Electroconvulsive therapy (ECT) is a psychiatric treatment in which small electric currents are passed through the brain to intentionally triggering a brief seizure.
ECT Orders

The Chief Psychiatrist or a doctor can apply to the ACAT for an ECT order if the person is under 18 years old (with decision making capacity to consent) and the application is supported by another doctor. At least one of the Doctors must be a child and adolescent psychiatrist.

Who must the ACAT consult with about ECT orders?

Before making an ECT order the ACAT must, as far as practicable, consult with the following people if they are involved in the person’s care:

• those who have parental responsibility, if the person is a child;
• the Guardian;
• the Attorney; and
• the Nominated Person; and
• the Health Attorney.

The ACAT must hold a hearing before making an ECT order in relation to a person.

What must the ACAT take into account in making an ECT order?

In making an ECT order the ACAT must take the following into account:

• whether the person consents, refuses to consent or has the decision-making capacity to consent to ECT;
• the person’s views as set out in an Advance Agreement or Advance Consent Direction;
• the views of the person responsible for the person’s day-to-day care;
• the views of people appearing at proceedings;
• the views of people listed above under who must the ACAT consult;
• any alternate treatment, care or support available; including:
  – the purpose of the treatment, care or support;
  – the benefits likely to be received by the person by the treatment, care or support; and
  – the distress, discomfort, risk, side effects or other disadvantages associated with the treatment, care or support; and
• any relevant medical history of the person.

Making an ECT Order

The ACAT may make an ECT order in relation to a person if the person is at least 12 years old if they are satisfied that the person has a mental illness and:

• the person does not have decision-making capacity to consent to the administration of ECT; and
• the person does not have an ACD refusing consent to ECT;
• the administration of ECT is likely to result in substantial benefit to the person; and
• either:
  – all other reasonable forms of treatment available have been tried but have not been successful; or
  – the treatment is the most appropriate treatment reasonably available.
The ACAT may make an ECT order in relation to a person if the person is at least 12 years old but under 18 years of age if they are satisfied that the person has a mental illness and:

- the person has decision-making capacity to consent to the administration of ECT; and
- the person consents to the administration of ECT; and
- the administration of ECT is likely to result in substantial benefit to the person.

As soon as possible after making an order ECT under this section the ACAT must give a copy of the order to:

- the person in relation to who the order is made;
- the person who applied for the order;
- the people consulted about the order.

**What will the ECT order include?**

The ECT order must state:

The matters that the ACAT is satisfied of, ie that:

- the person has a mental illness;
- the person has decision-making capacity to consent to the administration of ECT;
- the person consents to the administration of ECT;
  - the administration of ECT is likely to result in substantial benefit to the person; and
  - the maximum number of times ECT may be administered.

The person in charge of the facility where ECT is to be administered must ensure that the person receiving ECT is told about the ECT and how it is administered.
Emergency ECT Orders

The ACAT may make an emergency ECT order if an application is made by the Chief Psychiatrist and another doctor. The emergency ECT order must be accompanied by an application for an ECT order.

What must the ACAT take into account in making an emergency ECT order?

In making an emergency ECT order the ACAT must take the following into account:

- whether the person consents, refuses to consent or has the decision-making capacity to consent to ECT;
- the person’s views as set out in an AA or ACD;
- the views of people appearing at proceedings;
- the views of the person responsible for the person’s day-to-day care;
- if the person is under 18 years of age, the views of each person with parental responsibility;
- the Guardian;
- the Attorney;
- the Health Attorney.

Making an emergency ECT Order

The ACAT may make an emergency ECT order in relation to a person if the person is at least 16 years old if they are satisfied that the person has a mental illness and:

- the person does not have decision-making capacity to consent to the administration of ECT; and
- the person does not have an Advance Consent Direction refusing consent to ECT;
• the administration of ECT is necessary to:
  – save the person’s life; or
  – prevent the likely onset of a risk to the person’s life within three days.

