mhc
coimisiún meabhair - shláinte
mental health commission

The Administration of Electro-Convulsive Therapy in Approved Centres

Promoting Quality, Safety and Human Rights in Mental Health

Activity Report 2022

December 2023

Contents

List of tables

List of figures

Glossary

Approved centre is a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder which is registered pursuant to the Mental Health Acts 2001–2018. The Mental Health Commission (MHC) establishes and maintains the Register of Approved Centres pursuant to the 2001 Act.

Code of Practice ('Code') refers to the *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients*, prepared by the MHC in accordance with Section 33(3)(e) of the Mental Health Acts 2001–2018.

Community Healthcare Organisations *('CHO')* were established by the Health Service Executive in 2015 to deliver health services at a local level across both the statutory and voluntary sectors in the community setting, in partnership with the National Primary Care, Social Care, Mental Health, and Health and Wellbeing Divisions

Electro-Convulsive therapy ('ECT') is a medical procedure in which an electric current is passed briefly through the brain via electrodes applied to the scalp to induce generalised seizure activity. The person receiving treatment is placed under general anaesthetic and muscle relaxants are given to prevent body spasms. Its purpose is to treat specific types of major mental illness.

Involuntary patient is a person to whom an admission or renewal order relates. The term 'patient' is to be construed in accordance with Section 14 of the Mental Health Acts 2001–2018.

Maintenance ECT (also referred to as continuation ECT) is defined as ECT usually delivered at intervals of between one week and three months, which is designed to prevent relapse of illness. The purpose of maintenance ECT is to give the treatments as infrequently as possible, while preventing a relapse of symptoms (ECT Accreditation Service, 2017).

Mental illness means a state of mind of a person which affects the person's thinking, perception, emotion or judgement and which seriously impairs the mental function of the person, to the extent that he or she requires care or medical treatment.

Mood (Affective) Disorders describe depressive conditions – these include episodes of low mood and also lowered moods characterised by recurring episodes; these latter difficulties reach the threshold of Depressive Disorder since they are recurring. Mood (Affective) Disorders also include Bipolar and Manic difficulties.

Programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist.

Resident means a person receiving care and treatment in an approved centre. For the purpose of this report, the term 'resident' includes involuntary patients, voluntary patients and individuals who were administered ECT on an outpatient or day-patient basis in an approved centre.

Rules *('Rules')* refer to the *Rules Governing the Use of ECT*, made by the MHC in accordance with Section 59(2) of the Mental Health Acts 2001–2018.

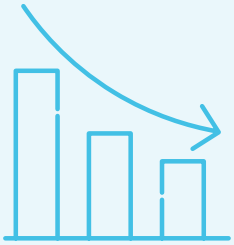
Voluntary patient is a person receiving care and treatment in an approved centre who is not the subject of an admission order or a renewal order

Activity Summary 2022

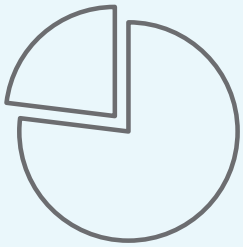
All figures included in this summary are calculated across 2022 and 2021, unless otherwise indicated.

Programmes and treatments of ECT

Approved centres reported that **265** programmes of ECT were administered to **206 residents** in 2022, compared to **296** programmes of ECT administered to **219** residents in 2021.



A total of **2,109** individual treatments of ECT were administered in 2022, a **7.5%** decrease in comparison to 2021, during which **2,291** individual treatments were administered.



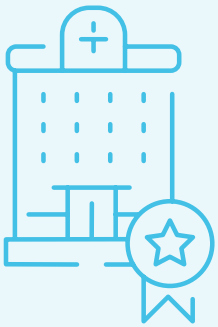
In 2022, **77.2%** of residents received only a single programme of ECT compared to **73.5%** in 2021.

A programme of ECT may involve up to 12 individual treatments of ECT. The average number of treatments per programme was **8.0** in 2022 and **7.7** in 2021.

The rate of ECT programmes per resident was **1.3 programmes** in both 2022 and 2021.

Services providing ECT

15 approved centres (**22.4%**) provided an ECT service in 2022, as opposed to **16** approved centres (**23.9%**) in 2021.



A further **14** approved centres (**20.9%**) reported that they referred residents to another approved centre for ECT treatment in 2022 compared to **13** approved centres (**19.4%**) in 2021.

In 2022, **93%** of applicable services (those administering ECT to involuntary patients) were compliant with the *Rules Governing the Use of ECT*, a decrease from **100%** compliance in 2021.

All relevant services were **100%** compliant with the *Code of Practice on the Use of ECT* in both 2022 and 2021, an increase from **86%** compliance in 2020.

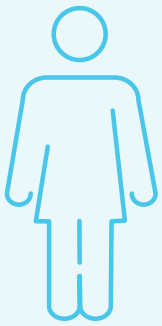
Activity Summary 2022 (continued)

All figures included in this summary are calculated across 2022 and 2021, unless otherwise indicated.

People receiving ECT

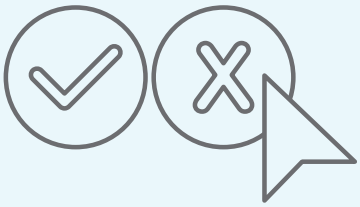
In 2022, the average age of all residents who were administered ECT was **63 years**, lower than the average age of **65 years** in 2021. In 2022, residents receiving ECT ranged in age from **22 to 94 years** compared to **23 to 94 years** in 2021.

In 2022, **80.9%** of residents had been admitted on a voluntary basis when they commenced their programme of ECT compared to **81.8%** in 2021.



Data from recent years indicate that female residents are more likely to be administered ECT than males. **63.1%** of ECT residents in 2022 were female. The higher ratio of female to male ECT recipients may reflect the relatively higher incidence of depressive illness in women as compared with men.

ECT treatment without consent



In 2022, **44** ECT programmes (**16.7%**) involved one or more treatments without consent, compared to **43** (**14.5%**) programmes in 2021. Section 3.4 of the *Rules Governing the Use of ECT* outlines the requirements for the administration of ECT in the absence of patient consent.

In 2022, **1,767** ECT treatments (**83.8%**) were administered with consent while **342** (**16.2%**) were administered without consent. In comparison, in 2021, **1,985** treatments (**87%**) were administered with consent while **296** treatments (**12.9%**) were administered without consent.

In 2022, **5** residents (**1.9%**) withdrew consent during the course of their programme of ECT in comparison to **16** residents (**5%**) in 2021.

Reasons for and outcomes of ECT

Refractory (resistance) to medication was the most common single indication for ECT, accounting for **150** programmes (**57%**) in 2022 and **181** (**62%**) in 2021.

Improvement was reported as the outcome in **231** programmes (**87.2%**) of ECT in 2022, compared to **265** in 2021 (**89.5%**). Outcome information was not provided for **9** programmes (**3.4%**) in 2022.

Mood disorders (including depression) were reported as a diagnosis for **85.7%** of residents who were administered ECT in 2022 compared to **87%** of residents in 2021.

1. Introduction

Established in 2002, the Mental Health Commission (MHC) is an independent statutory body responsible for regulating mental health services in Ireland. Its primary function is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the Mental Health Acts 2001–2018 (the '2001 Act').

In accordance with its commitments under the 2001 Act, the MHC monitors and records data on the use of electro-convulsive therapy (ECT) in approved centres. To support the MHC in gathering better data, an online Comprehensive Information System (CIS) ECT function was rolled out in early 2020. This report presents the key findings from data recorded via the CIS ECT function during the 2022 period, encompassing how often ECT was used, the people who received it, the services providing it, and the quality and safety of those services. It is the MHC's 13th annual activity report on the use of ECT and includes comparative data published between 2019 and 2021. Data are broken down nationally, by sector (CHO/ independent service provider), and by individual service. Further data for previous years (2008 to 2021) are also accessible via mhcirl.ie/publications.

Section 59 of the 2001 Act obliges the MHC to make rules providing for the use of ECT[1]. Following an amendment of the Act in 2015[2], the MHC issued revised (Version 3) *Rules Governing the Use of Electro-Convulsive Therapy*[3] *('Rules')* and a revised *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients*[4] ('Code') in February 2016. In addition, the ECT Accreditation Scheme (ECTAS) was established in 2003 by the Royal College of Psychiatrists to support quality improvement of ECT clinics in both Ireland and the UK. The ECTAS standards have been developed for the purposes of review and accreditation of ECT centres. There is also a guide for new or developing ECT services[5]. It should be noted that three ECTAS-accredited centres in Ireland delivered 58.6% of ECT programmes in 2022 and 64% in 2021. While the MHC does not require approved centres to be ECTAS accredited to carry out ECT treatments, ECTAS is nevertheless recognised by the MHC as best practice and all approved centres are encouraged to become ECTAS accredited in the future.

It should be noted that the implementation of the CIS ECT function has altered the obligation on approved centres from providing an annual data return of all programmes of ECT to providing a contemporaneous data entry for each ECT treatment. As such, the MHC would like to thank staff in approved centres for their ongoing cooperation in relation to the collation and return of ECT data, which has enabled this report to be completed. For most services using ECT, the collation of these data is a manual process and the MHC appreciates the local commitment required to report the data on an annual basis.

2. About the data

2.1 Data coverage

Data are presented for all approved centres that were entered on the MHC's Register of Approved Centres ('Register') from 2019 to 2022. **Table 1** reflects the number of approved centres on the Register at any time during the reporting year. This includes new registrations and closures.

Table 1: Number of approved centres

	2019	2020	2021	2022
Approved Centres	65	66	67	67
Approved Centres using ECT	18	14	16	15
Approved Centres referring residents for ECT	14	5	13	14

2.2 Data collection

The *Rules* and *Code of Practice* on the use of electro-convulsive therapy require that the ECT Register be completed for the resident on conclusion of a programme of ECT and a copy stored in the resident's clinical file. As a programme of ECT may have been commenced in one year and completed in another, each programme is counted in the year in which it was concluded; this is when the ECT Register is completed in full.

In 2022, data on the administration of ECT were reported to the MHC from approved centres via the MHC's online CIS ECT function.

2.3 Data limitations

The following data limitations should be considered as part of any interpretation of the data:

- Approved centres varied in relation to the number of beds, admission pathways and types of service provided. As such, comparisons between numbers of programmes or rates of ECT in individual approved centres should be interpreted with caution. (For information regarding individual services and the approved centre inspection reports, which can be accessed at mhcirl.ie/what-we-do/regulation/approved-centres).
- A high proportion of ECT was administered in approved centres operated by independent service providers at national level. In these instances, residents' home addresses were not collected. Therefore, it was not possible to re-distribute the data for those who received ECT treatment in independent approved centres to reflect service provision in their own CHO area. For this reason, the rates of ECT administration per CHO were not included in the report.
- Data on the administration of ECT were submitted manually by services using the CIS ECT function and then manually assessed by the MHC. This not only limited what could reasonably be requested from services but also what data the MHC had capacity to report on.
- Results may be skewed by a small number of residents with relatively high numbers of treatments and/or programmes.
- In the absence of a national individual health identifier, it is possible that residents' data may be counted more than once if they receive treatment in more than one approved centre. This is because each approved centre uses a separate resident identifier. For example, if a person was resident in an approved centre within their CHO, and subsequently resident in an independent service within the same year, there would be no way of determining that this was the same person.

- Where applicable, approved centres submitting an ECT notification online via the CIS function are requested to enter the name of each approved centre that referred a resident to them for a programme of ECT. The MHC uses these data to determine the total number of approved centres that refer residents for ECT treatments.

