The Administration of Electro-convulsive Therapy in Approved Centres:

Activity Report 2012

March 2014

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Glossary

Approved Centre a "centre" means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder. An "approved centre" is a centre that is registered pursuant to the 2001 Act. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

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 illnesses

Mental illness means a state of mind of a person which affects the person's thinking, perceiving, emotion or judgment and which seriously impairs the mental function of the person to the extent that he or she requires care or medical treatment in his or her own interest or in the interest of other persons.

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 out-patient or day-patient basis in an approved centre.

Summary

This activity report includes data reported, by approved centres, to the Mental Health Commission on the administration of ECT during 2012. Data are presented based on returns from 68 approved centres.

Individual service user level and programme level data was collected for the first time which has allowed for enhanced reporting on ECT treatment without consent and patient outcomes in the 2012 report.

In 2012, 19 approved centres (27.9%) administered ECT and a further five (7.4%) referred one or more residents to another approved centre for ECT treatment.

There were 311 programmes of ECT administered, to 244 residents, which equates to a rate of 6.8 programmes of ECT administered per 100,000 total population. This represents a decrease of 6.3% on the number of programmes of ECT that were reported in 2011 (332).

The majority of ECT was administered with consent. A total of 156 treatments were administered without consent, representing 7.2% of all ECT treatments (2,152) in 2012.

ECT was administered to 244 residents in 2012, which represents a rate of 5.3 people per 100,000 total population. They ranged in age from 24 years of age to 92 years of age. The overall mean age was 59, with a mean age of 60 for females and 57 for males. More women (62.7%) than men (37.3%) were administered ECT.

ECT was mainly administered to individuals with Depressive disorders (83.1% of programmes).

As in previous years, refractory or resistance to medication was the most frequent indication for ECT, accounting for 54.8% of all programmes of ECT. A combination of more than one indication (multiple indications) was the second most prevalent indication (28.7%). "Maintenance ECT" was the primary indication for 8.1% (25) of programmes of ECT.

Some level of improvement was reported, by the treating consultant psychiatrist, for 92.6% of programmes of ECT, with 38.7% of programmes having an outcome of complete recovery. No change or deterioration was recorded for 7.4% of programmes of ECT.

1. Introduction

This is the Mental Health Commission's fifth annual report on the use of ECT in approved centres. *The Administration of Electro-convulsive Therapy in Approved Centres: Activity Report 2012* is based on data provided to the Commission by approved centres in accordance with the *Rules Governing the use of Electroconvulsive Therapy* (MHC, 2009) *and the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients* (MHC, 2009), which regulate the administration of ECT in approved centres, and data collected by us directly, in approved centres, during a data review.

This report describes the administration of ECT in 2012 nationally, regionally (by super-catchment area) and in individual services. Data are also compared with those from previous years and in particular with data from 2011. Additional individual resident and programme level data collected during the data review has enabled more enhanced reporting in relation to administration of ECT without consent and outcomes in the 2012 report.

1.1 Data coverage

The number of approved centres on the Register of Approved Centres on 31st December 2012 was 63. These 63 approved centres had a combined bed capacity of 2,876 beds. When compared to the figures on 31st December 2011, there was a 7.1% (n=220) reduction in the combined bed capacity during 2012.

Data are presented for all centres which were entered on the Register of Approved Centres during 2012 and which were open for admissions during the year. Sixty-eight approved centres were eligible for inclusion in this year's report. There were a number of changes to the Register over the course of the year as outlined below.

Four new approved centres were entered on the Register and opened in 2012. Heywood Lodge, Clonmel and Highfield Hospital opened for admissions in April. Linn Dara Child & Adolescent In-patient Unit and St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre, Mullingar opened in May.

Five approved centres ceased to operate in 2012. In most cases the mental health service transferred to new approved centres. Highfield Private Hospital and Hampstead Private Hospital closed in April and the service transferred to Highfield Hospital. Warrenstown Child & Adolescent Inpatient Unit closed in May and the service transferred to Linn Dara Child & Adolescent In-patient

Unit. St Michael's Unit, South Tipperary General Hospital and St Luke's Hospital, Clonmel - St Teresa's Ward closed in July; the old age and continuing care service transferred to Heywood Lodge and acute admissions from South Tipperary now go to the Department of Psychiatry, St Luke's Hospital, Kilkenny.

1.2 Quality Assurance and Validation of Data

- Data on administration of ECT is reported to us from approved centres via a form (Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult)) and data collection templates, specified by the Mental Health Commission (see Appendix 1).

