Our Ref: LW/lmw/FOI.132.23
Date: 20th June 2023

Laurie Wrench
Deputy Director of Governance
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Tel 01782 275030

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 25th April 2023**.** Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:
Please provide ECT information under the FOI act to the following questions: -

1. Please supply patient's information ECT leaflet **Please see Appendix 1 attached**
2. Please supply patient ECT consent form **Please see Appendix 2 attached**
3. Please supply any ECT reports/investigations **No reports or investigations**
4. How many ECT in 2022? **28**
5. What proportion of patients were men/women? **6 men, 22 women**
6. How old were they? **21 – 82**
7. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")? **1 patient in 12 months**
8. How many were receiving ECT for the first time? **10**
9. How many patients consented to ECT? **8**
10. How many ECT complaints were investigated outside the NHS and CCG? **No complaints**
11. How many patients died during or 1 month after ECT and what was the cause (whether or not ECT was considered the cause)? **None**
12. How many patients died within 6 months after ECT and what was the cause (whether or not ECT was considered the cause)? **None**
13. How many patients died by suicide within 6 months of receiving ECT (whether or not ECT was considered the cause)? **None**
14. How many patients have suffered complications during and after ECT and what were those complications? **None**
15. Have there been any formal complaints from patients/relatives about ECT? **No**
16. If so, what was their concerns? **Not Applicable**
17. How many patients report memory loss/loss of cognitive function? **6**
18. What tests are used to assess memory loss/loss of cognitive function? **Montreal Cognitive Assessment Test**
19. Have MRI or CT scans been used before and after ECT? **No**
20. If so, what was the conclusion? **Not Applicable**

21. How does the Trust plan to prevent ECT in the future? **ECT is first line treatment for severe depression, mania and catatonia as recognised by Royal College of psychiatrists**

Please provide SERIOUS INCIDENT information under the FOI act to the following questions: -

1. Please supply any serious incident reports/investigations? **The Trust would not supply details of serious incident reports / investigations.**
2. How many SERIOUS INCIDENT REPORTS in 2022? **91 Serious Incidents reported and completed**
3. What proportion of patients were men/women? **53 Male, 37 Female, 1 Nonperson incident**
4. How old were they? **88, 47, 39, 41, 42, 23, 45, 77, 27, 34, 36, 54, 16, 14, 51, 31, 52, 74, 58, 46, 42, 41, 51, 45, 33, 80, 37, 46, 31, 55, 44, 41, 17, 80, 44, 33, 43, 54, 28, 92, 46, 38, 36, 36, 96, 55, 35, 67, 16, 32, 45, 81, 33, 44, 65, 76, 48, 28, 28, 35, 33, 42, 66, 39, 45, 42, 55, 34, 43, 49, 77, 41, 54, 53, 49, 66, 46, 52, 19, 49, 75, 54, 58, 40, 52, 31, 19, 17, 73, 86**
5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")? **2%**
6. How many SERIOUS INCIDENT REPORTS were investigated outside the NHS and CCG? **0**
7. How many patients died during or 1 month after SERIOUS INCIDENT REPORTS and what was the cause (whether or not SERIOUS INCIDENT REPORTS was considered the cause)? **Data not collected**
8. How many patients died within 6 months after SERIOUS INCIDENT REPORTS and what was the cause (whether or not SERIOUS INCIDENT REPORTS was considered the cause)? **Data not collected**
9. How many patients died by suicide within 6 months of receiving SERIOUS INCIDENT REPORTS (whether or not SERIOUS INCIDENT REPORTS was considered the cause)? **The Trust reported and reviewed 32 suspected suicides in 2022. Until inquests have been held these cannot be confirmed as suicide**
10. How many patients have suffered complications during and after SERIOUS INCIDENT REPORTS and what were those complications? **None reported**
11. Have there been any formal complaints from patients/relatives about SERIOUS INCIDENT REPORTS? **2**
12. If so, what was their concerns? **Care and treatment whilst an inpatient. Family concerns not all responded to in Serious Incident review**
13. How does the Trust plan to prevent SERIOUS INCIDENTS in the future? **Constant learning from Serious Incidents and all incidents to be taken for forward across the Trust. Several platforms of distributing the learning across the teams. System approach to reviews and learning in line with System Engineering Imitative for Patient Safety, principles. SEIPS is framework in which to review incidents looking at multiple factors such as organisation, person, environmental**