2.4 Admissions to approved centres

To provide useful context for the prevalence of ECT programmes in 2022, information regarding the total number of admissions to approved centres over the last four years is included in Table 2. Looking specifically at national data gathered by the Health Research Board[6], there were **15,790** and **15,723** admissions in 2022 and 2021, respectively. Data on involuntary admissions, including admissions from the community and re-grades of patients from voluntary to involuntary, shows that involuntary admissions accounted for **17%** of all admissions in both 2022 and 2021.

According to the Health Research Board, **depressive disorders** were the most common diagnoses recorded for persons admitted to an approved centre in 2022 at **23%** followed by **schizophrenia** at **22%**. In 2021, **depressive disorders** were the most common diagnoses recorded, accounting for **23%** of all admissions to inpatient mental health services with **schizophrenia** accounting for **21%** of admissions.

In 2022, as in 2021, **51%** of total service users admitted to mental health services were female. In both 2022 and 2021, females had a higher rate of hospitalisation for depressive disorders than males, while males had a higher rate of hospitalisation for schizophrenia.

Table 2: Total admissions and involuntary admissions

	2019	2020	2021	2022
Total admissions	16,710	15,391	15,723	15,790
Involuntary admissions	2,390	2,463	2,673	2,684

3. ECT activity data

3.1 Programmes and treatments

Data are presented for 2022 and 2021 with data from 2018 to 2020 included for context where relevant. Data on the number of programmes of ECT administered are presented nationally, by sector (CHO or independent service provider), and in relation to each individual approved centre.

Total residents, programmes and treatments

Table 3 outlines the total number of residents who were administered ECT, the total number of ECT programmes, and the total number of administered treatments of ECT.

In 2022, **206** residents were administered **one or more programmes** of ECT. In total, **265 programmes** of ECT were administered. The number of treatments within a programme ranged from 1 to 12 with **2,109 treatments** of ECT administered in total and an average of **8 treatments** per programme.

In 2021, **219** residents were administered **one or more programmes** of ECT for a total of **296 programmes**. The number of treatments similarly ranged from 1 to 12, with **2,291 treatments** administered in total. The average number of treatments per programme in 2021 was **7.7,** slightly lower than in 2022.

Table 3: Overview of ECT administration: residents, programmes and treatments

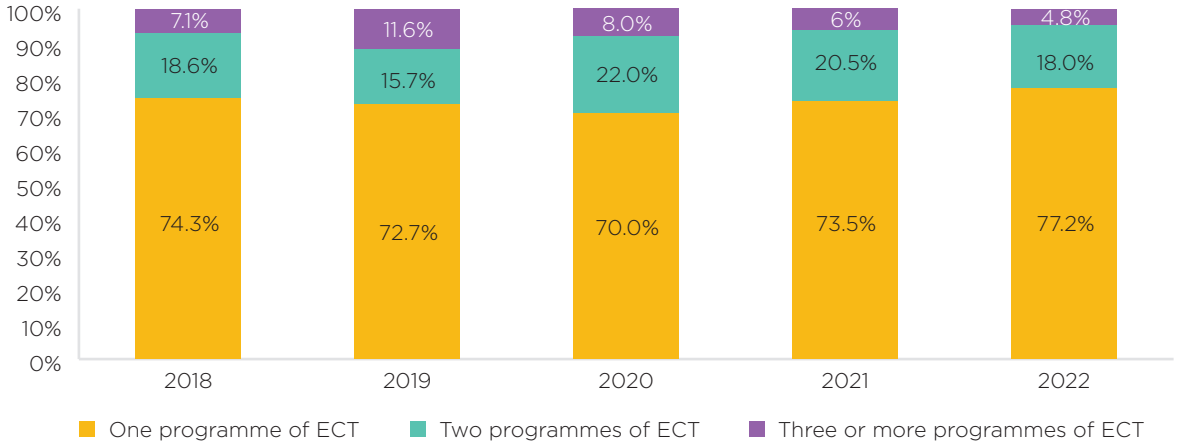
	2019	2020	2021	2022
Residents administered ECT	286	239	219	206
Programmes of ECT administered	395	300	296	265
Total treatments of ECT administered	3,124	2,329	2,291	2,109

Table 3 indicates that the number of residents receiving ECT has been reducing year on year.

Programmes per resident

Figure 1 shows that most residents were administered **one programme** of ECT (**77.2%** in 2022 and **73.5%** in 2021). In 2022, **18.0%** of residents were administered **two programmes** of ECT while **4.8%** were administered **three or more programmes**. In 2021, **20.5%** of residents were administered **two programmes** of ECT with **6%** receiving **three or more programmes**.

Figure 1: Number of programmes of ECT administered to residents



Treatments per programme of ECT

A programme of ECT refers to no more than 12 treatments of ECT prescribed by a consultant psychiatrist with the total number of treatments administered in a programme of ECT varying from **1 to 12**. **Table 4** shows that the average number of treatments per programme was approximately **8** between 2019 and 2022.

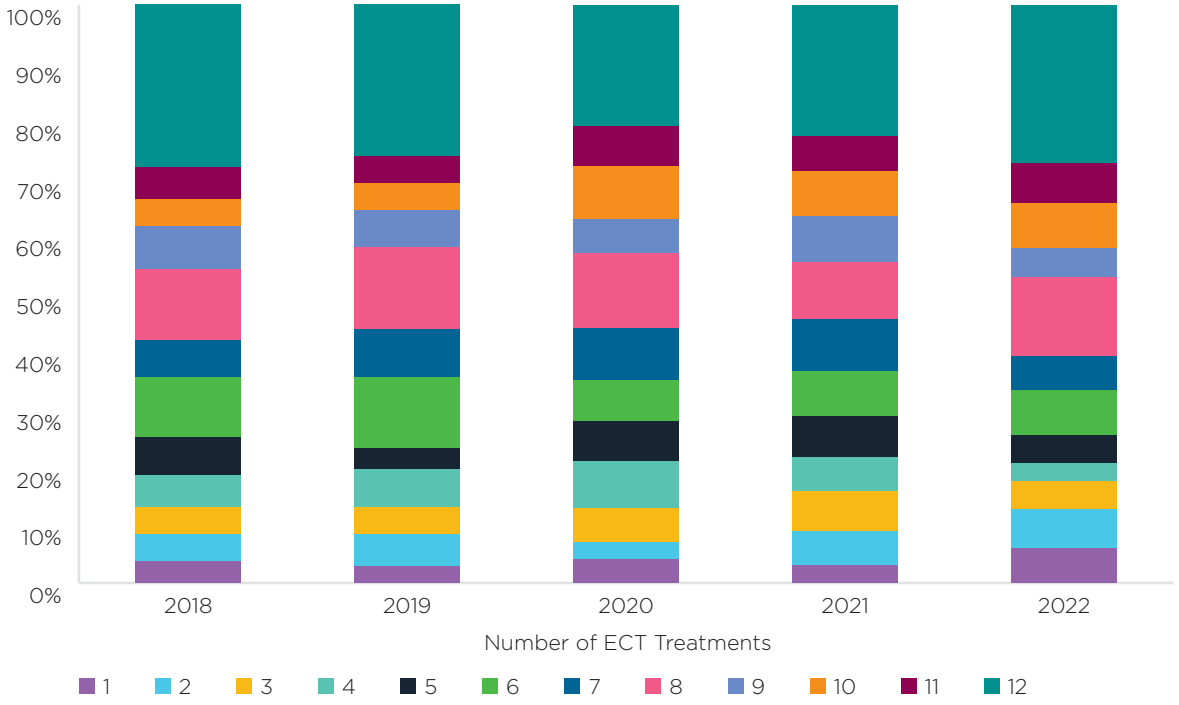
Table 4: Treatments per programme of ECT

	2019	2020	2021	2022
Average number of treatments per programme	7.9	7.8	7.7	8.0
Programmes of 12 treatments	102	64	68	74
Programmes of 1 treatment	11	13	8	15

Most programmes of ECT (**94.3%** in 2022 and **97.3%** in 2021) involved more than one treatment. The number of treatments prescribed, resident's diagnosis, indications for ECT, response to treatment, and treatment outcome may all be factors that account for variation in the number of ECT treatments.

The most frequent number of treatments per programme was the maximum of **12**, accounting for **28.1%** of all programmes in 2022 compared to **23.0%** in 2021. The distribution in the number of treatments per programme can be seen in **Figure 2**.

Figure 2: Number of treatments per programme



3.2 ECT services

ECT in approved centres

Table 5 provides an overview of the number of approved centres that administered ECT over the six-year period from 2017 to 2022. In both 2022 and 2021, **38** (**56.7%**) approved centres did not provide an ECT service (either directly or by referral to another service). In 2022, 15 (**22.4%**) services provided an ECT service and **14** (**20.9%**) centres referred residents to another approved centre for ECT treatment.

Table 5: Overview of approved centres using ECT

	2017	2018	2019	2020	2021	2022
ECT service	16 *25.0%*	15 *23.1%*	17 *26.2%*	14 *21.2%*	16 *23.9%*	15 *22.4%*
ECT service by referral	8 *12.5%*	15 *23.1%*	14 *21.5%*	5 *7.6%*	13 *19.4%*	14 *20.9%*
No ECT service	40 *62.5%*	35 *53.8%*	34 *52.3%*	47 *71.2%*	38 *56.7%*	38 *56.7%*
Total approved centres	**64**	**65**	**65**	**66**	**67**	**67**

Administration of ECT by approved centre and CHO area

This section includes data on the administration of ECT in individual approved centres. Data are presented nationally, by sector (CHO or independent service provider), and by individual approved centre.

Table 6 shows the number of programmes of ECT reported by each approved centre in 2022 with data from 2019 to 2021 included for context. The approved centres are ordered by sector. Given the sensitive and potentially identifiable nature of the data, if fewer than five programmes of ECT were reported by an approved centre '<5' is used in the table.

All nine CHO areas had at least one approved centre that reported one or more programmes of ECT in the period spanning 2019 to 2022. The Central Mental Hospital (NFMHS), St Joseph's ID Service (NIDS), and all Child and Adolescent Mental Health Services (CAMHS) did not report any programmes of ECT during the four-year period.

However, in two CHOs, CHO 4 (Cork and Kerry) and CHO 9 (Dublin north), all ECT programmes were by referral to centres outside the CHO area. Based on this data, the MHC raised concerns regarding equity of access to treatment with the HSE. The MHC highlighted the impact of very unwell residents being transferred considerable distances outside of their local area in order to access treatment. These concerns were particularly relevant to CHO 4. The HSE agreed to carry out a review on the regional availability of ECT. On 18 August 2023, the HSE informed the MHC that a business case had been submitted to develop a regional ECT centre based in the Acute Mental Health Unit in Cork. Furthermore, the MHC was informed that when this service is operational it will seek ECTAS accreditation. The MHC continues to monitor this regional variability with regard to access.

In relation to CHO 9, the HSE stated that as only seven to nine residents per year were prescribed ECT, and these patients received treatment in the Dublin region, it was the HSE's position that CHO 9 did not have a need for its own ECT centre.

The **Acute Psychiatric Unit at Tallaght University Hospital (APU Tallaght)** reported the highest number of programmes of ECT in a HSE-operated service during 2022 (**31**), 2021 (**32**), 2020 (**23**) and 2019 (**38**); an average of **31** ECT programmes over the four-year period. In comparison, the average number of ECT programmes per year across each of the other HSE services was **8**.

