



MHW131

ROLLS AUSTRALIA 1300 600 192

JULY
2023**Mental Health and Wellbeing Act 2022
Section 98,103,109 and 114****MHWA 131
Informed consent to
electroconvulsive treatment (ECT)**

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Mental Health Statewide UR Number

Local Patient Identifier

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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

Instructions to complete this form

- Electroconvulsive treatment (ECT) is a medical procedure of applying electric current to specific areas of a person's head that induces a seizure in the brain, under general anaesthetic and a muscle relaxant, to reduce some symptoms of Mental Illness.
- This form may be used to obtain informed consent to the performance of ECT on a person at a Designated Mental Health Service

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of person

a patient of:

Designated Mental Health Service

Diagnosis

ICD-10 code:

Specify person's diagnosis for which ECT is being proposed

The above mentioned person is under 18 years of age

☐ Yes (see notes over page)☐ No**Part A: Details of course of ECT**

The number of treatments in the course of ECT is:

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treatments (maximum number is 12 treatments)

The duration of the course of ECT is:

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weeks (maximum duration is 6 months)

Part B: Details of Registered Medical Practitioner obtaining informed consent

Signature:

signature of Registered Medical Practitioner obtaining consent

Date:

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Given Names:

Family Name:

Part C: Statement by person giving informed consentPlease read the information carefully and tick ☒ each box to show you understand and agree:

- ☐ The doctor has explained my diagnosis for which ECT is proposed.
- ☐ The doctor has explained ECT, how it is done and how it may benefit my condition.
- ☐ I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained their purpose and how they are given.
- ☐ The doctor has explained the advantages, disadvantages, risks and common or expected side effects of ECT, the general anaesthetic and the muscle relaxant.
- ☐ The doctor has explained other treatment options for my condition including the advantages and disadvantages of each option.
- ☐ The doctor has explained the advantages and disadvantages of not having ECT
- ☐ I have been given the statement of rights about ECT and the information has been explained to me.
- ☐ I have had an opportunity to ask questions about ECT and other treatment options and my questions have been answered.
- ☐ I understand the information I have been given.
- ☐ I have had an opportunity to get other advice or help to make the decision.
- ☐ My consent has been given freely without undue pressure or coercion by any other person.
- ☐ I understand that the results of ECT cannot be guaranteed. If changes to my ECT treatment are needed that affect my consent, these will be discussed with me and a doctor will seek my informed consent to the changes.
- ☐ I have had enough time to make my decision.
- ☐ I understand that I can withdraw my consent to ECT at any time, even after the course of ECT has started

I agree to have the specified course of electroconvulsive treatment (ECT), the general anaesthetic and the muscle relaxant.

Signature:

signature of person giving informed consent

Date:

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Given Names:

Family Name:

Informed consent to electroconvulsive treatment (ECT)

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Notes

If the person giving informed consent to electroconvulsive treatment (ECT) is under 18 years of age, the Authorised Psychiatrist or psychiatrist must also make an application to the Mental Health Tribunal for approval to perform the ECT. The application to the Tribunal is made using the MHA 132 Application for electroconvulsive treatment (ECT) form.

ECT cannot be performed on any person under 18 years of age unless the Tribunal has approved.

Meaning of informed consent

1. A person gives informed consent if the person:

- a) has the capacity to give informed consent to the ECT (see note 4); and
- b) has been given adequate information to enable the person to make an informed decision (see note 5); and
- c) has been given a reasonable opportunity to decide whether or not to consent (see note 6); and
- d) has given consent freely without undue pressure or coercion by any other person; and
- e) has not withdrawn consent or indicated any intention to withdraw consent.

4. A person has the capacity to give informed consent if the person:

- a) is able to understand the information they are given ; and
- b) is able to remember the information; and
- c) is able to use or weigh information; and
- d) is able to communicate the decision by speech, gestures or any other means.

5. A person has been given adequate information to make an informed decision if the person has been given:

- a) an explanation of the ECT including:
 - i) the purpose of the ECT; and
 - ii) the type, method and likely duration of the ECT; and
- b) an explanation of the advantages and disadvantages of the ECT, including information about the associated discomfort, risks and common or expected side effects; and
- c) an explanation of any beneficial alternative treatments that are reasonably available, including any information about the advantages and disadvantages of these alternatives; and
- d) answers to any relevant questions that the person has asked; and
- e) an explanation of the advantages and disadvantages of not undergoing ECT
- f) any other relevant information that is likely to influence the decision of the person; and
- f) the statement of rights about ECT and the information explained to them.

6. A person has been given a reasonable opportunity to make a decision if, in the circumstances, the person has been given:

- a) a reasonable period of time in which to consider the matters involved in the decision; and
- b) a reasonable opportunity to discuss those matters with the registered medical practitioner who is proposing the ECT; and
- c) the appropriate supports to make the decision; and
- d) a reasonable opportunity to obtain any other advice or assistance in relation to the decision.