Please provide restraints information under the FOI act to the following questions:

1. Please supply any Restraints/investigations? **The Trust would not supply detail of restraint reports / investigations**
2. How many RESTRAINTS in 2022? **April 2022 to March 2023 = 1005**
3. What proportion of patients were men/women? **Men = 328, Women = 677**
4. How old were they? **Please see Appendix 3 attached**
5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?

Ethnicity	Count of Ethnic Group
Any other Asian background	4
Any other ethnic group	3
Asian or Asian British - Any other Asian	45
Asian or Asian British - Indian	8
Asian Or Asian British - Other Asian Bac	14
Asian or Asian British - Pakistani	17
Black or Black British - African	24
Black or Black British - Caribbean	5
British - White	6
Mixed - White and Black Caribbean	7
Not Known	8
Not Stated	32
White - Any other White background	31
White - British	799
White - Irish	2
Grand Total	**1005**

BAME	127

6. How many RESTRAINTS were investigated outside the NHS and CCG? **None**
7. How many patients died during or 1 month after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)? **0**
8. How many patients died within 6 months after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)? **The Trust does not record this information**
9. How many patients died by suicide within 6 months of receiving RESTRAINTS (whether or not RESTRAINTS was considered the cause)? **The Trust does not record this information**
10. How many patients have suffered complications during and after RESTRAINTS and what were those complications? **0**
11. Have there been any formal complaints from patients/relatives about RESTRAINTS? **None**
12. If so, what was their concerns? **N/A**
13. Are counts of forced injections available? **Rapid Tranquilisation figures are recorded.**

14. How does the Trust plan to reduce restraints in the future? **The Trust has a reducing restrictive practices strategy that runs from 2021 until 2024. The Trust has a reducing restrictive practices group with attendance from all directorates. The Trust also has recently set up a reducing restrictive practices and Quality improvement collaborative with inpatient wards. The Trust provide safety intervention training for staff on the use of physical holding (if this is least restrictive and proportionate to the risk)**

Please provide SECLUSION information under the FOI act to the following questions:

1. Please supply any SECLUSION reports/investigations
2. How many SECLUSIONS in 2022?
3. What proportion of patients were men/women?
4. How old were they?
5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
6. How many SECLUSIONS were investigated outside the NHS and CCG?
7. How many patients died during or 1 month after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?
8. How many patients died within 6 months after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?
9. How many patients died by suicide within 6 months of receiving SECLUSION (whether or not SECLUSION was considered the cause)?
10. How many patients have suffered complications during and after SECLUSION and what were those complications?
11. Have there been any formal complaints from patients/relatives about SECLUSION?
12. If so, what was their concerns?
13. How does the Trust plan to reduce SECLUSIONS in the future?

Please see Appendix 4 attached

Please provide MEDICATION ERRORS information under the FOI act to the following questions:

1. Please supply any MEDICATION ERRORS reports/investigations
   These reports would not be submitted as per the Serious Incident SI process and would not be shared externally.
2. How many MEDICATION ERRORS in 2022? **434**
3. What proportion of patients were men/women? **M: 124, F: 80**
4. How old were they? **0 - 97 years of age**
5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")? **The Trust does not record this information for medication errors**
6. How many MEDICATION ERRORS were investigated outside the NHS and CCG? **0**
7. How many patients died during or 1 month after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)? **0**
8. How many patients died within 6 months after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)? **0**