In relation to the independent services, **St Patrick's University Hospital**, a large 241-bed and ECTAS-accredited service, accounted for **47%** of all ECT programmes (**125**) in 2022. This approved centre also accounted for **53%** of programmes in both 2021 and 2022. In 2022, **88%** of residents who received ECT treatment in St Patrick's University Hospital were registered as private patients with **12%** registered as public patients.

While noting that St Patrick's Hospital is the largest approved centre in the state, the data shows that this centre also prescribed ECT at a higher rate than other approved centres. Notwithstanding that this approved centre has demonstrated full compliance with the MHC *Rules* and the Code of Practice on ECT, the MHC decided to seek additional information and assurances regarding the use of ECT in the approved centre in order to understand the reasons for these higher rates in more detail and to seek assurances about the oversight mechanisms in place.

At the request of the MHC, the approved centre agreed to carry out a clinical audit and submitted the outcome of same to the MHC on 30 August 2023. The MHC is of the view that this audit provides assurances that the approved centre has systems of oversight in place to ensure regulatory compliance and best practice around the administration of ECT. The approved centre has committed to carry out such audits on an annual basis and submit the reports of same to the MHC.

The MHC recognises that there are a number of factors which make any direct comparison of prescribing rates between St Patrick's and other approved centres difficult. These include the national catchment area of the approved centre, its relative size, and the difficulty in drawing any direct comparison between its resident cohort and the combined resident cohort of other approved centres.

In 2022, **13** of the approved centres (**67%**) either using ECT or referring residents to other services for treatment reported **fewer than five programmes**, a decrease from **18** centres in 2021 (**62%**). **Four services** accounted for **77.6% of all ECT programmes** in 2022: St Patrick's University Hospital, APU Tallaght Hospital, the Adult Acute Mental Health Unit at Galway University Hospital and St John of God Hospital. Each of these services, with the exception of St John of God Hospital, had ECTAS accreditation or was a member of the network in 2022, indicating the continued movement towards ECT administration in specialist centres in Ireland. The MHC has also contacted all non-ECTAS-accredited approved centres requesting assurances about their plans for ECTAS accreditation in 2023. The MHC continues to monitor this matter very closely.

Table 6: Programmes of ECT reported by each approved centre

Approved centres by area/sector	Administration	2019	2020	2021	2022
CHO Area 1 – Population 394,333 – Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan					
Acute Psychiatric Unit, Cavan General Hospital	ECT service	<5	<5	6	<5
Department of Psychiatry, Letterkenny University Hospital	ECT service	11	<5	<5	6
Adult Mental Health Unit, Sligo University Hospital	ECT service	<5	0	<5	<5
CHO Area 2 – Population 453,109 – Galway, Roscommon, Mayo					
Acute Adult Mental Health Unit, University Hospital Galway	ECT service	24	19	27	25
Adult Mental Health Unit, Mayo University Hospital	ECT service	6	9	5	<5
Department of Psychiatry, Roscommon University Hospital	By referral	<5	5	5	10
CHO Area 3 – Population 384,998 – Clare, Limerick, North Tipperary/East Limerick					
Acute Psychiatric Unit 5B, University Hospital Limerick	ECT service	24	10	<5	11
Acute Psychiatric Unit 5B, University Hospital Limerick	By referral	0	0	<5	0
Tearmann Ward, St Camillus' Hospital	ECT service	0	0	0	<5
CHO Area 4 – Population 690,575 – Kerry, North Cork, North Lee, South Lee, West Cork					
Units 2, 3, 4, 5 and Unit 8 (Floor 2), St Stephen's Hospital, Cork	By referral	<5	0	0	0
South Lee Mental Health Unit, Cork University Hospital	By referral	0	0	<5	0
AMHU, Cork University Hospital	By referral	<5	0	<5	0
CHO Area 5 – Population 510,333 – South Tipperary, Carlow/Kilkenny, Waterford, Wexford					
Department of Psychiatry, St Luke's Hospital	ECT service	10	<5	<5	<5
Grangemore Ward & St Aidan's Ward, St Otteran's Hospital	By referral	0	0	<5	0
Department of Psychiatry, University Hospital Waterford	ECT service	<5	6	<5	0
Selskar House	By Referral	0	0	0	<5

Approved centres by area/sector	Administration	2019	2020	2021	2022
CHO Area 6 – Population 388,297 – Wicklow, Dun Laoghaire, Dublin South East					
Elm Mount Unit, St Vincent's University Hospital	ECT service	11	10	9	13
Elm Mount Unit, St Vincent's University Hospital	By referral	0	0	<5	<5
Avonmore & Glencree Units, Newcastle Hospital	By referral	<5	8	6	5
CHO Area 7 – Population 702,586 – Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West					
Acute Psychiatric Unit, Tallaght Hospital	ECT service	38	23	32	31
Jonathan Swift Clinic, St James's Hospital	By referral	5	6	5	11
Lakeview Unit, Naas General Hospital	ECT service	11	<5	<5	0
CHO Area 8 – Population 616,229 – Laois/Offaly, Longford/Westmeath, Louth, Meath					
Department of Psychiatry, Midland Regional Hospital, Portlaoise	ECT service	6	5	<5	8
St Loman's Hospital, Mullingar	ECT service	<5	<5	8	0
Department of Psychiatry, Our Lady's Hospital	By referral	0	0	<5	0
Laois/Offaly Community Mental Health Service	By referral	0	0	<5	0
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	By referral	<5	<5	<5	0
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	ECT service	0	0	0	<5
CHO Area 9 – Population 621,405 – Dublin North, Dublin North Central, Dublin North West					
Department of Psychiatry, Connolly Hospital	By referral	<5	0	<5	<5
Ashlin Centre	By referral	0	0	<5	<5
O'Casey Rooms	By referral	<5	0	<5	<5
Forensic Service – National Coverage					
Central Mental Hospital	By referral	0	0	0	0
Independent – National Coverage					
St John of God Hospital & Cluain Mhuire4	ECT service	41	23	25	23
St Patrick's University Hospital	ECT service	197	159	157	125
Total all approved centres		**395**	**300**	**296**	**265**

Note: A table of referring approved centres and administering approved centres for 2019–2022 is available in Appendix 3.

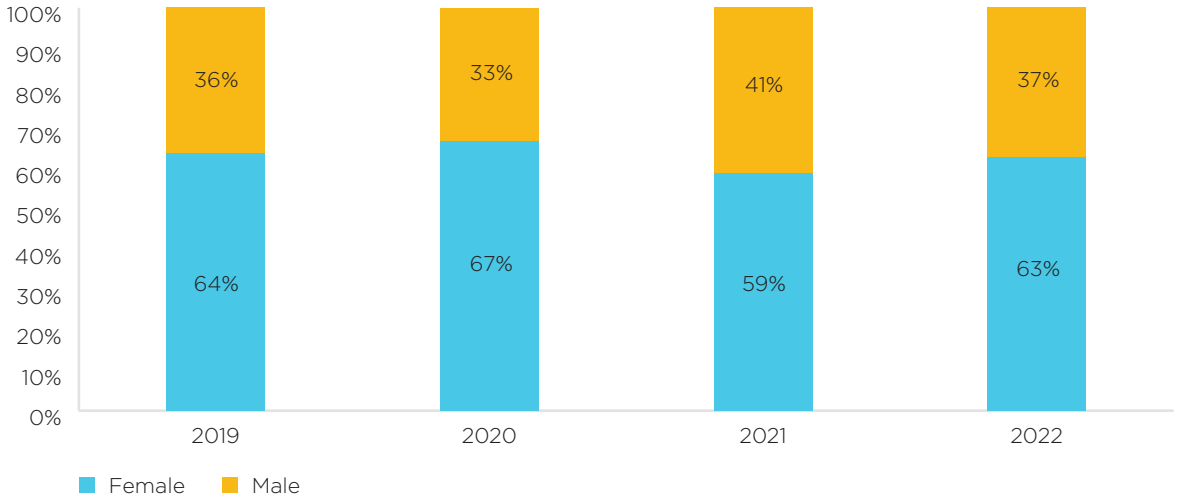
3.3 People receiving ECT

This section provides information about the residents to whom ECT was administered in 2022, including their age, gender and legal status. Data from 2019 to 2021 is also provided for context where relevant.

Demographics: Age and gender

Figure 3 shows the gender of residents who were administered ECT between 2019 and 2022. Approximately **63%** of ECT residents on average each year were **female**, which is consistent with other ECT administering jurisdictions[7].

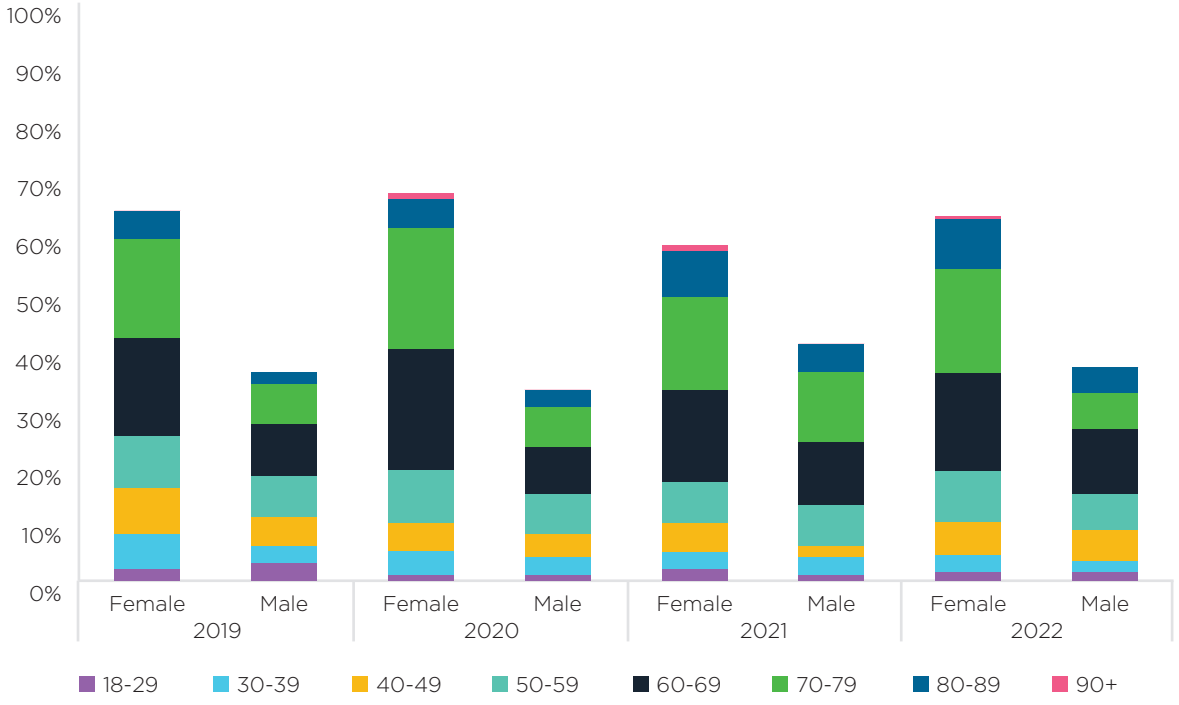
Figure 3: Gender of residents who were administered ECT



The average age of residents who were administered ECT in 2022 was **63 years** with an age range of **22 to 94** years. In 2021, 2020 and 2019, the average age of ECT residents was **65 years**, **62 years and 59 years**, respectively. The data suggest that the average age of residents receiving ECT treatment is largely increasing year on year, a trend which will continue to be monitored by the MHC.

Figure 4 shows the age range distribution by gender of residents receiving ECT.

