Electroconvulsive therapy (ECT)

Summary

- Electroconvulsive treatment (ECT) treats a range of mental illnesses by inducing a controlled seizure in the person.
- No one knows for sure exactly how ECT works.
- Common side effects may include temporary difficulties with short-term memory.

Electroconvulsive treatment (ECT) is a medical procedure that is used to treat a range of mental illnesses, such as severe depression, catatonia and some forms of mania and schizophrenia. The treatment induces controlled seizures in the person by placing small electrodes at specific locations on the head.

ECT has been used for over half a century in many different countries, and its effectiveness is well documented. Approximately eight out of 10 people who undergo ECT will experience dramatic improvement.

The reason why this treatment is so effective is still unclear. The brain functions using electrochemical messages, and it is thought that ECT-induced seizures interrupt these messages.

ECT is generally used when other forms of treatment, including medication and psychotherapy, have failed. However, ECT is often the first treatment of choice in life-threatening situations, such as a potential suicide in the context of severe depression, because of the rapid results. Sometimes, ECT is prescribed for older people who can't tolerate medications.

**Electroconvulsive treatment procedure**

ECT is performed under supervision of a consultant psychiatrist. The person is anaesthetised and given muscle relaxants. The electrodes are placed at strategic points on the person's head. Depending on the problem, one side (unilateral) or both sides (bilateral) of the brain will be stimulated.

A series of brief, low-frequency electrical pulses prompt a convolution. The person is under anaesthesia before the treatment is applied, and the muscle relaxant reduces the intensity of muscular spasms. The person wakes up after a few minutes.

ECT is typically administered three times a week for up to 12 treatments, but the exact course of treatment depends on the nature of the illness and the person's response to treatment.

**Risks and complications of ECT**

Like any procedure involving anaesthesia, ECT carries a small degree of risk. Some of the immediate side effects of ECT (these tend to resolve within a few hours) include headache, sore muscles, queasiness and confusion.

During the course of the treatment, many people experience problems with short-term memory, but this side effect usually lasts a few days or weeks. A few people, however, experience long-term difficulties with memory. This effect is more common in people who undergo bilateral, rather than unilateral, ECT.

**Informed consent for ECT**

If you agree to ECT, this is called ‘informed consent’. To give informed consent to ECT, you must be able to:

- **understand** the information you are given about ECT
- **remember** the information
- **use or weigh** the information
• **communicate** your decision.

If your psychiatrist considers you are able to give informed consent, you can agree to or refuse ECT, regardless of whether you are a compulsory patient.

If you are not able to give informed consent to ECT, you can only undergo ECT if the Mental Health Tribunal approves it. The Tribunal is an independent body that makes decisions about compulsory mental health treatment and whether people can have ECT.

A group of three members of the Tribunal will hold hearings for ECT – a lawyer, a psychiatrist, and a community member.

The Tribunal will assess whether you are able to give informed consent to ECT. If the Tribunal thinks that you can give informed consent, you can decide whether or not you want ECT. If the Tribunal thinks that you are not able to give informed consent, they will make the decision about whether you have ECT. For the Tribunal to approve ECT, they have to believe that ECT is the least restrictive treatment for you.

To decide this, the Tribunal will consider your views and preferences about ECT and any other treatments. The Tribunal will also consider the views of your nominated person, guardian, carer if the decision will directly affect the carer or their caring role, and some other people specified in the *Mental Health Act 2014*.

The Tribunal will read any available second psychiatric opinion about ECT or your other treatment. The Tribunal will also think about how your mental health will be affected if you do not have ECT.

**ECT and your rights**

If your psychiatrist suggests that a course of ECT may be helpful, you have certain rights under Victorian law, including the right to:

• refuse ECT if you are able to give informed consent
• receive a full explanation of the procedure and associated benefits and risks
• seek a second psychiatric opinion
• seek legal advice
• communicate with anyone you choose
• get help at the Mental Health Tribunal from a friend or relative
• access documents about you from your mental health service, before your hearing
• have a person of your choice with you during discussions with your psychiatrist or doctor
• make a complaint to the Mental Health Complaints Commissioner.

**Where to get help**

• Your doctor
• Your psychiatrist
• Victoria Legal Aid Tel. **1300 792 387**
• Chief Psychiatrist (via the Department of Health) Tel. (03) 9096 7571 or 1300 767 299
• Mental Health Complaints Commissioner Tel. 1800 246 054
• Mental Health Tribunal Tel. (03) 9032 3200 or 1800 242 703

**Things to remember**

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