# Mental Health Related Services Act, Section 66

|  |
| --- |
| 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 consentto       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:    /   /