Figure 4: Age range by gender of residents who were administered ECT (percentage of total year)



Demographics: Legal status

Legal status as recorded on the ECT Register relates to the resident's legal status when they commenced the programme of ECT: voluntary, involuntary, ward of court or outpatient.

Table 7 shows that in 2022, **80%** of ECT programmes were administered to residents with a **voluntary legal status**. In 2021, **81.8%** of programmes of ECT were administered to residents who were **admitted on a voluntary basis** when they commenced their programme of ECT. In 2022, **13.0%** of programmes were commenced when the legal status of the patient was **involuntary** compared to **16.8%** of residents in 2021.

Table 7: Programmes of ECT by residents' legal status

Legal Status	2019	2020	2021	2022
Voluntary	82.0%	78.0%	81.8%	80.0%
Involuntary	17.5%	20.0%	16.8%	18.9%
Outpatient	0.0%	0.7%	0.0%	0.0%
Ward of Court	0.5%	1.3%	1.4%	1.1%

A programme of ECT may run over several weeks or months. Consequentially, there is potential for a resident's legal status to change during the course of the programme. **Table 8** shows that a change in legal status was reported in relation to **16** programmes of ECT in 2022, compared to **17** in 2021, **14** in 2020 and **16** in 2019. A change **from involuntary to voluntary legal status** was the **most common change** in each of the four years.

Table 8: Programmes of ECT with change in legal status

		2019	2020	2021	2022
Change	Involuntary to voluntary	14	12	17	13
	Voluntary to involuntary	1	2	0	2
	Involuntary to Ward of Court	1	0	0	1
Totals	Total changes to legal status	**16**	**14**	**17**	**16**
	Total programmes	396	300	296	265

3.4 Administration of ECT treatment without consent

ECT cannot be administered without consent to a voluntary patient. Section 59 of the 2001 Act provides that two consultant psychiatrists can authorise and approve a treatment of ECT to an involuntary patient who has been assessed and determined to be unable to consent to the treatment. Following the assessment, the two consultants must be satisfied that the patient is not capable of understanding the nature, purpose and likely effects of the proposed treatment. Authorisation and approval is made on a specified statutory form, Form 16 (see Appendix 1), which includes the capacity assessment and intended benefit of the treatment. The form must be stored in the patient's clinical file and a copy submitted to the MHC for each programme of ECT.

Treatments without consent

Informed consent must be sought prior to the commencement of a programme of ECT and in advance of every ECT treatment. The capacity of a patient to consent may change over the duration of the programme and must be assessed in advance of every treatment. A programme of ECT may therefore involve one or more treatments of ECT without consent. **Table 9** shows that **16.7%** of programmes had **one or more treatments without consent** in 2022, in comparison to **14.5%** in 2021, **18.3%** in 2020 and **15.9%** in 2019.

Furthermore, **342 individual treatments** (**16.2%**) of ECT were administered **without consent** in 2022, compared with 2021: **296 treatments** (**12.9%**), 2020: **442 treatments** (**18.9%**) and 2019: **516 treatments** (**16.5%**). While the data indicate that the administration of ECT without consent increased from 2021 to 2022, the **total numbers of treatments** administered without consent have deceased since 2019 and 2020.

Table 9: Programmes of ECT with one or more treatments without consent

		2019	2020	2021	2022
Programmes without consent	Number *% of total*	63 *15.9%*	55 *18.3%*	43 *14.5%*	44 *16.7%*
Treatments without consent	Number *% of total*	516 *16.5%*	442 *18.9%*	296 *12.9%*	342 *16.2%*

In 2016 and 2017, 71 ECT clinics across England, Ireland, Wales and Northern Ireland submitted data to the ECT Accreditation Service[8]. Forty-two percent (**42%**) of people who underwent an acute course of ECT did not have capacity to consent at the beginning of their treatment, while **17%** of patients who received maintenance ECT treatment were non-capacious at the time. The MHC data for 2022 indicate that the number of persons who were administered ECT treatment without consent in Ireland was significantly lower than the number reported across the UK and Ireland in 2016–2017. Studies also suggest that ECT treatment without consent in Ireland may be lower than in other jurisdictions. For example, ECT without consent accounted for **37%** of programmes across **28 NHS Trusts** in England in 2019[9], while approximately **40%** of ECT treatments in England occur without consent[10].

3.5 Reasons for and outcomes of ECT use

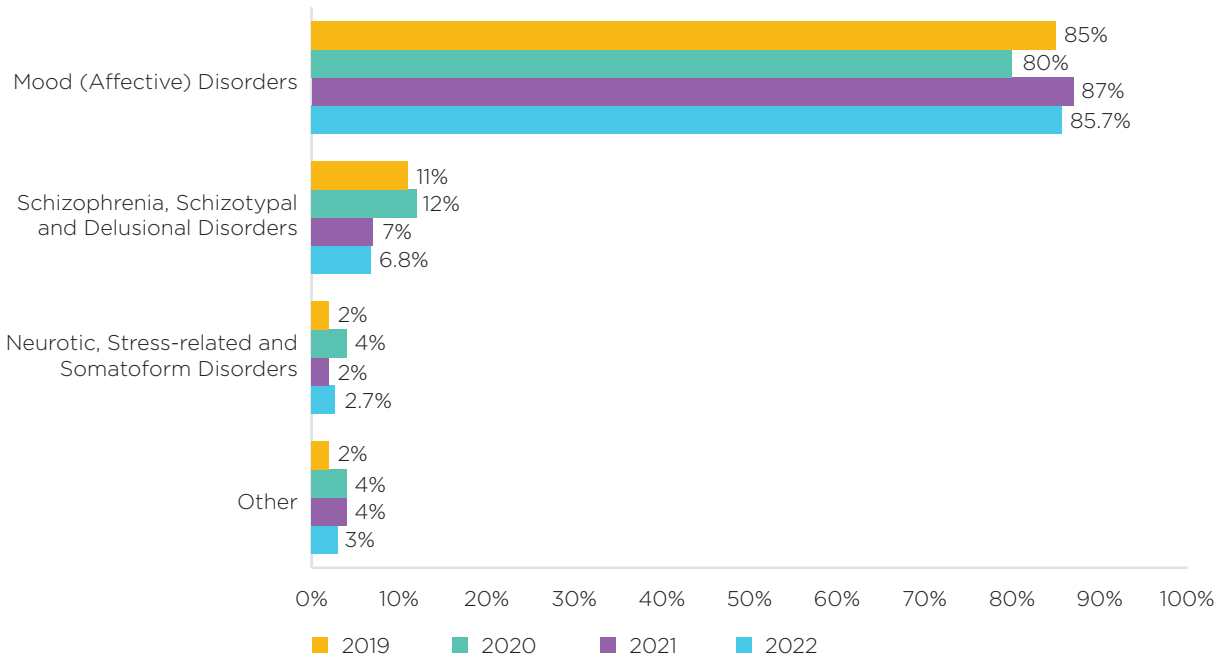
This section provides information on the diagnoses of residents who are administered ECT, indications for ECT use, outcomes of the treatment, and reasons for ending a programme of ECT.

Diagnoses

In 2022, **227 programmes** of ECT (**85.7%**) were administered to residents with a **mood (affective) disorder diagnosis** (including depressive and manic disorders). **18 programmes** were administered to persons with diagnoses of **schizophrenic**, **schizotypal** and **delusional disorders** (**6.8%**). In 2021, **87%** of ECT programmes were administered to residents with a diagnosis of a **mood disorder**, while **7%** were administered to persons with diagnoses of **schizophrenic**, **schizotypal** and **delusional disorders**. These data are in keeping with findings from other jurisdictions which indicate depressive disorders as the most common diagnosis indication for ECT (Scottish ECT Accreditation Network, 2019[11]; Scottish ECT Accreditation Network, 2021[12]).

Other primary diagnoses in 2022 and 2021 included neuroses, organic disorders and developmental disorders as well as disorders of adult personality and behaviour. **Figure 5** shows the breakdown of diagnoses for 2019 to 2022.

Figure 5: Breakdown of diagnoses between the years 2019 and 2022



Indications for ECT

Table 10 shows the breakdown of indications for programmes of ECT between 2019 and 2022. '**Refractory (Resistance) to Medication**' was the most common single indication for ECT over the last four years, accounting for **57%** of indications in 2022, **62%** in 2021, **64%** in 2020 and **66%** in 2019. '**Maintenance ECT**' (**20%**) was the second most common indication in 2022, followed by '**Rapid Response Required**' (**13%**). **It should be noted that additional data were not collected to help further deconstruct indications labelled as 'Multiple or Other'**.

Table 10: Indications for ECT

Indications	2019	2020	2021	2022
Refractory to medication	259 *66%*	193 *64%*	184 *62%*	150 *57%*
Multiple or 'other' indications	8 *2%*	16 *5%*	8 *3%*	13 *5%*
Maintenance ECT	47 *12%*	38 *13%*	55 *19%*	52 *20%*
Rapid response required	52 *13%*	38 *13%*	30 *10%*	35 *13%*
Acute suicidality	13 *3%*	8 *3%*	13 *4%*	9 *3%*
Physical deterioration	14 *4%*	7 *2%*	6 *2%*	6 *2%*
Total Programmes	**395**	**300**	**296**	**265**

Reasons for ending a programme of ECT

The consultant psychiatrist responsible for the care and treatment of the resident must record the reason for ending a programme of ECT on the ECT Register. **Table 11** provides a breakdown of each reason for terminating a programme of ECT between 2019 and 2022.

'**Improvement**' was reported as the primary reason for ending most programmes of ECT in 2022 (**58.1%**). This represents a slight reduction from **61%** of programmes in 2021 and **63%** of programmes in 2020.

As previously stated, a programme of ECT refers to no more than 12 treatments of ECT prescribed by a consultant psychiatrist. In 2022, **22.3%** of programmes ended after a full course of 12 treatments compared to **15%** of programmes in 2021 and **10%** of programmes in 2020.

1.9% of ECT programmes ended because the resident withdrew consent in 2022 with **5%** and **6%** of programmes concluded for the same reason in 2021 and 2022, respectively. '**No Improvement**' (**3.4%**) and '**Complications**' (**3%**) accounted for 6.4% of programmes ending in 2022, while '**Multiple or Other**' reasons accounted for the conclusion of the remaining 2022 programmes (**9.1%**). It should be noted that additional data were not collected to help further deconstruct reasons labelled as 'Multiple or Other' for ending a programme of ECT.

Table 11: Reason for ending programme of ECT

Reason for ending ECT	2019	2020	2021	2022
Improvement	299 *76%*	189 *63%*	181 *61%*	154 *58.1%*
Multiple or other	54 *14%*	40 *13%*	39 *13%*	24 *9.1%*
No improvement	18 *5%*	8 *3%*	8 *3%*	9 *3.4%*
Resident withdrew consent	13 *3%*	19 *6%*	16 *5%*	5 *1.9%*
Complications	9 *2%*	13 *4%*	9 *3%*	8 *3.0%*
12 Treatments Administered	0 *0%*	31 *10%*	43 *15%*	59 *22.3%*
Register not completed	2 *1%*	0 *0%*	0 *0%*	6 *2.0%*
Total programmes	**395**	**300**	**296**	**265**

Outcomes at the end of a programme of ECT

Table 12 presents the outcome at the end of ECT programmes administered from 2019 to 2022. It should be noted that the ECT programme outcome scale was *amended in 2020*. Therefore, a direct comparison to previous years cannot be made. However, **Table 12** groups the 2019 outcomes with the outcomes from 2020 to 2022 using a best-fit approach.

