

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<p><b>ELECTROCONVULSIVE THERAPY (ECT)</b></p>	<p><b>Protocol CPM.M5.19</b></p>
--	---	--------------------------------------

## PURPOSE

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that Electroconvulsive Therapy (ECT) will be prescribed and administered in a manner that ensures maximum safety and efficiency / efficacy for Tangata Whaiora / service users, and their family / whānau and is consistent with the [Royal Australian and New Zealand College of Psychiatrists professional practice guidelines for the administration of electroconvulsive therapy. July 2020.](#)

## OBJECTIVE

- To ensure all ECT is appropriately prescribed and administered within prevailing clinical, cultural, ethical and legal guidelines.
- To ensure Tangata Whaiora / service user safety throughout the process of ECT.
- To reinforce the expectation of the Mental Health Act that Tangata Whaiora / service users need to give their consent before ECT can be administered (section 60(a)). The responsible clinician will always attempt to gain a patient's agreement to ECT by fully explaining the expected benefits and side effects in line with section 67 (see 12.4: 'Section 67: Right to be informed about treatment' below). Rights 5 and 6 of the Code of Rights.

## STANDARDS TO BE MET

### 1. Tangata Whaiora / Service User Rights

- 1.1 Patients receiving ECT are afforded patient's rights specified in the Code of Health and Disability Services Consumers' Rights. Tangata Whaiora / Service Users receiving ECT are entitled to receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in manner that is respectful of consumer rights, facilitates informed choice, minimizes harm and acknowledges cultural and individual values and beliefs.
- 1.2 The Tangata Whaiora / service user's right to privacy will be maintained at all times in accordance with Bay of Plenty District Health Board policy 2.5.1 protocol 2 Privacy & Information Sharing.

### 2. Informed Consent

- 2.1 ECT will be administered once appropriate consent is obtained (refer to Bay of Plenty District Health Board policy 1.1.1 Informed Consent).
- 2.2 Special provisions relating to ECT are contained in section 60 of the Mental Health Act and articulated in sections 11.2 and 11.3 of the Ministry of Health. 2020. *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992*. Wellington: Ministry of Health. The Mental Health Act requires two procedures to be followed before ECT may be administered:
  - a) the patient consents in writing to the treatment (section 60(a))
  - b) a second-opinion psychiatrist agrees that the treatment is in the patient's interests (section 60(b)).
- 2.3 Where a patient subject to the Mental Health Act is either not competent to consent or refuses to consent, ECT can be administered if a second Psychiatrist, who has been approved by the Review Tribunal and practises independently of the requesting clinical team, considers the treatment to be in the interests of the patient (section 60(b)).

Issue Date: Sep 2021 Review Date: Sep 2024	Page 1 of 5 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Clinical Director, MH&AS	Authorised by: Chief Medical Officer	

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<p><b>ELECTROCONVULSIVE THERAPY (ECT)</b></p>	<p><b>Protocol CPM.M5.19</b></p>
---	---	--------------------------------------

- 2.4 BOPDHB MH&AS will have agreed terms relating to reviewing 'written consent' to treatment in accordance with current ECT guidelines and afore mentioned policy.
- 2.5 Written consent to ECT treatment will be recorded on the MH&AS Written Consent to Treatment Form 11/10.
- 2.6 All Tangata Whaiora / service users meeting the criteria for ECT treatment will have the procedure discussed with them by medical and nursing staff involved in their care in a manner that they understand.
- 2.7 Family / whānau agreement where appropriate.
- 2.8 All Tangata Whaiora / service users and family / whānau members will be offered written information on ECT treatment.

### 3. Cultural Input

With consent cultural input / liaison will be planned and facilitated prior to commencing and throughout ECT treatment course by the prescribing MDT.

### 4. Family / Whānau Support & Attendance At Treatment

Family / whānau members may attend with a Tangata Whaiora / service user if wished to pre-treatment waiting area. Post treatment, family / whānau members will be re-united with Tangata Whaiora / service users either in the Day Stay Unit or inpatient ward.