9. How many patients died by suicide within 6 months of receiving MEDICATION ERRORS (whether or not MEDICATION ERRORS was considered the cause)? **0**
10. How many patients have suffered complications during and after MEDICATION ERRORS and what were those complications? **0**
11. Have there been any formal complaints from patients/relatives about MEDICATION ERRORS? **The Trust has not received any complaints regarding Medication Errors**
12. If so, what was their concerns? **N/A**
13. How does the Trust plan to prevent MEDICATION ERRORS in the future?
    The Trust's approach to reducing medication errors is multifactorial, using enhanced systems and software, policies, training, and shared learning to support continual improvement. The Trust always seek to learn from every incident at an individual, team and organisational level. Investigates support the review of aforementioned systems, policies, and training so that we support staff to undertake their duties safely

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

L. Wrench.

Laurie Wrench
Deputy Director of Governance

Electroconvulsive therapy (ECT)

This information is for anyone who is considering whether to have electroconvulsive therapy and their families or friends.

You and your doctors need to be sure that you are fully informed when making a decision about whether to have ECT or not. Your doctor will talk to you about this. We hope that this information can support you in making this decision by providing information on:

- what ECT is and why it is used
- what is involved in having ECT
- the benefits of ECT
- the risks and potential side effects of ECT
- what might happen if you do not have ECT
- making decisions about having ECT
- where to find further information.

Disclaimer

This resource provides information, not advice.

The content in this resource is provided for general information only. It is not intended to, and does not, amount to advice which you should rely on. It is not in any way an alternative to specific advice.

You must therefore obtain the relevant professional or specialist advice before taking, or refraining from, any action based on the information in this resource.

If you have questions about any medical matter, you should consult your doctor or other professional healthcare provider without delay.

If you think you are experiencing any medical condition, you should seek immediate medical attention from a doctor or other professional healthcare provider.

Although we make reasonable efforts to compile accurate information in our resources and to update the information in our resources, we make no representations, warranties or guarantees, whether express or implied, that the content in this resource is accurate, complete or up to date.

What is ECT and why is it used?

ECT is an effective treatment for some types of severe mental illness. It is usually considered when other treatment options, such as psychotherapy or medication, have not been successful or when someone is very unwell and needs urgent treatment.

ECT is given as a course of treatments, typically twice a week for 3–8 weeks. If you have ECT, it will take place under general anaesthetic. This means that you will be asleep while it happens.

While you are asleep, your brain will be stimulated with short electric pulses. This causes a fit which lasts for less than two minutes. As well as an anaesthetic, you will be given a muscle relaxant which reduces how much your body moves during the fit.

What conditions can ECT be used for?

ECT is most commonly used for severe depression that hasn't responded to other treatments. It is also used to treat catatonia, an uncommon condition in which a patient may stop talking, eating or moving. Occasionally, it is used to treat people in the manic phase of bipolar disorder or when people have mixed symptoms of both mania and depression.

ECT is not advised for the treatment of anxiety disorders or most other psychiatric conditions. In the medium term, ECT can help the symptoms of schizophrenia that have not improved with medication. However, the long-term benefits, which require continued ECT, are less clear. For this reason, it is not often used in the UK.

When might your doctor suggest ECT?

ECT will usually be suggested if your condition:

- is life-threatening and you need to get better quickly to save your life
- is causing you immense suffering
- has not responded to other treatments, such as medication and psychological therapy or
- has responded well to ECT in the past

How effective is ECT?

Doctors treating people with ECT report that most people see an improvement in their symptoms. In 2018-2019, 68% of people who had been treated with ECT were "much-improved" or "very much improved" at the end of treatment (1,361 courses out of a total of 2,004). Some of these people were reported as showing no change in their condition and for a very small number of people (1%) it was reported that their condition was worse.

Treating depression

A large body of evidence shows that ECT is more successful in treating the most severe cases of depression than any other treatments that it has been compared to. These include:

- antidepressants
- placebos - where someone is given a substance or procedure that has no physical effect to test the effectiveness of new treatments
- neuromodulation treatments such as Transcranial Magnetic Stimulation (rTMS).