'**Improvement**' was reported as the **outcome in 87.2%** of programmes of ECT in 2022. This mirrors data from both 2021 (**87.2%**) and 2020 (**85.7%**) but is lower than recorded rates of improvement in 2019 (**88.6%**).

'**Much Improved**' or '**Very Much Improved**' was reported as the outcome for **67.2%** of ECT programmes in 2022 in comparison to **71%** of programmes in 2021 and **72%** of programmes in 2020. In 2019, **76%** of programmes reported a '**Moderate-to-Significant Improvement**' up to '**Complete Recovery**'.

20% of residents were reported as being '**Minimally Improved**' in 2022, representing an increase on both 2021 (**16.6%**) and 2020 (**13.7%**). Similarly, **13%** of programmes reported '**Some Improvement**' in 2019. In 2022, **7.2%** of programmes reported '**No Change**', lower than both 2021 and 2020 during which **9%** of programmes reported no change (up from **5%** in 2019). In 2022, **1.5%** of programmes reported a negative outcome ('**Minimally Worse**' **1.1%** and '**Much Worse**' **0.4%**). While no programme reported a negative outcome in 2021, negative outcomes '**Minimally Worse**', '**Much Worse**' and '**Very Much Worse**' accounted for **1.3%** of programmes in 2020. Similarly, '**Deterioration**' was reported in **2%** of programmes in 2019.

Table 12: Outcome at end of ECT programme

Outcome Pre 2020	Outcome 2020+	2019	2020	2021	2022
Complete recovery	Very Much Improved	95 *24%*	112 *37.3%*	80 *27.0%*	78 *29.4%*
Significant improvement		153 *39%*			
Moderate improvement	Much Improved	50 *13%*	104 *34.7%*	129 *43.6%*	100 *37.7%*
Some improvement	Minimally Improved	52 *13%*	41 *13.7%*	49 *16.6%*	53 *20%*
No change	No Change	21 *5%*	28 *9.3%*	27 *9.1%*	19 *7.2%*
Deterioration	Minimally Worse	6 *2%*	3 *1.0%*	0 *0.0%*	3 *1.1%*
	Much Worse		1 *0.3%*	0 *0.0%*	1 *0.4%*
	Very Much Worse		0 *0.0%*	0 *0.0%*	0 *0.0%*
Register Not Completed	-	18 *5%*	0 *0.0%*	0 *0.0%*	0 *0.0%*
-	Not Assessed	0 *0%*	2 *0.7%*	0 *0.0%*	2 *0.8%*
-	No Information	0 *0%*	9 *3.0%*	11 *3.7%*	9 *3.4%*
Total		**395**	**300**	**296**	**265**

Laterality of ECT treatment

Laterality refers to the location of electrodes on the head of the patient during ECT treatment. During unilateral ECT, electrodes are placed on the same side of the head. Bilateral ECT involves the placement of electrodes on the opposite sides of the head.

In 2022, half (**50%**) of ECT treatments in Ireland were unilateral while **47%** were bilateral. **3%** of programmes used a combination of unilateral and bilateral ECT during the same period.

Table 13: Laterality of ECT programmes

	2021	2022
Unilateral	49%	50%
Bilateral	46%	47%
Unilateral and Bilateral	5%	3%

4. Compliance with ECT *Rules* and *Code of Practice*

The Inspector of Mental Health Services visits and inspects every approved centre at least once a year. As part of the inspection process, the Inspector rates compliance against the Rules and Code on ECT where applicable.

It is important to note that Part 2 of the *Rules* deals with the issue of consent to treatment and provides safeguards for situations where the patient is unable to consent. The MHC carries out inspections of all approved centres where ECT is provided and seeks evidence that these safeguards are followed (see Section 3.4 for more information).

Figure 6: Relevant approved centre compliance with Rules Governing the Use of Electro-Convulsive Therapy, 2019–2022

Figure 6 outlines the compliance rates of approved centres with the *Rules* between 2019 and 2022. **14 of the 15 services** inspected by the Inspector of Mental Health Services in 2022 were deemed compliant with the *Rules* (93%). The **non-compliant** approved centre in 2022 had a **low risk rating**. In 2021, all applicable (9) approved centres were found to be **100% compliant**. Nevertheless, both years mark a clear improvement on 2020 during which **3 of the 13 applicable services were non-compliant** with the *Rules*. Of the 3 non-compliant approved centres in 2020, **1 had a moderate risk rating**, while **2 were rated as high risk**.

In 2019, **only 5 of the 11 approved centres (45%)** were compliant with the *Rules*. Of the 6 non-compliant approved centres in 2019, **1 had a low risk rating, 4 had a moderate risk rating, and 1 was risk rated as critical**. In this context, the data indicate that compliance with the *Rules* has improved over the past number of years.

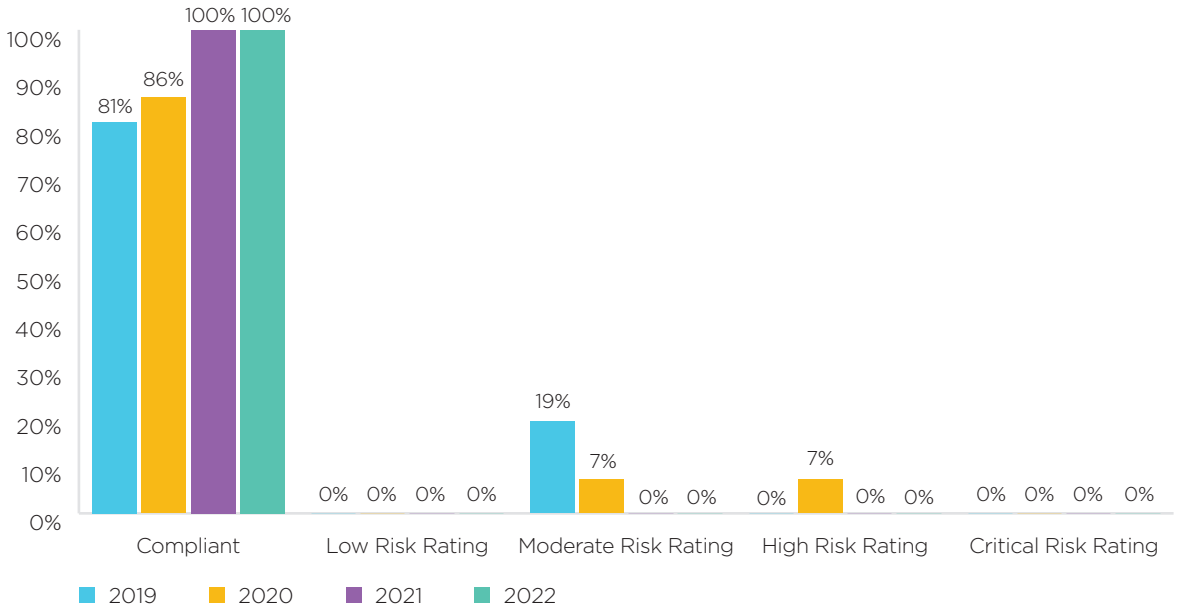
Further details on approved centre compliance can be found at: mhcirl.ie/what-we-do/regulation/approved-centres/.

Compliance with ECT Code of Practice

Figure 7 shows the number of approved centres deemed compliant with the *Code* between 2019 and 2022. In both 2022 (**15 approved centres**) and 2021 (**9 approved centres**), all applicable approved centres inspected by the Inspector of Mental Health Services were compliant with the *Code* (**100%**).

In 2020, **12 of 14 services** were compliant. **One non-compliant centre had a moderate risk rating while the other had a high risk rating**. In 2019, **13 out of 16 approved centres** were compliant with the *Code*. All three non-compliant centres had a **moderate risk rating**. As with the *Rules*, the data indicate that compliance with the Code has improved in recent years.

Figure 7: Relevant approved centre compliance with Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients, 2019–2022



Discussion

This report is being issued 14 years after the publication of the first annual *Report on the Use of Electroconvulsive Therapy in Approved Centres in 2008*[13]. Considering this, a comparison and trend visualisation of the use of ECT in approved centres between 2008 and 2022 is outlined in the following graphs in relation to:

i. The number of residents who underwent ECT.

ii. The number of programmes and treatments administered per year.

iii. The outcomes of ECT treatment.

iv. The gender balance of residents who were administered ECT.

v. The indications for the use of ECT treatment.

vi. The percentage of residents who were diagnosed with a depressive disorder prior to undergoing ECT treatment.

vii. The outcomes observed from ECT treatments from 2008 to 2022.

viii. The average age of residents undergoing ECT treatment.

As demonstrated in **Figure 8** and **Figure 9**, the number of residents undergoing ECT treatment and the number of programmes of ECT have predominately decreased since 2008. Although a visible spike in the numbers of both ECT patients and programmes occurred between 2015 and 2019, those numbers have decreased since 2020 and are now markedly lower than the 2008 figures. However, it should be noted that the Covid-19 pandemic may have impacted the availability and administration of ECT programmes during this period. As such, further research is required to provide any definitive findings on this matter.

Figure 8: Comparison of number of residents and programmes in approved centres, 2008–2022