- In an effort to ensure the quality of data, the Commission carried out an on-site review on 2012 data, in 2013. We visited each approved centre that reported they had administered ECT in 2012, reviewed their ECT Registers and where available we met with members of staff who are responsible, for the management of the ECT facility in their approved centre. We extracted individual level data from ECT Registers and then cross checked it with the data returned by approved centres. The learning from this additional data validation and verification will inform the Commission's data collection processes and procedures and the introduction of a new ECT data collection template in 2014.

- A draft annual report, for each approved centre, based on information returned by approved centres and the MHC review data, was sent to Clinical Directors in approved centres for verification and sign off. At the time of writing this report sign off was outstanding for one approved centre.

1.3 Data limitations

Data limitations as outlined below should be considered and comparisons between usage in individual approved centres and in previous years should be interpreted with caution.

- Approved Centres vary in relation to number of beds and the type of service they provide. Therefore, comparative analysis between approved centres is crude (For information regarding individual services, see the *Approved Centre Inspection Reports* which can be accessed at http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services).

- In this report, the rates of administration of programmes of ECT per 100,000 population, for each super catchment area, are only reflective of the HSE residents that were treated in their own catchment. A high proportion of ECT is administered in approved centres operated by independent service providers, which provide a national service. We do not collect home address and therefore we are not able to re-distribute those, who received ECT treatment in approved centres in the independent sector to their own catchment. Therefore these programmes of ECT are not included in the super catchment area rates per 100,000 population.

- Data on the administration of ECT are processed manually, by approved centres and by the MHC, which limits what we can reasonably request from services and report on. A national mental health information system would enable us to request additional information that would facilitate enhanced outcomes focused reporting. This would provide a more complete view of the use of ECT in Ireland.

1.4 Information regarding admissions to approved centres in 2012

Information regarding admission activity in 2012 is included below as it may provide some context in relation to the administration of ECT in approved centres.

There were 18,173 admissions to Irish psychiatric units and hospitals in 2012, a rate of 396.1 per 100,000 total population. Depressive disorders were the most common diagnoses returned for admissions in 2012, accounting for 30% of all admissions followed by Schizophrenia, Schizotypal and Delusional Disorders which accounted for 20.5% of all admissions. A slightly higher proportion of admissions for Depressive disorder were female (54.7%) than male (45.3%) whereas more there were more male admissions (58.5%) than female admissions (41.5%) for Schizophrenia, Schizotypal and Delusional Disorder. (Health Research Board, 2013)

There were 2,141 involuntary admissions recorded in 2012, which included 1,574 admissions directly from the community (Form 6) and 567 re-grades in legal status from voluntary to involuntary (Form 13) (Mental Health Commission, 2013).

Table 1: Involuntary admissions. 2012. Numbers. (Mental Health Commission, 2013)

Number of Involuntary admissions	TOTAL
Form 6 admissions	1,574
Form 13 admissions re-grades of voluntary patients	567
Total	**2,141**

Note: *Mental Health Commission data regarding involuntary admissions includes Form 13 re-grades of voluntary patients, whereas the Health Research Board report on legal status as recorded on admission.*

2. Electro-convulsive Therapy (ECT) Report

2.1 Definition of ECT

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 illnesses.

2.2 Recording Programmes of ECT

The *Rules and Code of Practice Governing the Use of Electro-convulsive Therapy* require that the ECT Register must be completed for the patient/voluntary patient on conclusion of a programme of ECT and a copy filed in the patient's/voluntary patient's clinical file. As a programme of ECT may have been commenced in one quarter and completed in another, each programme is counted in the quarter in which it was concluded as this is when the ECT register is completed in full[1].

2.3 ECT Data Analysis

2.3.1 Data overview

Data are presented for all of 2012. Data on the number of programmes of ECT administered are presented nationally, by super catchment area, by service type and by individual approved centre.

There were 311 programmes of ECT administered in 2012 which involved 2,152 separate treatments or sessions of ECT. This represents a rate of 6.8 programmes per 100,000 total population. There was a decrease of 21 programmes of ECT on the number of programmes reported in 2011 (332). Since 2008, there has been a year-on-year decrease in the number of programmes of ECT reported to the Commission.

Table 2 shows that in 2012 19/68 (27.9%) approved centres reported that they administered ECT in 2012. This is slightly less than in 2011 when 20 approved centres reported that they had administered ECT. There was an increase in the number of approved centres that indicated they do not administer ECT from 39 to 44. Five (7.4%) approved centres referred residents to other approved centres for the administration of ECT.