### 5. Indications

- 5.1 ECT is only prescribed when clinically indicated as follows. As a primary treatment, past history of therapeutic response to ECT or when response to medication has been unsatisfactory in the following categories:
  - a) Major depressive episode
  - b) Catatonias
  - c) Puerperal depression or psychosis
  - d) Schizoaffective disorder, depressed phase
- 5.2 When there has been no or only partial response to other treatments
  - a) Mania
  - b) Schizophrenia
  - c) Schizoaffective disorder, manic phase
- 5.3 The ECT Committee must approve ECT for any other conditions.

### 6. Facilities And Equipment

- 6.1 The service will have a dedicated location for the administering of ECT comprising of a waiting room, treatment room and a recovery room.
- 6.2 All ECT's will be administered using a modern brief pulse ECT machine with EEG monitoring.
- 6.3 ECT machine will be maintenance checked at least on a 6 monthly basis by Tauranga Hospital Clinical Engineering Department.
- 6.4 ECT administration is arranged as necessary between Theatre, Anaesthetic staff and ECT clinicians.
- 6.5 Planned ECT lists will be arranged for primary ECT days as identified above.
- 6.6 Emergency ECT however can be arranged for a statutory holiday / weekend day if required and agreed upon by involved multidisciplinary team (MDT) / departments.

Issue Date: Sep 2021 Review Date: Sep 2024	Page 2 of 5 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Clinical Director, MH&AS	Authorised by: Chief Medical Officer	

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<p><b>ELECTROCONVULSIVE THERAPY (ECT)</b></p>	<p><b>Protocol CPM.M5.19</b></p>
--	---	--------------------------------------

## 7. Transportation to Treatment Area

- 7.1 Transportation arrangements to and from treatment area will be considered and agreed upon by the prescribing MDT prior to commencing course of treatment in all areas.
- 7.2 Outpatients receiving ECT will be advised not to drive a car, operate machinery, or make decisions involving testamentary capacity for 24 hours after anaesthesia by prescribing MDT.

## 8. After Care Arrangements

- 8.1 Inpatients receiving ECT will return to the designated ward post treatment for after care.
- 8.2 After care arrangements post ECT treatment for outpatients will be considered and agreed upon by the prescribing MDT prior to commencing course of treatment in all areas.

## 9. Treatment Reviews

- 9.1 Treatment reviews are the responsibility of the prescribing MDT.
- 9.2 Treatment reviews will take place after every two individual treatments or more frequently if required and recorded in the Tangata Whaiora / service user's clinical notes.
- 9.3 Treatment reviews will address the following, but is not limited to:
  - a) Treatment progress
  - b) Assessment of adverse side effects
  - c) Assessment of consent to treatment
  - d) Further treatment plans

## 10. Staffing

### 10.1 Medical Staff

- a) A designated ECT Specialist with appropriate training and experience will oversee all aspects of the delivery of ECT treatment.
- b) Only Psychiatrists and Psychiatric Registrars who have been appropriately trained will administer ECT according to the Royal Australian and New Zealand College of Psychiatrists guidelines.

### 10.2 Nursing Staff

- a) A designated registered nurse (RN) with appropriate training and experience will attend all ECT administration sessions and co-ordinates all aspects of ECT service delivery.
- b) Nurses with appropriate training and experience are available in all teams to be rostered or delegated as need for ECT services (patient escort, co-ordination relief, recovery).
- c) Nurses attending patients recovering from anaesthesia will be trained in post-anaesthetic care.

### 10.3 Escorting Staff

- a) Ward / Community nurses when escorting Tangata Whaiora / service users to treatment will be encouraged to remain with the Tangata Whaiora / service user throughout their treatment to offer support and assurances.

Issue Date: Sep 2021 Review Date: Sep 2024	Page 3 of 5 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Clinical Director, MH&AS	Authorised by: Chief Medical Officer	

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<b>ELECTROCONVULSIVE THERAPY (ECT)</b>	<b>Protocol CPM.M5.19</b>
---	--	-------------------------------

- b) Student health professionals must not escort / be responsible for the transfer of Tangata Whaiora / service users to / from treatment unsupervised / without supervision by a suitably qualified health professional.
- c) To ensure patient and staff safety post treatment, a minimum of 2 hospital staff with one at least being a qualified nurse, are required to escort the Tangata Whaiora / service user back to the designated ward for further recovery / observations.

