Electroconvulsive Therapy (ECT) Factsheet

What is ECT?

ECT is a modern psychiatric treatment that is effective for a range of mental illnesses, including:
- major depression
- mania
- certain forms of schizophrenia
- a small number of other mental and neurological disorders

After general anaesthetic and muscle relaxant is given, and you are asleep, a brief, carefully controlled electrical current is passed through the brain, causing a seizure. This causes activity levels in different parts of the brain to change. Hormones are released and signalling between brain cells is also changed.

ECT is a very safe treatment and doesn’t cause brain damage or changes in personality because the amount of electricity used is too small.

Why is ECT given?

The decision to administer ECT is based on a thorough physical and psychiatric evaluation of the person, taking into account the type of illness, the degree of suffering, the expected result and the outlook for the person if the treatment is not given. When the risk of suicide is high or when a seriously ill person is unable to eat or drink, ECT can be life-saving.

It might be used when medications have not worked or other forms of treatment are ineffective. It might also be used for people who have serious side-effects from medications or whose medical condition means they can’t take medications safely.

What happens before, during and after ECT?

Before

You must not eat or drink anything including water for at least 8 hours before the ECT treatment to make sure your stomach is empty. Some medication might be given early on the morning of ECT treatment with a sip of water.

A short general anaesthetic and muscle relaxants are given, so that you will be asleep and not feel or be aware of the treatment.

During

A doctor, specialising in ECT, will put small electrodes on your scalp and passes a measured amount of electricity to a part of the brain to cause a seizure. The seizure will last up to two minutes.

After

You will wake up after 5 to 10 minutes.

ECT usually consists of 6 to 12 treatments, given 2 to 3 times a week over about a month. The total number of treatments needed to get a person better varies between individuals and your psychiatrist will discuss with you how many treatments you are likely to need. While most people show some improvement after 3 to 4 sessions, it takes on average 9 treatments to achieve recovery and some patients may need more than 12 treatments.
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While your illness might be treated with a course of ECT, the illness might come back once the course is finished. Some people need occasional continued ECT treatment. To help prevent relapse, your doctor will discuss with you any further treatment you might need after the course of ECT ends, such as medication, maintenance ECT, psychotherapy, counselling and/ or rehabilitation.

Giving permission for ECT

Just as with any other medical procedure, ‘informed consent’ for ECT must be obtained in writing.

Informed consent is when you agree to have ECT after you have been told what ECT involves, including:

- a full explanation of the ECT procedure
- how ECT works
- how ECT can help your illness
- possible side-effects, discomforts and risks of ECT
- any beneficial alternative treatments

You have the right to discuss your views about ECT with your psychiatrist and ask any questions.

You also have the right to:

- obtain medical and legal advice
- obtain a second opinion from a psychiatrist about ECT. Your psychiatrist can arrange a second opinion from within the mental health service.
- have a friend, family member, lawyer or an advocate represent you before you consent to ECT

If you agree to have ECT, you will be asked to sign a form to say you have given informed consent. This means if you are able to give informed consent, you have the right to refuse ECT.

If you agree to have ECT, but then change your mind, it is your right to withdraw your consent at any time and the treatments will be stopped.

If you are not able to give informed consent, or if your health professionals consider that ECT treatment is potentially life saving, then your psychiatrist will seek consent on your behalf through the Mental Health Review Tribunal, even if you don’t want the treatment.

The Mental Health Review Tribunal becomes involved in decisions about ECT when the hospital:

- is uncertain of a voluntary patient’s capacity to give consent to treatment with ECT; and
- proposes ECT for an involuntary patient.

Your psychiatrist must do everything reasonably practicable to give notice to your nearest relative, guardian or personal friends about the application for ECT. The Mental Health Review Tribunal will make the decision about whether or not you are to be treated with ECT.

More information

Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW

Mental Health Review Tribunal
www.mhrt.nsw.gov.au

References

SANE ECT Information Sheet: http://www.sane.org/information/factsheets