side-effects of ECT include:

- Side-effects from the anaesthetic, such as headache nausea or queasiness, vomiting. You should tell the staff looking after you and they will be able to give you some medication to help.
- You might get muscle soreness after the ECT as a result of the medicine given to relax your muscles.
- A common and significant side-effect is confusion and memory impairment.
- Many people report difficulty with memory which usually clears up shortly after the end of treatment. For some it may last for a while longer (e.g. weeks to months) but improves with time.
- Immediately after ECT most people have a short period of confusion and do not remember the actual treatment.
- Over the course of ECT, it might be more difficult to remember newly learned information, e.g. events that occurred during the weeks you were having ECT.
- Some people also report a patchy loss of memory of events that occurred during the days, weeks and months before the ECT. Memory for recent events, dates, names of friends etc. may not be as good. In most patients the memory problems go away over the days, weeks or months following completion of the course of ECT. Sometimes, but not often, there may be permanent loss of some memories from your past.
- Many people find that their memories are somewhat unclear for the time that they were ill. The same problem is often experienced by people with depression who do not receive ECT.
- Although specific memories from around the time you had ECT might not return, your overall memory should work better in the weeks to months after treatment. Many patients report that their memory improved after a course of ECT.

Some other side-effects are less common and some are extremely rare:

- There is a less common risk of medical complications, such as irregular heart rate and rhythm. There might be a temporary rise in blood pressure and heart rate followed by a slowing of the heart rate.
- As with any general anaesthetic, there is a very small risk of death, but with modern ECT and a short anaesthetic, this risk is now extremely rare. No case of death associated with anaesthesia for ECT has been recorded in New South Wales for more than25 years.
- Heart attack, stroke or injury related to muscle spasms are also extremely rare.
- Resuscitation equipment and emergency procedures are immediately available if anything should go wrong.

What are the alternatives to ECT? Talk to your psychiatrist about other treatments that may be available.

Giving permission for ECT
As with any other procedure, consent must be obtained, prior to you receiving ECT.

As an involuntary patient, even if you want ECT, your psychiatrist will seek consent on your behalf through the Mental Health Review Tribunal.
Prior to a Mental Health Review Tribunal hearing to obtain consent for ECT you have the right to be informed of the procedure and the process. This includes:

- a full explanation of the ECT procedure
- how it works
- how it can help you illness
- possible side-effects, discomforts and risks of ECT
- any beneficial alternative treatments.

You have the right to discuss your views about ECT with your psychiatrist and ask any questions about it. You also have the right to:

- obtain medical and legal advice
- obtain a second opinion from a psychiatrist about the ECT. Your psychiatrist can arrange a second opinion from within the mental health service.

Your psychiatrist must do everything reasonably practicable to give notice to your nearest relative, guardian or personal friends about the application for ECT. The Mental Health Review Tribunal will make the decision about whether or not you are to be treated with ECT. Remember that you can have a friend, a family member, a lawyer or an advocate with you for support or to represent you.

Will I need further treatment?
While your illness might be treated with a course of ECT, the illness might come back once the course is finished. Some people need occasional continued ECT treatment, spread-out from around once a week to once a month. To help prevent relapse, your doctor will discuss with you any further treatment you might need after the course of ECT ends, such as medication, maintenance ECT, psychotherapy, counselling and/ or rehabilitation.

6.2 ECT Pack

Contents

- ECT information brochure (Appendix 1 in ECT Procedure)
- Electroconvulsive therapy pack SEI025.141 (only page one to be completed)
- ECT prescription & record SEI025.144
- ECT nursing checklist & observations SEI025.146
- Montgomery Asberg Depression Rating Scale (MADRS) X2, BPRS, YMRS x1 form each (more than one may be used if necessary) pre and post final ECT (please photocopy the rating scale(s) used for the final testing)
- Montreal Cognitive Assessment (MOCA) X2 forms + scoring instructions (Both Scales must be completed – pre and post final ECT)
- Brief ECT Cognitive Scale (BECS) form – pre and after 3-4th ECT
- Quality of Life Enjoyment and Satisfaction Questionnaire x2 forms – pre and post
- Clinician Global Impression form – pre and post
- Envelope for EEG tracings (insert patient ID sticker on front)
- Anaesthetic recommendation for admission form - Patient Health Questionnaire
- Anaesthetic Ward Consult Checklist
- Universal Consultation Request for anaesthetics
- MHRT ECT application pack (Must be completed for all involuntary patients)

Guidelines for anaesthetic consult request

- Allow 48-72hrs; if more urgent, fax appropriate forms (see below) to Duty Anaesthetist on [redacted], indicating reason for urgency
- Complete:
  - Patient Health Questionnaire
  - Anaesthetic Ward Consult Checklist form
  - Universal Consultation Request form
- Fax above documents to Peri-operative suite on [redacted]. Keep document in patient's file.

Recent blood tests, chest x-ray, neuroimaging and recent ECG are part of the ECT work up. There may be additional tests required by the Anaesthetist/cardiologist etc.

ECT co-ordinator allocated days are Mon, Wed, Fri. They are not always rostered to work the days between in which case would not be responsive.

Booking a patient on ECT list

- Once all of the above is completed and valid consent obtained, clients can be added to ECT list (prior to 10:00hrs of working day prior to day of ECT required if bed availability) by paging the ECT co-ordinator on [redacted] Mon/Wed/Fri 7:00 – 15:45.
- Or contact [redacted], ECT chairperson [redacted]

Once the patient commences ECT a blue folder will be kept in the inpatient file containing the above documents.