# Mental Health Related Services Act, Section 66

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| It is an offence to perform electroconvulsive therapy (ECT) on another person unless the treatment is in accordance with section 66 of the Act.  Refer to Approved Procedure 12 - Electroconvulsive Therapy (ECT) for further information. | | | | | | |
| Electroconvulsive Therapy (ECT) details | | | | | | |
| ***Full name of person requiring Electroconvulsive Therapy (ECT):***    ***Also known as:***    ***Date of Birth:***      /    / | | | | ***Sex:***  Male  Female  Non-binary  Not specified  ***Type of patient:***  Voluntary  Involuntary  ***HRN:*** | | |
| ***Details of most recent examination:***  ***Place:***       ***Time:***       ***Date:***     /    / | | | | | | |
| ***Has ECT already been undertaken?***  No - consent is now being sought from the persons adult guardian or nominated decision maker prior to undertaking ECT  No - authorisation is now being sought from the Tribunal prior to undertaking ECT  Yes - ECT was performed on     /    /     because it was immediately necessary to:  save the person’s life  prevent the person suffering serious mental or physical deterioration  relieve severe distress | | | | | | |
| ***If yes:***  ***Provide details on the person’s response to ECT if already performed:*** | | | | | | |
| ***Provide details of any significant side effects of ECT on the person if already performed:*** | | | | | | |
| ***Is authorisation now also being sought from the Tribunal for further ECT treatment for the person?***  No  Yes | | | | | | |
| ***Details of the person’s clinical condition:*** | | | | | | |
| ***Details of the person’s history of treatment:*** | | | | | | |
| ***Details of other appropriate treatment/s available to the person:*** | | | | | | |
| ***Reasons why ECT is a reasonable and proper treatment to be administered for this patient:*** | | | | | | |
| ***Risks associated with the person having the treatment and risks associated with the person not having the treatment:*** | | | | | | |
| ***Without ECT, the person is likely to suffer serious mental or physical deterioration?***  Yes  No  ***Please provide details:*** | | | | | | |
| ***Has the person been informed about the treatment and demonstrated understanding?***  Yes  No  ***Steps taken to try to gain consent:*** *(including supports provided such as use of interpreters, patient advocates, peer support workers, Community Visitor Program or other advocates)* | | | | | | |
| ***What is the person’s objection and/or why are they are not able to provide consent?*** | | | | | | |
| ***Summary of evidence to support opinion that the person is unable to provide informed consent to ECT:*** | | | | | | |
| ***Have all reasonable efforts have been made to consult the person’s primary carer?***  Yes  No  ***If no, why not?*** | | | | | | |
| ***Does the person have an Advance Personal Plan or Enduring Power of Attorney in place that relates to this application/notification?***  Yes  No  Unknown  ***Please provide details:*** | | | | | | |
| ***Full name of first Authorised Psychiatric Practitioner:***    ***Signature:***    ***Name of Approved Treatment Facility or Agency:***    ***Date:***     /   / | | ***Full name of second Authorised Psychiatric Practitioner:***    ***Signature:***    ***Name of Approved Treatment Facility or Agency:***    ***Date:***     /   / | | | | |
| **Consent by Adult Guardian or decision maker\*** *(if applicable)*  *Note – This form is not required to be submitted to the Tribunal, if adult guardian or decision maker consent is obtained prior to ECT.*  This section is not applicable for this person; or  I give consent  I do not give consent  to       treatments (*up to 12 treatments)* in the course of ECT, which may take up to       weeks to complete *(up to a maximum of 26 weeks)* on this person. | | | | | | |
| ***Full name of Adult Guardian/decision maker:*** | | | ***Signature:*** | | | ***Date:***     /   / |
|  | | | | | | |
| **Acknowledgement and/or Authorisation by the Tribunal** *(select appropriat*e *statement/s)*  I acknowledge that ECT has already been performed on this person because it was immediately necessary to:   * save the person’s life; or * prevent the person suffering serious mental or physical deterioration; or * relieve severe distress.   AND / OR  I authorise  I do not authorise        treatments (*up to 12 treatments)* in the course of ECT, which may take up to       weeks to complete *(up to a maximum of 26 weeks)* on this person (who may or may not have already received ECT treatment prior to authorisation). | | | | | | |
| ***Full name of presiding member of the Tribunal:*** | ***Signature:*** | | | | ***Date:***     /   / | |

**Form Requirements**

Placed on clinical file

Sent to adult guardian (if applicable) | Date:    /   /

Sent to decision maker (if applicable) | Date:    /   /

Sent to Tribunal (if applicable) | Date:    /   /