[1] A period of time may elapse between the date of last treatment and the date when the Register is completed in full and in some cases these dates fall into different years. For example the date last treatment may have been in December 2011 but the information regarding reason for termination and outcome may not have been completed until January 2012. Some approved centres have indicated that they report such programmes of ECT in the year in which the Register was completed in full rather than the date of last treatment.

The ECT suites in Newcastle Hospital and St Aloysius Ward, Mater Misericordiae Hospital were only operational for part of 2012, as both approved centres did administer at least one programme of ECT in their own ECT suite they are included in the number of approved centres that administered ECT in Table 2 below.

Table 2: All Approved Centres. Overview of ECT data returns. 2008 – 2012. Numbers.

	Numbers				
Data Return Type	**2008**	**2009**	**2010**	**2011**	**2012**
Administered ECT	23	23	23	20	19[a]
Nil returns	12	8	3	0	0
Do not administer ECT	28	31	34	39	44
AC referred to another AC for ECT treatment	1	4	7	9	5
Total Approved Centres	**64**	**66**	**67**	**68**	**68**

a In 5/19 approved centres ECT was administered in the operating theatre in the general hospital rather than in an ECT suite in the approved centre.

Notes:

Administered ECT = indicated they administered at least one programme of ECT in the reporting period.

Nil returns = indicated they did not administer any programmes of ECT in the reporting period.

Do not administer ECT = indicated they did not have an ECT suite in operation in the reporting period.

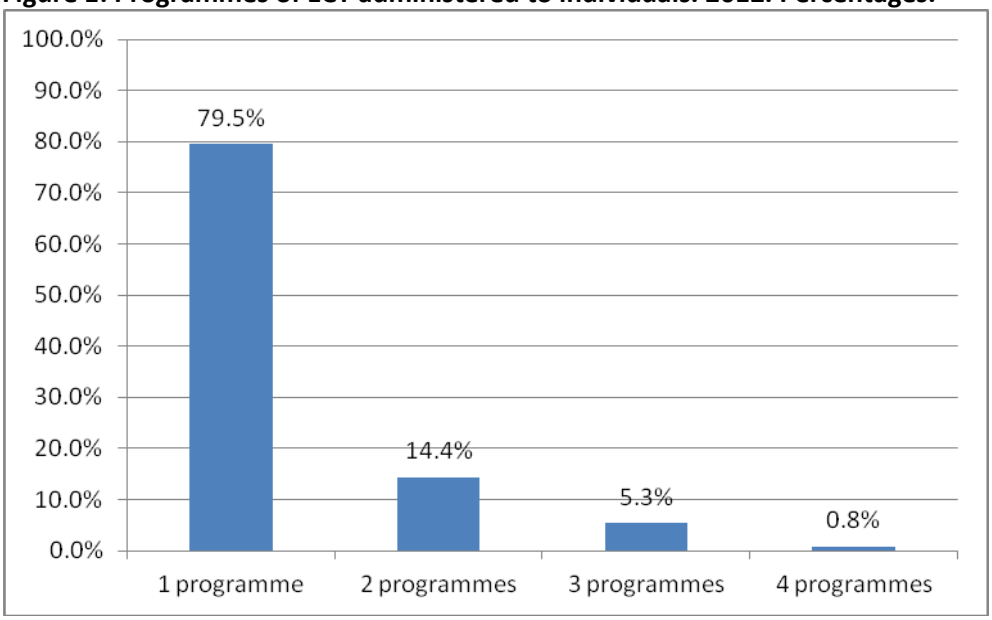
AC referred to another AC for ECT treatment = indicated that they did not operate their own ECT facility but referred one or more residents to another approved centre (AC) for ECT treatment in the reporting period. ECT was typically administered on a day-patient basis.

2.3.2 Administration of ECT to individuals

Programmes of ECT

In 2012, approved centres reported that 311 programmes of ECT were administered to 244 individual residents. The number of programmes of ECT administered to a resident ranged from one programme to four programmes of ECT, in 2012. Figure 1 shows that the majority, 79.5% of residents (194) were administered one programme of ECT. Thirty-five (14.4%) of individuals were administered two programmes of ECT, 5.3% (13) were administered three programmes and 0.8% (2) individuals were administered four programmes of ECT.

Figure 1: Programmes of ECT administered to individuals. 2012. Percentages.



Treatments per programme of ECT

The number of individual ECT treatments administered in each programme of ECT, in 2012, varied. It ranged from one treatment to 12 treatments, the maximum number of treatments allowed in a single programme of ECT (as specified by the Rules and Code of Practice governing the administration of ECT).