• either:
  – all other reasonable forms of treatment available have been tried but have not been successful; or
  – the treatment is the most appropriate treatment reasonably available.

The ACAT may make an emergency ECT order in relation to a person if the person is at least 16 years old if they are satisfied that the person has a mental illness and:

• the person has decision-making capacity to consent to the administration of ECT and consents to the administration of the administration of ECT is necessary to:
  – save the person’s life; or
  – prevent the likely onset of a risk to the person’s life within three days.

• either:
  – all other reasonable forms of treatment available have been tried but have not been successful; or
  – the treatment is the most appropriate treatment reasonably available.

What will the emergency ECT order include?

The emergency ECT order must state that:

• ECT may be administered to the person a stated number of times (not more than three); and
• the order expires in a stated number of days (not more than seven).
Records of ECT

A doctor administering ECT must record the administration, including whether administration:

• was in accordance with an ACAT order;
• was with the person’s consent.

The Doctor must give the record to the person in charge of the facility.

Records of ECT must be kept for five years.

Adults and ECT

Adults with decision-making capacity

ECT can be administered to an adult with decision making capacity if the person:

• has given consent to the administration of ECT;
• has not withdrawn their consent, either orally or in writing;
• ECT has not been administered:
  – more than nine times since the consent was given;
  – if the consent was to the administration of ECT for a stated number of times less than nine, that number of times.

• the person’s consent for further ECT can be reviewed and renewed.
**Adults without decision-making capacity**

ECT can be administered if:

- the person has an Advance Care Direction consenting to the administration of ECT; and
  - ECT is administered in accordance with the Advance Consent Direction; and
  - the person does not refuse or resist.
- In accordance with an emergency ECT order that is in force in relation to the person; and
  - the person does not refuse or resist; or ECT
  - a PTO or FTPO is in force in relation to the person.

**Young people with decision-making capacity**

This applies to children at least 12 years old and less than 18 years of age who have decision-making capacity to consent to ECT.

ECT can be administered to a person aged:

- between 12 and 15 years old if an ECT order is in force in relation to the person; or
- between 16 and 17 years old if an ECT order or an emergency ECT order is in force in relation to the person; and
- either:
  - the person does not refuse or resist; or
  - a PTO or FTPO is in force in relation to the person.

A person commits an offence if they are not a doctor and they administer ECT to a person.

A doctor commits an offence if they administer ECT to a person without meeting the above requirements.
Feedback

Mental Health, Justice Health and Alcohol and Drug Services encourage and support consumer and carer participation and feedback. If you wish to provide comments your first point of contact should be the team leader of the Mental Health Team you are working with. This will allow you to confidentially discuss the matter, and in the case of a complaint seek a resolution at this point. If your complaint is not resolved to your satisfaction at this point, the Team Leader will provide you with the Consumer Listening and Learning Feedback Form. The form should then be sent to the Consumer Engagement and Feedback Team.

If assistance is required to complete the form and ensuring the relevant information is provided, please contact the Consumer Engagement Feedback Team.

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<th>Phone</th>
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<tr>
<td>Fax</td>
<td>6244 4619</td>
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<tr>
<td>Hours</td>
<td>8.30 am to 5.00 pm Monday to Friday</td>
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<tr>
<td>Mail</td>
<td>Consumer Engagement Feedback Team, GPO Box 825 Canberra ACT 2601</td>
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<tr>
<td>Email</td>
<td><a href="mailto:HealthFeedback@act.gov.au">HealthFeedback@act.gov.au</a></td>
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Translation Services: MHJHADS is committed to providing services that are culturally sensitive and which are easily accessible by consumers from diverse cultural and linguistic backgrounds. Access to interpreter facilities is available throughout the service with 24 hours notice. If an interpreter is required, or you have specific cultural care requirements, please contact your regional team.

Mental Health Justice Health Alcohol and Drug Services (MHJHADS) is a smoke free environment in line with the ACT Health’s Smoke Free Workplace Policy.

For more information on the smoke-free environment initiative go to:

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