The risk of suicide is lower in people who have ECT than in comparable people who do not.

Staying well

ECT can help people who are very unwell to get better enough to have other kinds of treatments. This can help them stay well for longer.

Research suggests that people who have severe depression that hasn't got better with medication are much more likely to get better and stay well for longer if they have ECT.

Of people who get better after having ECT, half of them will stay well for at least a year. This is more likely if they are given a treatment after they finish ECT, like antidepressants or lithium.

In comparison, people with severe depression that hasn't got better after they have tried two different antidepressants have only a 5% chance of getting better and staying well for at least a year if they are given a third antidepressant.

How does ECT work?

The effects of ECT gradually build with each treatment. ECT causes the release of certain brain chemicals, which seem to stimulate the growth of some areas in the brain that tend to shrink with depression.

ECT also appears to change how parts of the brain which are involved in emotions interact with each other. There is ongoing research in this area to help us to understand more about how ECT works.

Are there different types of ECT?

ECT has changed and developed over the years. For example, the amount and form of electricity used has changed. This has reduced the chance of side-effects.

ECT is given in two ways: bilateral ECT and unilateral ECT. Your doctor will be able to explain more and help to advise you on which type of ECT would suit you better.

With bilateral ECT the stimulating electrical pulses pass across your head, between your temples. With unilateral ECT, they pass between your right temple and the top of your head. Bilateral ECT may work more quickly, while unilateral ECT has less of

an effect on memory. There is further information about side effects later on in this resource.

Can ECT be used in children or young people?

ECT is not used in children under the age of 11. Children between 11 and 18 rarely develop the kind of mental illnesses that respond well to ECT, but for a small number who do, ECT can be helpful. A formal, independent second opinion is required before it can be given.

What happens when you have ECT?

ECT is given in hospital and usually takes place in a set of rooms called the 'ECT suite'. Occasionally, if this is unavailable or you have significant physical health problems, treatment might take place in another hospital with more medical support, or in an operating theatre.

Some people having ECT are inpatients in hospital, while others will have ECT as day patients. If you are a day patient, a named, responsible adult will have to accompany you to and from the ECT suite.

An ECT suite should have a room where you can wait, a room where you have your treatment, and a room where you can recover properly before leaving.

Qualified staff will look after you all the time you are there. They can help answer any questions or concerns you might have before you have the treatment. They will also help you with the process of waking up from the anaesthetic and during the time straight after the treatment.

Preparing for ECT

In the days before your course of ECT is started, your doctor will arrange for some tests to make sure it is safe for you to have a general anaesthetic. These may include a record of your heartbeat (ECG) and blood tests.

You must not eat or drink anything for at least 6 hours before ECT, although you may be allowed to drink sips of water up to 2 hours beforehand. This is so you can have the anaesthetic safely.

If you would usually take medication during this time, ask the ECT team for advice on whether you should still do this.

What happens on the day of your ECT treatment?

- If you are an inpatient, a member of staff will come with you to the ECT suite. They will know about your illness and can explain what is happening. Many ECT suites are happy for family members to stay in the waiting room while you have your treatment.
- You will be met by a member of the ECT staff, who will do routine physical checks (if they have not already been done).

- You will be asked before every treatment about your memory and how good it is.
- If you are having ECT voluntarily staff will check that you are still willing to have it, and will ask if you have any further questions.
- When you are ready, the ECT staff will take you into the treatment area.
- The staff will connect monitoring equipment to measure your heart rate, blood pressure, oxygen levels and brain waves.
- You will be given oxygen to breathe through a mask. The anaesthetist will give you an anaesthetic through an injection into the back of your hand.

What happens while you are asleep?