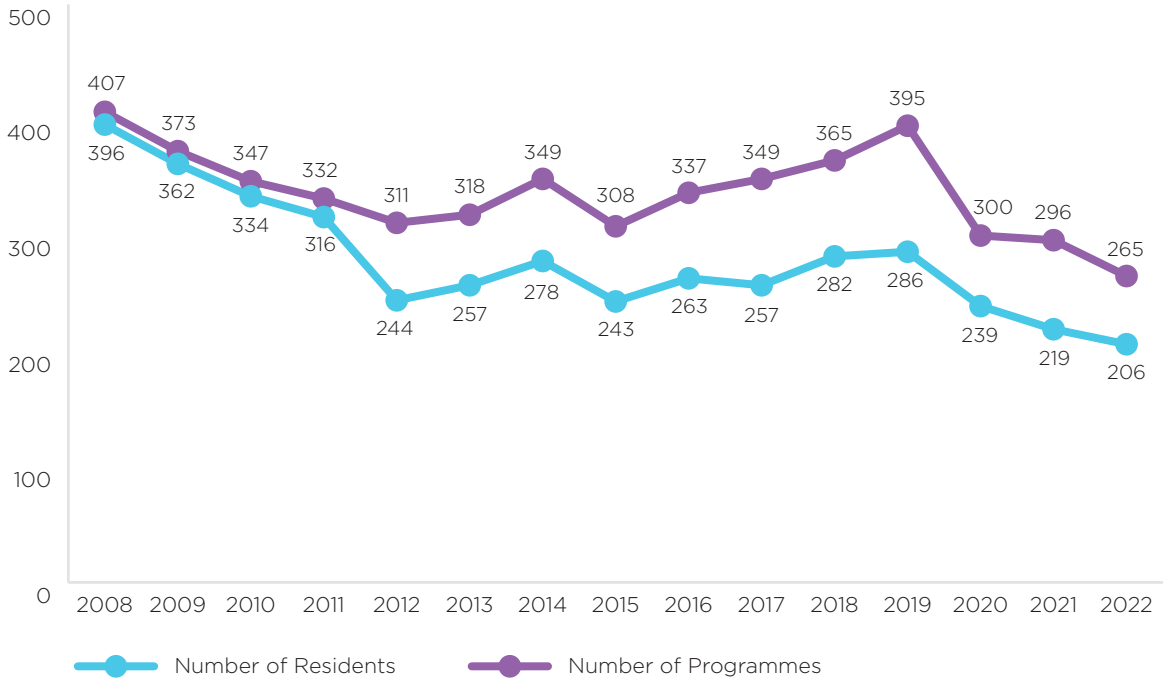


Figure 9: Comparison of number of ECT treatments per year, 2008–2022

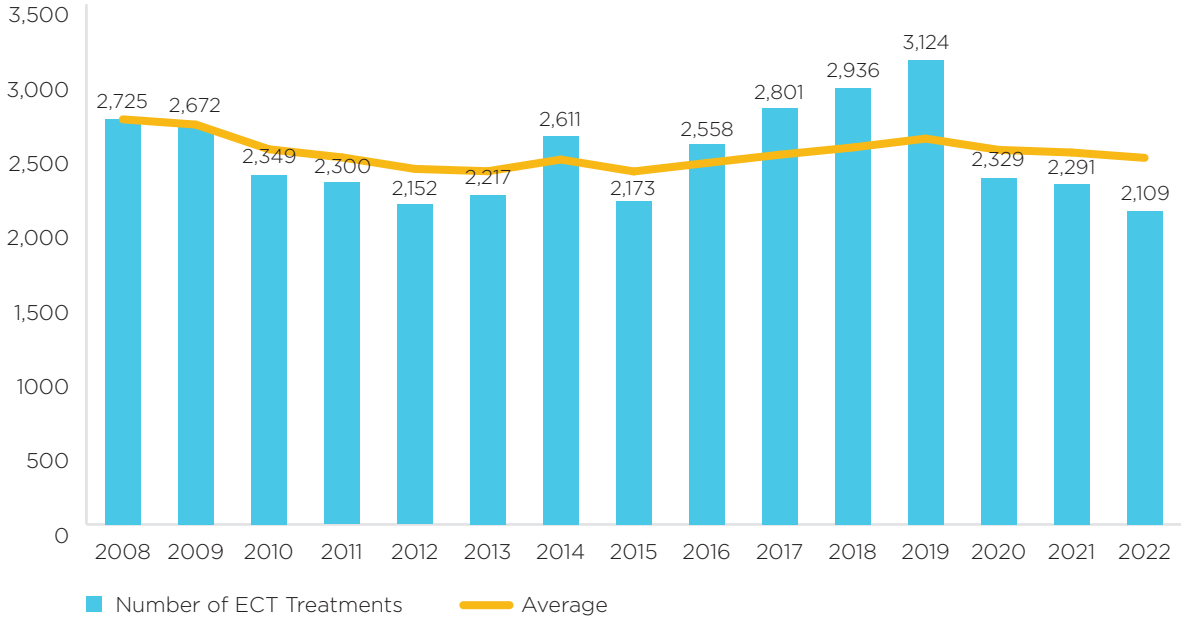


Figure 10 compares the total number of inpatient mental health service admissions recorded by the Health Research Board between the years 2008 and 2022 with the number of patients involuntarily admitted to inpatient mental health services over the same period. Despite some dips, involuntary admissions have steadily increased year on year from **2,004** in 2008 to **2,673** in 2022. In contrast, total admissions have fallen considerably from highs of **20,752** in 2008 to **15,790** in 2022.

Figure 10: Comparison of total admissions compared to involuntary admissions, 2008–2022

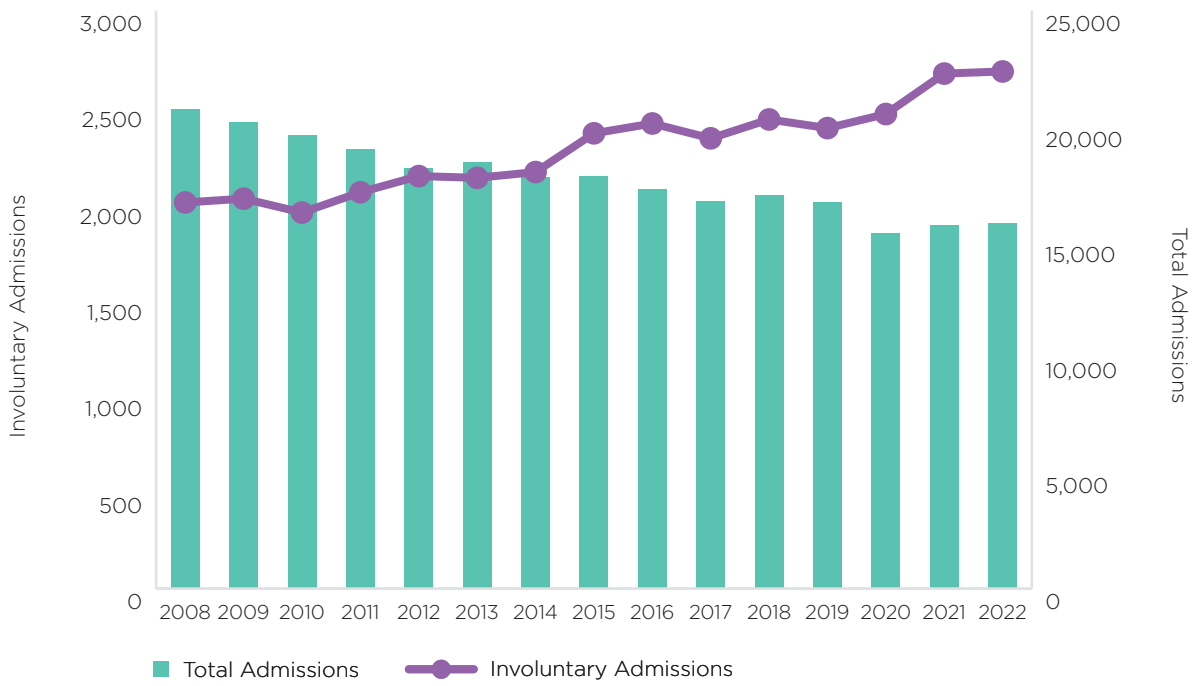


Figure 11 shows that the ratio of female to male residents administered ECT remained fairly static (approximately 2:1) between 2008 and 2022. As previously discussed, this may be a result of the higher rate of diagnosed mood disorders in women than men in Ireland. However, there was a significant increase in the number of male residents receiving ECT treatment in 2021, during which 41% of residents who underwent treatment were male compared to an average of 35% between 2008 and 2020. While factors leading to the increase in the proportion of males receiving ECT treatment in 2021 are unknown, the trend did not continue in 2022. Moreover, there has been no report of any residents who identify as non-binary receiving ECT treatment.

Figure 11: Comparison of gender of residents who were administered ECT, 2008–2022

Figure 12 shows that the most common indication for the use of ECT treatment since 2008 is '**Refractory (Resistant) to Medication**'. On average, '**Refractory to Medication**' has been the indication for use of ECT in **58.4% of programmes between 2008 and 2022**. During this same period, '**Acute Suicidality**' (**3.4%**) and '**Physical Deterioration**' (**2.7%**) respectively were the least common indications for the use of ECT.

Figure 12: Comparison of indications for use of ECT, 2008–2022

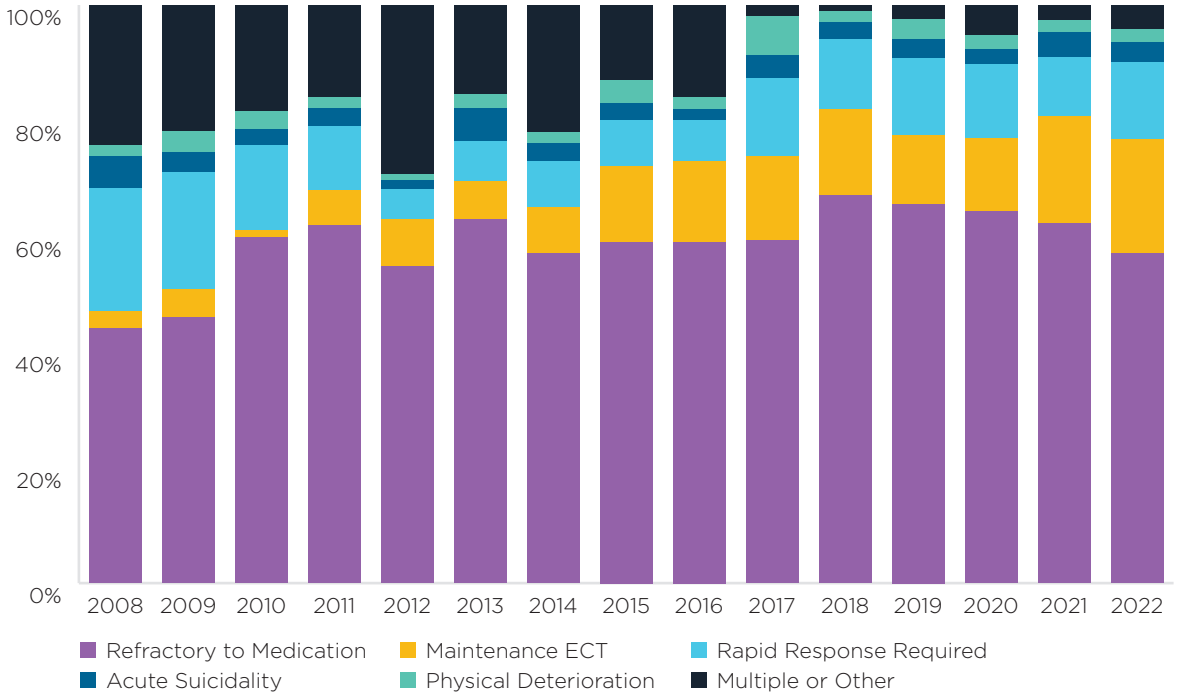
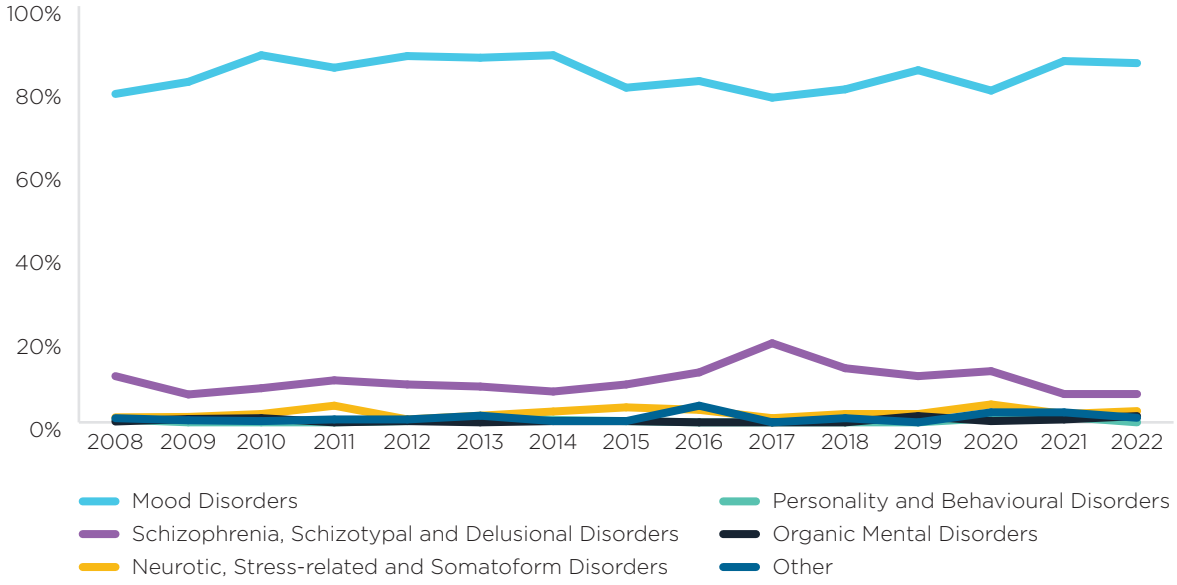


Figure 13 indicates that the most common diagnoses for residents undergoing ECT treatment between 2008 and 2022 are **mood disorders** (**at 78–88% per annum**) followed by **schizophrenic**, **schizotypal and delusional disorders** (**10.09%**). The least common diagnoses during this period are **personality and behavioural disorders** (**0.32%**) and **organic disorders** (**0.46%**).

