

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<b>ELECTROCONVULSIVE THERAPY (ECT) AND WRITTEN CONSENT TO TREATMENT</b>	<b>Protocol CPM.M5.1</b>
<b>CLINICAL PRACTICE MANUAL</b>		

## PURPOSE

The Royal College of Psychiatrists advise that consent should be for up to a limited and stated number of treatments, given during a stated time and that further consent should be sought and recorded if this number or time is exceeded or if, for any reason, there is a break in a series of treatments of more than three (3) weeks, after which the treatment should be counted as a new course.

The Royal Australian and New Zealand College of Psychiatrists recommend also that in the case of maintenance ECT, that patients renew their written consent at regular intervals.

Bay of Plenty District Health Board (BOPDHB) policy 1.1.1 protocol 1 Informed Consent Standards states that for prolonged cases of treatment or procedures there will be a general agreement of established practice regarding the need for renewal of written consent.

## OBJECTIVE

To ensure that current procedures are consistent with BOPDHB policy and Health & Disability Service Standards.

## STANDARDS TO BE MET

When completing written Consent to Treatment for ECT with reference to the BOPDHB Informed Consent (pink form) that the following is indicated / specified, and time frames acknowledged:

- 1. Index ECT and proposed maximum treatments valid per Consent to Treatment form**
  - As per Consent Form valid up to maximum of 12 index treatments (then if required, new Consent Form / Written Consent is sought). For example: Consent Form indicates - *'Index ECT, up to maximum of 12 treatments' only*
- 2. Maintenance ECT and proposed frequency and proposed duration of treatment course valid per Consent to Treatment form**
  - Note: as per Consent Form valid up to maximum of 12 treatments only. For example: Consent Form indicates - *Maintenance ECT, on a two (2) weekly basis up to maximum of 12 treatments only or for a period of no more than three (3) months.*
- 3. Treatment Changes**
  - Treatment changes from index to maintenance / and maintenance back to index treatments, require new consent, prescription and treatment forms stating the category of treatment required.
- 4. ECT and Written 'Consent to Treatment' – Second Opinion**
  - For consumer's requiring ECT who are unable to give informed consent to treatment, a Section 60 Mental Health Act (1992) Second Opinion will be required before ECT treatment is initiated.
  - The Section 60 MHA (1992) / Second Opinion will have the same / equal duration as the written guidelines identified above for both index and maintenance treatment courses. If required for further treatment as above a new Consent Form / written consent and Section 60 MHA (1992) will be sought.

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Protocol Steward: Clinical Co-ordinator, MHSOP.	Authorised by: Chief Medical Officer	

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- The patient's Responsible Clinician / Psychiatrist and the nominated Second Opinion Doctor are required to complete the Decision to consent on behalf of other component on page four of this form in conjunction with the Section 60 MHA (1992) and associated documentation.

## REFERENCES

- Mental Health (Compulsory Assessment and Treatment) Act, 1992
- Mental Health (Compulsory Assessment & Treatment Amendment Act, 1999
- The ECT Handbook, Royal College of Psychiatrists, Council Report CR128, pg.196.
- Electroconvulsive Therapy, The Royal Australian and New Zealand College of Psychiatrists, Clinical Memorandum # 12, pg. 13.
- [Position Statement 74. Electroconvulsive Therapy \(ECT\) Royal Australian and New Zealand College of Psychiatrists Position Statement, August 2013.](#)

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.1.1 protocol 1 Informed Consent Standards](#)
- [ECT 2<sup>nd</sup> Opinion \(section 60\) report](#)
- [ECT Consent form](#)
- [ECT Prescription and Treatment Form](#)

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