- While you are asleep, the anaesthetist will give you a muscle relaxant and a mouth guard will be put in your mouth to protect your teeth.
- Two metal discs will be placed on your head. In bilateral ECT, one goes on each side of your head, while in unilateral ECT both go on the same side of your head.
- The ECT machine will deliver a series of brief electrical pulses, for three to eight seconds. This will result in a controlled fit which lasts for an average of 40 seconds, and may last up to 120 seconds. Your body will stiffen and then there will be twitching, usually seen in your hands, feet and face. The muscle relaxant reduces how much your body moves.
- The dose of the electric pulses given is based on the amount needed to induce a fit. Your response will be monitored, and the dose adjusted as necessary.

What happens when you wake up?

- The muscle relaxant will wear off within a couple of minutes. As you are starting to wake up, staff will take you through to the recovery area. Here, an experienced nurse will look after you until you are fully awake.
- The nurse will take your blood pressure and ask you simple questions to check how awake you are. There will be a small monitor on your finger to measure the oxygen in your blood. You may wake up with an oxygen mask. It can take a while to wake up fully and, at first, you might not know where you are. After half an hour or so, these effects should have worn off and you will be asked some simple questions to check this.
- Most ECT suites have a second area where you can sit and have a cup of tea or some other light refreshment. You will leave the ECT suite when your physical state is stable, and you feel ready to do so.
- The whole process usually takes about an hour.

In the 24 hours after each treatment, you should not drink alcohol or sign any legal documents.

You should have a responsible adult with you for 24 hours.

How often and how many times is ECT given?

ECT is usually given twice a week, with a few days in between each treatment. It can take several sessions before you notice an improvement.

It is not possible to predict, in advance, how many treatments you will need. On average, you will receive 9 or 10 treatments in a course, although it is common to have more.

If you have had no improvement at all after 6 treatments, your treatment plan will be reviewed with your doctor to discuss whether to continue or change the form of ECT.

Your medical team will review your progress and any side effects, usually every week. You will be asked about your memory and it will be tested regularly.

ECT will usually be stopped soon after you have made a full recovery, or if you say you don't want to have it anymore and are well enough to understand this decision.

What happens after a course of ECT?

ECT is one part of getting better. It should also help you to begin or restart other treatments or types of support.

You will usually continue or start medication after ECT. This will help to maintain the improvements you have had from your ECT treatment.

ECT can sometimes be continued to help stop you from getting unwell again. This is especially the case if you have previously relapsed after a course of ECT. This is known as 'continuation' or 'maintenance' ECT, and is given less often, for example every 2-4 weeks.

Talking therapies such as CBT and counselling can help you to work on any reasons for your depression and to develop ways of staying well. Changes in your day-to-day lifestyle can also be helpful. These include taking regular exercise, eating well, developing a regular sleep pattern, and using techniques like mindfulness and meditation.

The ECT clinic or the psychiatrist who arranged the treatment will contact you to ask about your memory 2 months after your last treatment. If you are experiencing problems with your memory you can ask to be referred to a neuropsychologist or memory assessment service for detailed testing.

What are the side effects of ECT?

As with any treatment, ECT can have side effects.

Side effects are usually mild and short term but can sometimes be more severe and potentially long-lasting.

The risk of side effects is slightly increased if higher doses of stimulating pulses are needed, if you are a woman or if you are elderly.

If you experience side effects during a course of ECT, the treatment can be adjusted.

Short-term side effects

Immediately after ECT, you may experience:

- Headaches
- Aching in the muscles and/or jaw
- Tiredness while the effects of the anaesthetic wear off
- Confusion, particularly if you are elderly. This usually wears off after 30 minutes
- Sickness or nausea

A nurse will be with you while you wake up after ECT. They can also give you simple pain relief, like paracetamol.

Up to 40% of patients can have temporary memory problems while they are having ECT. For example, they may forget conversations with visitors during this time.

However, before having ECT about a fifth (17%) of people say that their memory was already bad enough to be causing them problems. It is difficult to separate out the effects ECT has on memory from the effects that the illnesses it is treating has on memory.

In most people, memory difficulties clear within two months of the last treatment and do not cause problems or distress.

All medical procedures carry risk. If the anaesthetist considers it unsafe to give you an anaesthetic, you will not be able to have ECT.