Figure 13: Comparison of programmes of ECT by diagnosis, 2008–2022



As discussed in Section 3.5, the ECT programme outcome scale was amended in 2020. Consequentially, **Figure 14** compares the ECT programme outcomes from 2008 to 2022 using a combination of the newly defined outcomes and a best-fit approach. The graph shows that '**Very Much Improved**' has been the **most consistent ECT programme outcome**. It should be noted that the '**Very Much Improved**' outcome between 2008 and 2019 is a product of two legacy outcomes: '**Significant Improvement**' and '**Complete Recovery**'. This explains the visible dip in the curve in 2020 and 2021.

The next most frequent outcomes were '**Much Improved**' and '**Minimally Improved**'. Data from 2022, 2021 and 2020 indicate that '**Much Improved**' is increasing as a programme outcome, while '**Very Much Improved**' is decreasing. Programmes that reported '**No Change**' or '**Minimally Worse**' to '**Very Much Worse**' outcomes were **significantly less common**. This trend would indicate that ECT treatment generally has a positive effect on those being treated. However, it is not clear what weight external factors such as diagnosis, age and acuity of illness have on the aggregate effectiveness of the treatment nor how ECT weighs up against traditional medication and alternative methods.

Figure 14: Comparison of outcomes of ECT treatment, 2008–2022

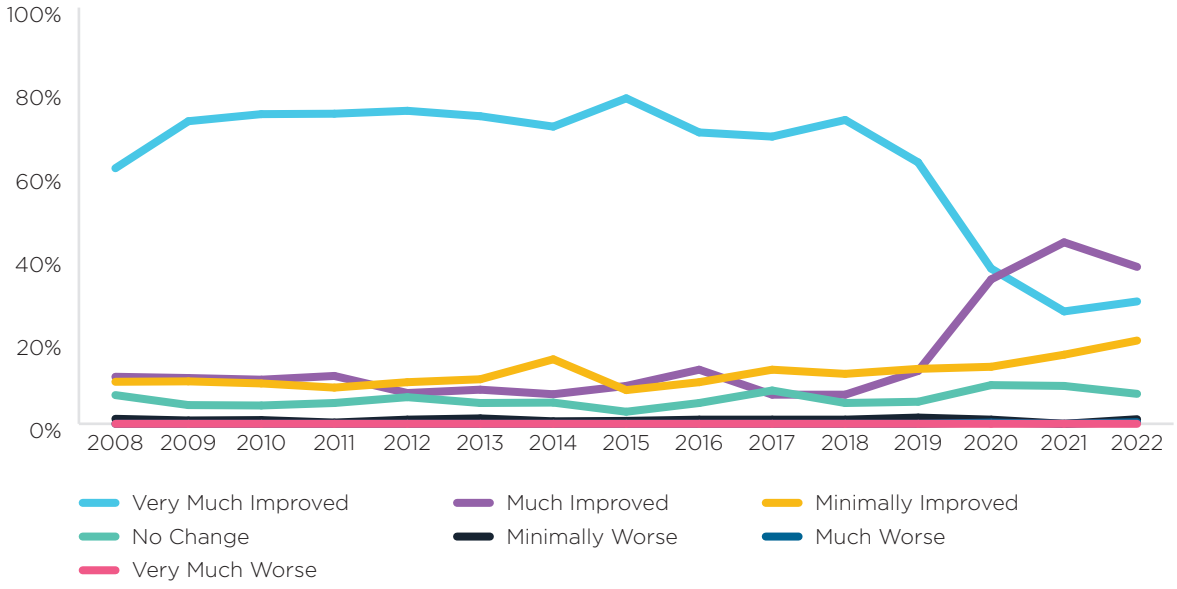
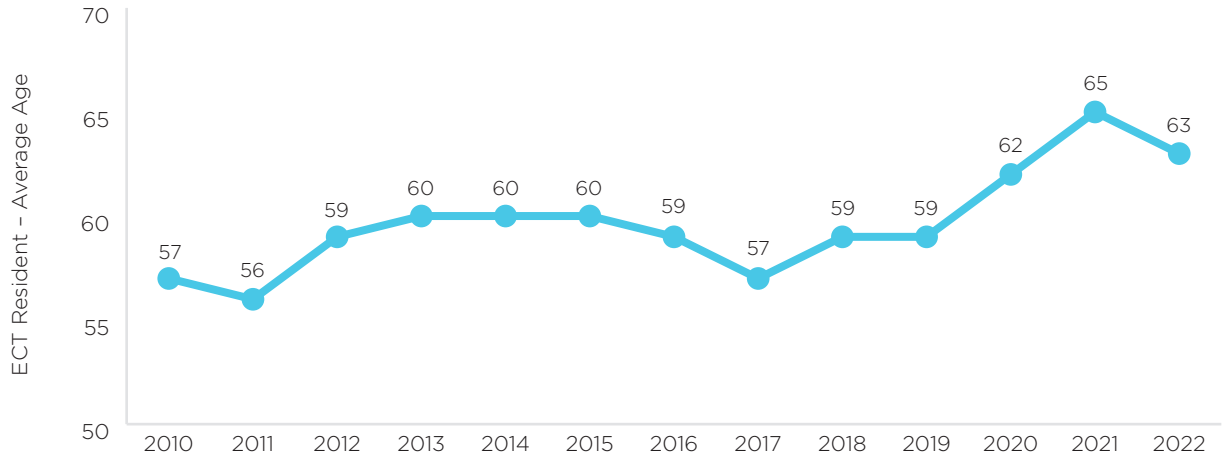


Figure 15 indicates that the average age of residents receiving ECT rose from **57 to 65 years of age** between 2010 (the first year that the age of ECT residents was collected from approved centres) and 2022. Further research is required to determine with certainty why the age of ECT recipients has increased.

Figure 15: Comparison of average age of ECT residents, 2008–2022



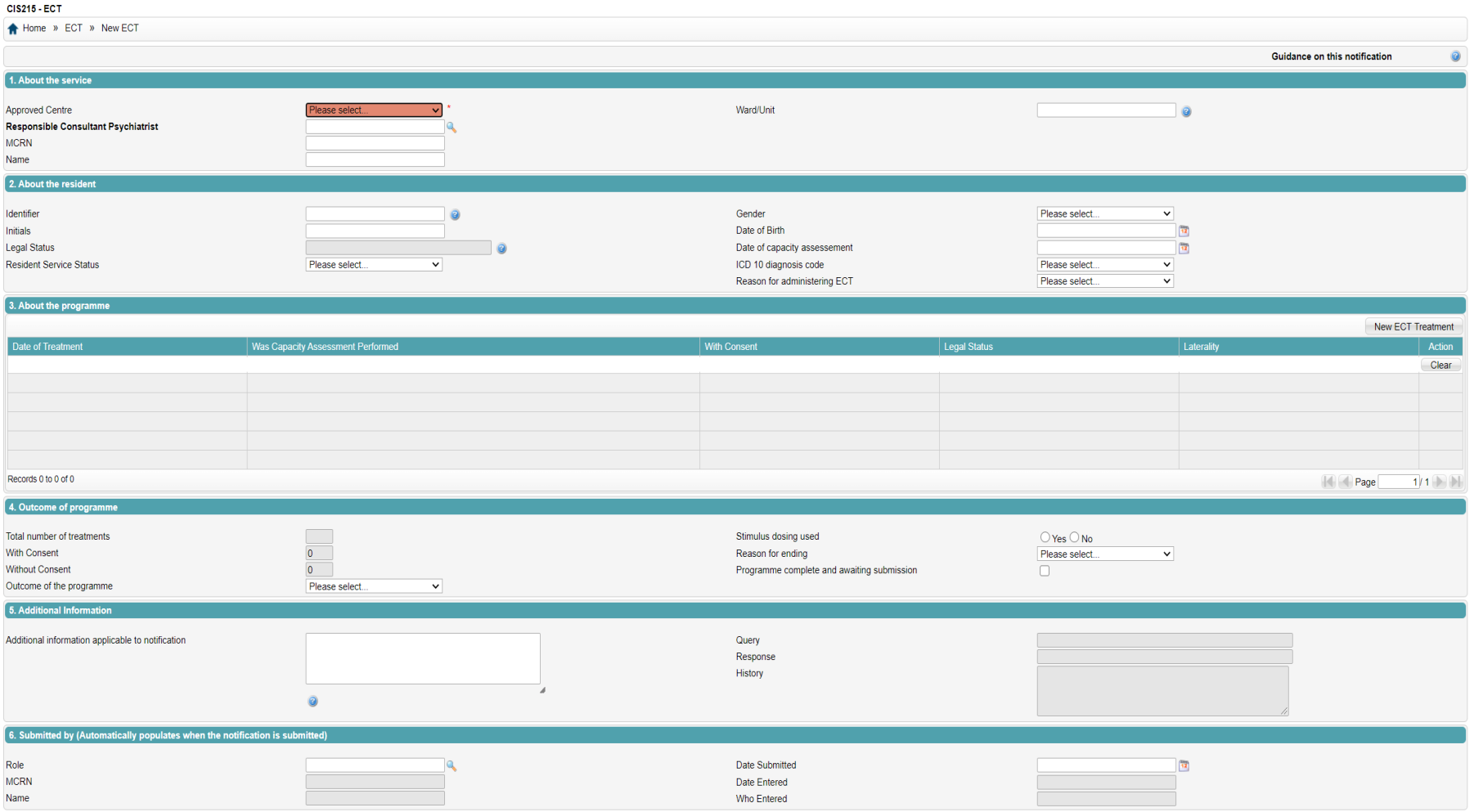
Conclusion

The aim of collecting data in relation to the use of ECT in approved centres is to transparently report on the administration of ECT as recorded by each approved centre and submitted to the MHC. The data provide a clear picture of activity and trends in ECT administration in Ireland. The data also show that approved centres continue to demonstrate a high level of compliance with the relevant *Rules* and *Code of Practice* that govern the use of ECT. Due to data protection regulations, however, there are limitations to the amount of information that can legally be requested by the MHC. Other information could, in theory, make a comparative analysis more useful. That information might include:

1) geographic area or address (as the majority of ECT is administered in national services and data on the location of residents is not included);
2) long-term recovery or improvement statistics collected from residents who underwent ECT treatments at six-month, one-year and five-year increments.

Furthermore, and in support of a longstanding HIQA recommendation for health service providers[14], a national system of unique health identifiers (UHIs) for patients would provide for a more detailed data analysis of ECT programmes in Ireland while simultaneously protecting patient confidentiality. Considering these limitations, it is neither useful nor practicable to offer recommendations based on the results of the data collected, nor to make either a positive or negative statement about the impact and usefulness of ECT treatment.