#### 10.4 Administration Staff

The Anaesthetic Department and MH&AS will have identified staff to ensure administration duties e.g. theatre bookings, data input are co-ordinated and completed.

#### 10.5 ECT Committee

- a) An ECT Committee will be established with appropriate representation.
- b) The ECT Committee will monitor and review practice of ECT.
- c) The ECT Committee will submit recommendations to the MH&AS Clinical Governance Group.
- d) The ECT Committee will have agreed terms of reference.
- e) The ECT Committee will meet six (6) monthly.

### 11. Training

- 11.1 The Psychiatric Registrar programme will include an ECT training programme.
- 11.2 All Psychiatrists involved in the administration of ECT will understand the use and function of ECT equipment.
- 11.3 The ECT Specialist will have attended a recognised ECT training programme, currently available in Australia, UK and USA.
- 11.4 Other health care professionals involved in the administration of ECT will be encouraged to attend ECT specific training.

### 12. Documentation

- 12.1 Referenced protocols are available on all aspects of ECT. See protocol CPM.M8.3 Electroconvulsive Therapy (ECT) Staff Roles & Responsibilities.
- 12.2 ECT related forms / documents are clearly specified. See protocol CPM.M8.3 Electroconvulsive Therapy (ECT) Staff Roles & Responsibilities.
- 12.3 All documentation relating to ECT is filed together in a defined order in the Tangata Whaiora / service user's health record.

### 13. ECT Register

- 13.1 A register of BOPDHB ECT will be kept in accordance with Ministry of Health requirements. The ECT register is the responsibility of the ECT Nurse.
- 13.2 The DAMHS office will collect monthly ECT data and report to the Ministry of Health any ECT administered carried out and any ECT administered that did not have informed consent s60(b).

Issue Date: Sep 2021 Review Date: Sep 2024	Page 4 of 5 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Clinical Director, MH&AS	Authorised by: Chief Medical Officer	

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<b>ELECTROCONVULSIVE THERAPY (ECT)</b>	<b>Protocol CPM.M5.19</b>
--	--	-------------------------------

## 14. Monitoring and Follow up

All Tangata Whaiora / service users receiving ECT will receive follow up from a Case Manager in the community, who will monitor mood and cognition and complete MADRS, HoNOS and ACE-II pre and post treatment and then at three (3) monthly intervals for 12 months. This information will be collated by the ECT Co-ordinator for audit purposes.

## REFERENCES

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Act, 1994
- Health & Disability Services Standards NZS 8134:2008 Standards New Zealand
- Human Rights Act, 1993
- Ministry of Health. 2020. Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992. Wellington: Ministry of Health
- Mental Health (Compulsory Assessment and Treatment) Act, 1992 and amendments.
- National Mental Health Sector Standards NZS 8143:2001
- Privacy Act, 2020
- Protection of Personal and Property Rights Act, 1988
- The ECT Handbook – Royal College of Psychiatrists, 2nd ed. (2005)
- The Practice of ECT, American Psychiatric Association, 2nd ed. (2001), Washington D.C.
- [Royal Australian and New Zealand College of Psychiatrists professional practice guidelines for the administration of electroconvulsive therapy. July 2020.](#)

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.1.1 Informed Consent](#)
- [Bay of Plenty District Health Board policy 2.5.1 protocol 2 Privacy & Information Sharing](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.1 ECT and Written Consent to Treatment](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M8.3 ECT :Staff Roles & Responsibilities](#)
- [Bay of Plenty District Health Board ECT Booklet - Information for you, your family / whānau – viewable only. Order from Design & Print Centre](#)
- [ECT 2<sup>nd</sup> Opinion \(section 60\) report](#)
- [Bay of Plenty District Health Board Form CT Checklist](#)
- ECT Committee: Terms of Reference
- [Bay of Plenty District Health Board Form CT Consent form](#)
- [Bay of Plenty District Health Board Form CT Prescription and Treatment Form](#)
- [Bay of Plenty District Health Board Form CT Treatment Review Form](#)
- [Bay of Plenty District Health Board Form FM.E11.1 ECT – Request for Anaesthesia Services for ECT](#)

Issue Date: Sep 2021 Review Date: Sep 2024	Page 5 of 5 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Clinical Director, MH&AS	Authorised by: Chief Medical Officer	