Data on the total number of treatments administered to an individual resident, in the context of the total number of programmes they were administered, provides a more detailed view of administration of ECT to individuals. A person, who had more than one programme of ECT, in a given year, may have had fewer total treatments than someone who had less programmes of ECT than them. For example, in 2012, 14 individuals who had one programme of ECT were administered a total of 12 treatments whereas 17 individuals who were administered more than one programme of ECT were administered 12 or less treatments of ECT in total. Two people who were administered four programmes of ECT in 2012 received less total treatments than eight individuals who were administered less than four programmes of ECT.

The Rules and the Code of Practice (governing the administration of ECT); specify that a programme of ECT should be no more than 12 treatments of ECT. However, there is no timeframe specified for the duration of a programme. Based on the data reported to us it would appear that the duration over which a programme of ECT is prescribed to an individual varies. In 2012, the duration between the first and the last treatment in the programme varied from two days to 189 days. The mean

duration between the first and the final treatment was 34 days and the median duration was 25 days. When programmes of ECT which were indicated as Maintenance ECT were excluded the mean duration was 26 days and the median was 24 days. The individual's diagnosis, indications for ECT, response to treatment and outcome may all be factors that account for such variation.

Average Treatments per Programme of ECT

In 2012, the average number of treatments in all programmes of ECT was 8.8 treatments and the median number of treatments was eight. This is more than in previous years when the mean number of treatments ranged from 6.7 to 7.2 treatments and the median was seven in 2008, 2009, 2010 and 2011.

Table 3 includes the mean and median number of total treatments administered to individuals that were had one, two, three and four programmes of ECT in the reporting period. The more programmes of ECT an individual had the less the average number of treatments they had per programme. For example the average number of treatments administered to those who had one programme of ECT was 7.2, the average number of treatments per programme of ECT to those who had two programmes was 7, three programmes was 5.6 and four programmes was 4.9.

Table 3: Programmes of ECT to Individuals. Treatments of ECT to individuals. Mean and median. Total number of ECT treatments. 2012.

		Numbers		
Number of ECT programmes administered to an individual	**Number of individuals**	**Mean Treatments**	**Median Treatments**	**Total Treatments**
One programme	194	7.2	8	1,401
Two programmes	35	14.1	14	492
Three programmes	13	16.9	13	220
Four programmes	2	19.5	19.5	39
Total (all programmes)	**244**	**8.8**	**8**	**2,152**