Appendix 1: CIS215 – ECT notification screen and Form 16



CIS215 - ECT

Home » ECT » New ECT

Guidance on this notification

1. About the service

Approved Centre: Please select... *
Responsible Consultant Psychiatrist:
MCRN:
Name:
Ward/Unit:

2. About the resident

Identifier:
Initials:
Legal Status:
Resident Service Status: Please select...
Gender: Please select...
Date of Birth:
Date of capacity assessement:
ICD 10 diagnosis code: Please select...
Reason for administering ECT: Please select...

3. About the programme

New ECT Treatment

Date of Treatment	Was Capacity Assessment Performed	With Consent	Legal Status	Laterality	Action
					Clear

Records 0 to 0 of 0

Page 1 / 1

4. Outcome of programme

Total number of treatments:
With Consent: 0
Without Consent: 0
Outcome of the programme: Please select...
Stimulus dosing used: Yes No
Reason for ending: Please select...
Programme complete and awaiting submission:

5. Additional Information

Additional information applicable to notification:
Query:
Response:
History:

6. Submitted by (Automatically populates when the notification is submitted)

Role:
MCRN:
Name:
Date Submitted:
Date Entered:
Who Entered:

Form 16: Treatment Without Consent Electro-Convulsive Therapy Involuntary Patient (Adult) forms relating to patients who were unable to consent to ECT treatment. Effective from 15 February 2016

MHC
Coimisiún Meabhair-Shláinte | Mental Health Commission

Revised February 15th 2016

ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT) – UNABLE TO CONSENT

FORM 16
MENTAL HEALTH ACT 2001 (AS AMENDED)
SECTION 59
PAGE 1 OF 3

To be completed by the consultant psychiatrist responsible for the care and treatment of the Patient:

BLOCK CAPITALS (Before completing this form, please read the notes overleaf)

1. Full Name of Patient

2. Date of Birth ☐☐/☐☐/☐☐☐☐ Gender M ☐ F ☐

was involuntarily admitted to

3. Name and Address of Approved Centre to which the patient was admitted

Ward.

on

4. Date ☐☐/☐☐/☐☐☐☐

5. Full Name of Responsible Consultant Psychiatrist (and Professional Address if other than Section 3 above)

I have examined the above named patient on (date) ☐☐/☐☐/☐☐☐☐
and I am of the opinion that it would be to the benefit of the patient to be administered electroconvulsive therapy for the following reasons

6. Give details of how this treatment will benefit the patient

7. Give details of discussion with and views expressed by the patient

8. Give details of assistance, if any, provided to the patient in relation to discussion

9. Give details of your assessment of the patient's ability to consent to treatment

SIGNATURES REQUIRED ON PAGE 3 >

For use only in accordance with the Mental Health Act 2001 (as amended). Penalties apply for giving false or misleading information.

Revised February 15th 2016

ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT) – UNABLE TO CONSENT

FORM 16
MENTAL HEALTH ACT 2001 (AS AMENDED)
SECTION 59

MHC Coimisiún Meabhair-Shláinte | Mental Health Commission

To be completed by the consultant psychiatrist responsible for the care and treatment of the Patient:

This patient is unable to give consent to this treatment.

I approve this programme of electroconvulsive therapy. ☐

Signed: _____ MCRN: _____

(Responsible Consultant Psychiatrist)

Date: ☐☐/☐☐/☐☐☐☐ Time: (24 hour clock e.g. 2.41p.m. is written as 14.41) ☐☐:☐☐

This part to be completed by another consultant psychiatrist following referral by the first-mentioned psychiatrist.

10. Full Name of Consultant Psychiatrist (and Professional Address if other than Section 3 above)

I have examined the above named patient on DATE: ☐☐/☐☐/☐☐☐☐

and I am of the opinion that it would be to the benefit of the patient to be administered electroconvulsive therapy for the following reasons

11. Give details of how this treatment will benefit the patient

12. Give details of discussion with and views expressed by the patient

13. Give details of assistance, if any, provided to the patient in relation to discussion

14. Give details of your assessment of the patient's ability to consent to treatment

This patient is unable to give consent to this treatment.

I authorise this programme of electroconvulsive therapy. ☐

Signed: _____ MCRN: _____

(Consultant Psychiatrist)

Date: ☐☐/☐☐/☐☐☐☐ Time: (24 hour clock e.g. 2.41p.m. is written as 14.41) ☐☐:☐☐

For use only in accordance with the Mental Health Act 2001 (as amended). Penalties apply for giving false or misleading information.

Form 16 Treatment Without Consent Electro-Convulsive Therapy involuntary patient (adult)

Please complete the information below electronically in relation to the attached Form 16 and return by email: mentalhealthdata@mhcirl.ie

1. Approved Centre Name	
2. Form ID number:	
3. Did this programme of ECT without consent proceed? (if no you do not need to complete the remaining questions)	☐ Yes ☐ No
4. Was this patient (please select response **a** or **b** or **c**) **a)** A patient of this Approved Centre who was administered ECT in this Approved Centre? **Or** **b)** A patient of another Approved Centre who was referred here for ECT treatment? (if yes please specify name of other Approved Centre) **Or** **c)** A patient of this Approved Centre who was referred to another Approved Centre for ECT treatment? (if yes please specify the name of the other Approved Centre)	☐ ☐ _____ ☐ _____

Appendix 2: ICD-10 Codes and diagnostic groups

ICD-10 diagnostic groups	ICD-10 Code
1. Organic disorders	F00-F09
2. Alcoholic disorders	F10
3. Other drug disorders	F11-F19, F55
4. Schizophrenia, schizotypal and delusional disorders	F20-F29
5. Depressive disorders	F31.3, F31.4, F31.5, F32, F33, F34.1, F34.8, F34.9
6. Mania	F30, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.0
7. Neuroses	F40-F48
8. Eating disorders	F50
9. Personality and behavioural disorders	F60-F69
10. Intellectual disability	F70-F79
11. Development disorders	F80-F89
12. Behavioural and emotional disorders of childhood	F90-F98
13. Other diagnosis	F38, F39, F51-F54, F59, F99

Appendix 3: Referring and administering approved centres

Year	Referring approved centre	Administering approved centre
2019		
	Acute Mental Health Unit, Cork University Hospital	St Patrick's University Hospital
	Department of Psychiatry; Connolly Hospital	St Patrick's University Hospital
	St Aloysius, Mater Misericordiae Hospital	St Patrick's University Hospital
	O'Casey Rooms, Fairview	St Patrick's University Hospital
	St Edmundsbury Hospital	St Patrick's University Hospital
	Units 2, 3, 4, 5 and Unit 8 (Floor 2), St Stephen's Hospital, Cork	St Patrick's University Hospital
	St Vincent's Hospital, Fairview	St Patrick's University Hospital
	Department of Psychiatry, Waterford University Hospital	St Patrick's University Hospital
	Department of Psychiatry, Roscommon University Hospital	AMHU Galway
	Haywood Lodge	Department of Psychiatry, St Luke's Hospital
	Avonmore & Glencree Units, Newcastle Hospital	Elm Mount Unit, St Vincent's University Hospital
	Cluain Lir	St Loman's Hospital, Mullingar
2020		
	Jonathan Swift Clinic, St James' Hospital	APU Tallaght Hospital
	DOP, Roscommon University Hospital	AMHU, University Hospital Galway
	Avonmore & Glencree Units, Newcastle Hospital	Elm Mount Unit, St Vincent's University Hospital
	Haywood Lodge	Department of Psychiatry, St Luke's Hospital
	Cluain Lir	St Loman's Hospital, Mullingar
2021		
	DOP, Roscommon University Hospital	AMHU, University Hospital Galway
	Newcastle Hospital	Elm Mount Unit, St Vincent's University Hospital
	Jonathan Swift Clinic, St James' Hospital	APU Tallaght Hospital
	APU 5B University Hospital Limerick	St Patrick's University Hospital
	Elm Mount Unit, St Vincent's University Hospital	St Patrick's University Hospital
	Acute Mental Health Unit, Cork University Hospital	St Patrick's University Hospital
	South Lee Community Mental Health Services	St Patrick's University Hospital
	O'Casey Rooms, Fairview	St Patrick's University Hospital
	DOP Drogheda	St Patrick's University Hospital
	Laois/Offaly MHS	St Patrick's University Hospital

Year	Referring approved centre	Administering approved centre
	Grangemore and St Aidan's Ward, St Otteran's Hospital	St Patrick's University Hospital
	Ashlin Centre	St Patrick's University Hospital
2022		
	DOP, Roscommon University Hospital	AMHU, University Hospital Galway
	Avonmore & Glencree Units, Newcastle Hospital	Elm Mount Unit, St Vincent's University Hospital
	Jonathan Swift Clinic, St James' Hospital	APU Tallaght Hospital
	Elm Mount Unit, St Vincent's University Hospital	St Patrick's University Hospital
	North Lee CMHS	St Patrick's University Hospital
	O'Casey Rooms, Fairview	St Patrick's University Hospital
	DOP Drogheda	St Patrick's University Hospital
	Department of Psychiatry; Connolly Hospital	St Patrick's University Hospital
	Ashlin Centre	St Patrick's University Hospital
	Selskar House	St Patrick's University Hospital

References

1 Department of Health (2001), Mental Health Act 2001. Stationery Office, Dublin.

2 Department of Health (2015), Mental Health Amendment Act 2015. Stationery Office, Dublin.

3 Mental Health Commission (2016), *Rules Governing the Use of Electro-Convulsive Therapy*. Version 3. Dublin.

4 Mental Health Commission (2016), *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients*. Version 3. Dublin.

5 Royal College of Psychiatrists (2020), *ECT Accreditation Service (ECTAS) Standards for the administration of ECT*, 15th Edition. Publication number: CCQI 332.

6 (a) Daly, A., Craig, S. (2020), *HRB Statistics Series 40 Activities of Irish Psychiatric Units and Hospitals 2019*. Health Research Board, Dublin.

(b) Daly, A., Craig, S. (2021), *HRB StatLink Series 5 Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020*. Health Research Board, Dublin.

(c) Daly, A., Craig, S. (2022), *HRB StatLink Series 10 Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2021*. Health Research Board, Dublin.

7 As above.

8 ECT Accreditation Service (2017), *ECT Minimum Dataset 2016–17, Activity Report – England, Wales, Northern Ireland & Republic of Ireland*. Royal College of Psychiatrists, London.

9 Read, J., Cunliffe, S., Jauhar, S. and McLoughlin, D.M. (2019). Should we stop using electroconvulsive therapy?. BMJ, 364. doi: https://doi.org/10.1136/bmj.k5233

10 Read, J., Harrop, C., Geekie, J., Renton, J. and Cunliffe, S. (2021). A second independent audit of electroconvulsive therapy in England, 2019: Usage, demographics, consent, and adherence to guidelines and legislation. *Psychology and Psychotherapy: Theory, Research and Practice, 94*(3), pp. 603–619.

11 Scottish ECT Accreditation Network (2019), *Annual Report 2019: A summary of ECT in Scotland for 2009–2018*. NHS National Services Scotland, Edinburgh.

12 Scottish ECT Accreditation Network (SEAN) (2021), reporting on data for 2020. Public Health Scotland.

13 Mental Health Commission (2008), *Report on the Use of Electroconvulsive Therapy in Approved Centres in 2008*. Dublin

14 Health Information and Quality Authority (2009), *Recommendations for a Unique Health Identifier for Individuals in Ireland*. Viewed 3 December 2021, https://www.hiqa.ie/reports-and-publications/health-information/recommendations-unique-health-identifier-individuals

Mental Health Commission
Coimisiún Meabhair-Shláinte
Waterloo Exchange
Waterloo Road
Dublin 4

Telephone: 01 636 2400
Email: info@mhcirl.ie
Web: www.mhcirl.ie