People who have been admitted to hospital because of depression are less likely to die after having ECT than if they do not have ECT. This could be because ECT helps people recover, or because people who are given ECT receive closer medical attention.

Very rarely, ECT can trigger a prolonged fit. This would be immediately treated by the medical staff present.

Long-term side effects

The extent of long-term side effects is controversial.

Rigorous scientific research has not found any evidence of physical brain damage in patients who have had ECT. There is no increased risk of epilepsy, stroke or dementia after ECT.

The most serious potential long-term side effect of ECT is that you might forget events from your past. A small number of patients report gaps in their memory about events in their life that happened before they had ECT. This tends to affect memories of events that occurred during, or shortly before, the depression started. Sometimes these memories return fully or partially, but sometimes these gaps can be permanent. Recent research suggests that 7% of people receiving unilateral ECT report some persistent memory loss 12 months after ECT.

What can happen if you don't have ECT?

You and your doctor will need to balance the risk of you experiencing side effects from ECT with the risk of you not having ECT. Not having ECT may mean that you are more likely to have:

- Prolonged and disabling mental illness
- Serious physical illness (and possibly death) from not eating or drinking
- An increased risk of death from suicide

Driving and ECT

If you are severely ill enough to need ECT you should not be driving. The DVLA advise that you should not drive during a course of ECT. After you have finished the course, it may be a little while before you can start driving again. The DVLA, with advice from your doctor, will make this decision.

If you have continuation or maintenance ECT to help keep you well you can normally continue to drive. However, you should not drive, ride a bike or operate heavy machinery for at least 48 hours after each ECT treatment.

Deciding about ECT

Consenting to having ECT

Like any significant treatment in medicine or surgery, you will be asked for your consent, or permission, to have ECT. The ECT treatment, the reasons for doing it and the possible benefits and side effects will be explained to you.

If you decide to go ahead, you will be given a consent form to sign. It is a record that ECT has been explained to you, that you understand what is going to happen, and that you give your consent to having it. Unless it is an emergency you will be given at least 24 hours to think about this and to discuss it with your relatives, friends or advisors.

You can withdraw your consent at any point, even just before the first treatment. You should be given information explaining your rights about consenting to treatment.

More information on giving consent to having ECT is available on the Care Quality Commission (CQC) website.

Can you make your wishes about having ECT known in advance?

If you have feelings about ECT, either for or against, you should tell the doctors and nurses caring for you. You should also tell friends, family or anyone else you would like to support you or speak for you. Doctors must consider these views when they think about whether or not ECT is in your best interests.

If, when you are well, you are sure you would not want ECT if you were to become ill again, then you may want to write a statement of your wishes. This can be known

as an ‘advance decision’ in England, Northern Ireland and Wales, or an ‘advance statement’ in Scotland. These wishes should be followed except under very specific circumstances. This is a complicated topic and beyond the scope of this resource.

Some people who have previously been successfully treated with ECT have found it so helpful that they have recorded ahead of time that they want to have ECT if they become ill again, even if they say at the time that they do not want it.

Can ECT be given to you without your permission?

If someone has the ‘capacity’ to decide whether or not to have ECT, it cannot be given without their fully informed consent.

Some people become so unwell they are said to ‘lack capacity’ to make decisions about ECT. This means they cannot properly understand the nature, purpose or effects of the treatment, remember this information, or weigh up the pros and cons of having ECT.

There are laws in the UK that allow doctors to make decisions about giving ECT treatment to people in this situation. These come with legal safeguards to ensure treatment is only given if it is absolutely necessary.

This is the case for around half of people who receive ECT treatment. People who have ECT in this way do just as well as those who have been able to give consent.

When someone gets better and ‘regains capacity’ their consent must be sought again.

Further information about consent and ECT can be found on the CQC website.

How is the quality of ECT in your hospital assessed?

The ECT Accreditation Service (ECTAS) is a voluntary network of mental health services in England, Wales and Northern Ireland that promotes best practice in ECT treatment. The network helps to improve quality of care by supporting ECT clinics to meet a set of agreed standards, such as on safety and legal issues.

