

# CONSENT TO ELECTRO — CONVULSIVE THERAPY (ECT) (MRMHA-L)

**1a.** Affix patient identification label in this box

Hospital: .....

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

*Mental Health Act 2009—Section 42*

## 1b. PERSON ADDRESS DETAILS *(if not on or different from patient label above)*

Address: .....

Suburb/town: ..... Postcode: \_\_\_\_\_

## 2. EXAMINATION OF PERSON

I have examined the above named person on: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ (24-hour clock)

Location of examination: .....

*Please specify: emergency dept, ward and hospital, community mental health site, GP clinic or residence.*

## 3. AUTHORISATION OF ECT

I have examined the above named person and am satisfied that he/she has a mental illness and requires ECT for the treatment of his/her mental illness.

I have explained clearly and fully to the person (or person consenting on their behalf) the need for the treatment; nature, consequences and risks of the treatment; and alternative treatment (if any).

I believe the person (or person consenting on their behalf) has understood the explanations and answers and is capable of giving informed consent to ECT treatment.

This consent expires on: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ at 17:00 (24-hour clock)

**Note:** ECT Consent must be for a maximum of 12 treatments or 3 months, whichever comes first. If further ECT is required an additional consent must be sought.

Full Name <i>(Please print):</i>	Psychiatrist
Signature:	_____ / _____ / 20____ at _____ : _____ (24-hour clock)
Health service/agency <i>(Please print):</i>	

## 4. PERSON or SUBSTITUTE DECISION MAKER CONSENT TO ECT

The following aspects of ECT treatment have been explained clearly and fully to me:

Why the treatment is needed and exactly what has been recommended.

The nature, consequences and risks of the treatment.

Any alternative treatments or options that may be available.

I have read and understood the information on the back of this form. All my questions have been answered.

I understand that I can withdraw consent at any time in the future before treatment is carried out.

I consent to the administration of ECT as authorised above.

Comments: .....

Full Name <i>(Please print):</i>	Self <input type="checkbox"/> Substitute Decision Maker (Medical Agent) <input type="checkbox"/>
Signature:	Guardian <input type="checkbox"/> Parent <input type="checkbox"/>
_____ / _____ / 20____ at _____ : _____ (24-hour clock)	

<b>Office of the Chief Psychiatrist</b>	Inquiries: (08) 8226 1091	Act Forms Fax: (08) 8115 5551
Internet: <a href="http://www.chiefpsychiatrist.sa.gov.au">www.chiefpsychiatrist.sa.gov.au</a>	Act Forms Email: <a href="mailto:HealthOCPMHLO@sa.gov.au">HealthOCPMHLO@sa.gov.au</a>	

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## 5. CONSENT BY SOUTH AUSTRALIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

If consent cannot be made by the person; or by a guardian or substitute decision maker (medical agent); or by a parent or guardian if the person is under 16 years of age; an application for consent can be made to SACAT.

An application for SACAT consent to ECT treatment was made on \_\_\_ / \_\_\_ / 20 \_\_\_.

## 6. HEALTH SERVICE / AGENCY OBLIGATIONS

The person must be given a copy of this form as soon as practicable.

The guardian, substitute decision maker (medical agent), relative, carer or friend of the person must be given a copy of this form (if appropriate) as soon as practicable.

The Chief Psychiatrist must be sent a copy of page 1 of this form within 1 business day.

The reasons for the making of this ECT consent, the provision of copies and making of notifications must be noted in the person's medical records and/or casenotes, whether electronic or paper-based.

## 7. GENERAL INFORMATION

### General information about Electro-convulsive therapy (ECT)

- Electro-convulsive therapy (ECT) is a very safe form of medical treatment for major depression, bipolar disorder and psychotic illnesses related to schizophrenia.
- Most people show some improvement after three or four episodes of ECT treatment, however, for some people, it may take more episodes of treatment for them to improve significantly.
- A person receiving ECT may also be given medication to make the return of symptoms less likely and the person may also receive counselling and/or rehabilitation services.
- ECT can only be authorised by a psychiatrist who has examined a person.
- ECT is performed under a general anaesthetic and under the direct supervision of a psychiatrist with the assistance of an anaesthetist. Nurses also assist.

### Information about the need for written consent to ECT by or on behalf of a person

- A psychiatrist who has examined a person may recommend ECT for the treatment of the person's mental illness.
- Consent to ECT extends to consent for a general anaesthetic to enable the treatment to be administered.
- In circumstances where a person for whom ECT has been authorised cannot consent, a medical agent or guardian or substitute decision maker may consent on behalf of the person.
- If written consent cannot be given by or on behalf of a person, the treating team can apply to the South Australian Civil and Administrative Tribunal for consent. The South Australian Civil and Administrative Tribunal will consider the application and may (or may not) approve the administration of ECT.
- The maximum number of episodes that can be authorised and consented to at one time is 12, though an effective course of treatment may consist of less than or more than 12 episodes. Consent remains valid for a maximum period of three months.
- If a psychiatrist examines a person during the course of the treatment and recommends that the person receives another course of treatment, the next course of ECT must be separately consented to in writing (during or after the current course of treatment).
- If the person is under 16 years of age, consent can be given by the parent or guardian.
- If the person has more than one substitute decision maker nominated in an Advance Care Directive, then each substitute decision maker must separately consent to ECT using their own copy of this form.

### Emergency treatment

- If the psychiatrist believes ECT treatment is urgently required for the patient's wellbeing, and the patient (or substitute decision maker) is not capable of providing consent, and consent from SACAT has not yet been obtained, the psychiatrist may authorise one episode of emergency ECT treatment.
- The giving of ECT in an emergency is not limited to one episode, however, each episode of emergency ECT must be authorised separately.

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