The Scottish ECT Accreditation Network (SEAN) performs a similar function and covers every ECT service in Scotland.

ECTAS and SEAN are not the statutory regulators of ECT services. This is the responsibility of the Care Quality Commission in England, the Healthcare Inspectorate Wales in Wales, Healthcare Improvement Scotland in Scotland and the Regulation and Quality Improvement Authority in Northern Ireland.

Where can you get more information?

You can find out more information via the links below:

- healthtalk.org resource on ECT
- MIND information on ECT
- Rethink Mental Illness factsheet on ECT

Further reading

National Institute for Health and Care Excellence (NICE)

- Guidance on the use of electroconvulsive therapy. Technology appraisal guidance [TA59].
- Depression in adults: recognition and management. Clinical guideline [CG90].
- The use of electroconvulsive therapy: Understanding NICE guidance – information for service users, their advocates and carers, and the public (PDF).
- Scottish ECT Accreditation Network (SEAN)
- Electroconvulsive Therapy Accreditation Services (ECTAS)

Acknowledgements

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Expert review and contributors:

- Committee on ECT and Related Treatments
- Electroconvulsive Therapy Accreditation Service (ECTAS)
- Scottish ECT Accreditation Network (SEAN)
- Professor Wendy Burn, Immediate Past President and Chair of PEEB

This information was revised in March 2022

Record of Consent – MUST be completed by referring doctor on the NSCHT Consent Form in Lorenzo

Patient has been given a copy of statutory leaflet:			
Patient Information – Electroconvulsive Therapy for Patients detained in hospital. (Section 58A of the Mental Health Act 1983)	**Yes**	**No**	If not given state reason:

Decision Required	
Does the patient have capacity to consent to Electro-Convulsive Therapy (ECT) treatment?	
I confirm that the above consent form has been completed on within forms tab of Lorenzo:	**Date:**

		Tick
The outcome of the consent assessment:	**Consenting**	
	Lacks Capacity	
	Refusing	

Print Name		**Date**	
Signature		**Designation**	

NOTE: It is assumed that any person prescribed ECT will have an impairment of or a disturbance in the functioning of their mind or brain. The treating clinician must assess whether this impairment or disturbance means that the person is unable to give valid consent to treatment.

Following completion of above consent form, please complete outcome below:

Informal and consenting Complete consent in Lorenzo and above, plus agreement on pages 4 and 5.	
Detained and consenting Complete consent in Lorenzo and above, plus Form T4 and agreement form on pages 4 and 5.	
Emergency treatment Complete consent in Lorenzo and above, plus page 8 Section 62(1A).	
Detained and incapable Complete consent in Lorenzo and above, plus Form 4 – Section 62, and SOAD proforma request for SOAD to complete Form T6.	
Informal patients who lack capacity – detention under the Mental Health Act should be considered.	

VARIATIONS TO PATHWAY

- In the case of young people (aged under 18) even if a child with capacity agrees, they may only be given ECT with the additional agreement of a SOAD.
- These rules apply to young people **whether or not they are detained**.
- In addition, if a young person is not detained and does not have capacity to agree to the treatment, as well as the agreement of the SOAD, another authority to treat, for example, from the Court of Protection, will be needed.

PATIENT AGREEMENT TO ECT TREATMENT

Statement of health professional **(To be completed by psychiatrist with appropriate knowledge of ECT as specified in the consent policy).**

"I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

Improvement of depression		
Other (please specify)		

Serious or frequently occurring risks

Memory loss (possibly permanent)	
Post treatment confusion	

Transient side-effects

Headache	
Muzzy head	
Nausea	
Muscle ache	
Fatigue	

Number of proposed treatments

A course of bilateral / unilateral ECT treatments up to a maximum number of _____
(This section MUST be completed. If a number of proposed treatments is not indicated, treatment WILL NOT be given).

"I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including none) and any particular concerns of this patient."

LEAFLETS and INFORMATION (MHA CoP 25.25)

The following leaflet has been provided: ECT LEAFLET	
The procedure will involve a GENERAL ANAESTHETIC including MUSCLE RELAXANT	

A copy has been accepted by the patient

Yes		**No**	

STATEMENT OF INTERPRETER (Where appropriate)

"I have interpreted the information above to the patient to the best of my ability and in a way which I believe he or she can understand."

Signed:	
Print Name:	
Job Title:	
Date:	

STATEMENT OF THE PATIENT – TO BE SIGNED IF THE PATIENT HAS CAPACITY TO CONSENT TO ECT AND DOES GIVE THEIR CONSENT

Please read this form carefully.

The psychiatrist has discussed the benefits and risks of the proposed ECT treatment. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, even after you have signed this form.

I agree to the procedure or course of treatment as described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health.

PATIENT'S SIGNATURE

Signed:	
Print Name:	
Date:	

REFERRING PSYCHIATRIST'S SIGNATURE

Signed:	
Print Name:	
Date:	

CONFIRMATION OF CONSENT

Name		NHS Number	

Confirmation of Consent. To be completed by psychiatrist and anaesthetist when the patient is admitted for the procedure.

"On behalf of the team treating the patient, we have confirmed with the patient that he or she has no further questions and wishes the procedure to go ahead."

PSYCHIATRIST

Signed:	
Print Name:	
Date:	

ANAESTHETIST

Signed:	
Print Name:	
Date:	

Important Notes. Please tick if applicable.

Patient has withdrawn their consent (*ask the patient to sign below)	

***Patient's signature**	
***LPA signature**	
LPA Certificate Verified	
Date	

Age	Count
NK	158
40	120
17	97
46	66
24	51
32	43
60	35
45	34
12	29
36	29
21	25
67	23
29	20
39	20
54	19
77	17
34	15
18	13
61	13
19	12
14	10
47	9
50	9
33	7
49	7
64	7
15	6
22	6
43	6
44	6
23	5
26	5
51	5
58	5
72	5
38	4
42	4
57	4
70	4
28	3
30	3
35	3
37	3
66	3
79	3
10	2
20	2

25	2
27	2
31	2
41	2
59	2
62	2
65	2
68	2
75	2
76	2
81	2
83	2
13	1
52	1
53	1
55	1
56	1
84	1
Total	1005

INCIDENT_	NHS NUMBER	SECLUSION DURATION	SECLUSION START DATE	SECLUSION START TIME	SECLUSION END DATE	SECLUSION END TIME	Sex	Ethnic_group	Age at incident
44226	6065073016	42:55:00	30/04/2022	17:00	02/05/2022	11:55	F	White - British	40
45005	6065073016	15:00	11/06/2022	19:30	12/06/2022	10:30	F	White - British	40
46263	6065705314	507:00:00	26/08/2022	13:55	16/09/2022	16:55	M	White - British	49
42811	6385894789	47:15:00	09/02/2022	10:30	11/02/2022	09:45	M	Any other ethnic group	45
44244	6065075086	108:00:00	01/05/2022	23:00	06/05/2022	11:00	M	White - British	39
46732	6065075086	41:40:00	02/10/2022	20:20	04/10/2022	14:00	M	White - British	40
46605	6064700394	38:00:00	24/09/2022	20:00	26/09/2022	10:00	M	White - British	34
44275	6063054014	85:15:00	02/05/2022	20:45	06/05/2022	10:00	M	White - British	36
46139	6064501057	14:00	24/08/2022	21:00	25/08/2022	11:00	M	White - British	28
45570	4701220973	94:15:00	18/07/2022	12:50	22/07/2022	11:05	F	White - British	46
46520	6364261736	93:15:00	18/09/2022	17:45	22/09/2022	15:00	F	Asian or Asian British - Any other Asian	46
46655	7144544284	781:04:00	27/09/2022	19:45	30/10/2022	09:30	M	White - British	33