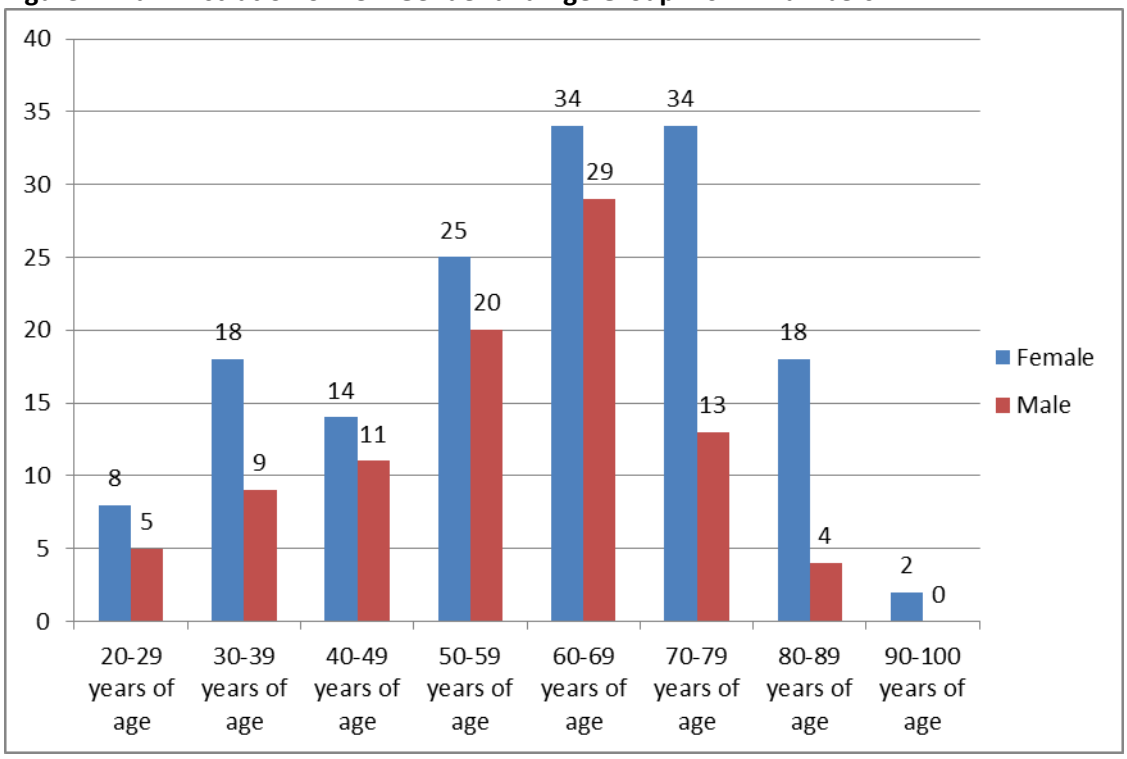
Demographics - Age and Gender

ECT was administered to 244 individuals in 2012. The majority, 62.7% (153), of individuals were female [2] and 37.3% (91) were male. The age of individuals ranged from 24 years of age to 92 years of age. Both age and gender breakdown are consistent with data reported in previous years and in Scotland (Scottish ECT Accreditation Network, 2013).

[2] The percentage of females is reflective of a greater proportion of women (54.7%) admitted to approved centres with a primary diagnosis of Depressive disorders in 2012. (Depressive disorders are the most common diagnosis of those who are administered ECT).

The overall mean age was 59 and the median age was 61. For females, the mean age was 60 and the median age was 63. For males, a mean age of 57 and a median age of 60 were recorded.
Figure 2 shows the gender and age demographics of individuals that were administered ECT in 2012. Over half (57.5%) of females who were administered ECT, in 2012, were 60 years of age or older whereas for males the proportion of those under 60 years of age (49.5%) was almost equal to those 60 years of age and over (50.5%). The pattern of age for females and males was similar in all age categories apart from the 30 to 39 years of age group and the 70 to 79 years of age group. Individuals in the 60 to 69 years of age bracket accounted for the highest overall percentage, 25.8%, of those who were administered ECT.

Figure 2: Administration of ECT. Gender and Age Group. 2012. Numbers.



2.3.3 Administration of ECT by Approved Centre, Super Catchment Area and Service Type

Table 4 (pages 16-19) shows the number of programmes of ECT administered in 2008, 2009, 2010, 2011 and 2012 by approved centre. Data are also broken down by super-catchment area and service facility type. Only approved centres and super-catchment areas in which the administration of ECT was recorded during these five years are displayed in the table. A number of approved centres have referred individuals to other approved centres for ECT treatment in this five-year-period; these programmes are reported under the referring approved centre as opposed to the treating approved centre, where this data was available.

As in previous years, there was a large variance in the number of programmes of ECT administered by approved centres. Information in relation to the number of beds and number and type of admissions should be considered to provide context in relation to the data. This information is available in Table 5 (pages 22-23).

Of the approved centres that reported they had administered ECT or referred an individual to another approved centre for ECT treatment in 2011 and 2012, eight approved centres reported an increase in the number of programmes of ECT administered and 19 approved centres report a decrease. Seven approved centres that had an ECT suite that was operational in 2012 indicated that they administered five or less programmes of ECT.

St Patrick's University Hospital reported the highest number of programmes of ECT (120[3]) which accounted for 38.6% of all programmes of ECT. It was the largest approved centre with 238 beds and had the highest number of admissions 2,257, 39% of which were for Depressive disorders. The Department of Psychiatry, Waterford Regional Hospital, a 44-bed unit, had the second highest number of programmes of ECT (30) which represents 9.6 % of all programmes, the approved centre reported 711 admissions with 33.8% of them for Depressive disorders.

Ten super-catchment areas reported that they had prescribed ECT treatment in 2012. Waterford/ Wexford recorded the highest number (30) and rate of programmes of ECT (12.0 per 100,000). Dublin West/South West and South City recorded the second highest number of programmes of ECT (28) equivalent to a rate of 6.8 per 100,000, the fourth highest nationally. The second highest rate of ECT, 9.6 per 100,000, was reported by Donegal, Sligo and West Cavan who recorded 25 programmes of ECT in 2012. ECT was not administered in Dublin North, North Lee/North Cork or South Lee/West Cork and Kerry.

Rates per 100,000 population should be viewed with caution as they are a crude comparison of ECT usage between super catchment areas. It is important to note that ECT administered to private residents in approved centres provided by independent service providers are excluded from these calculations. In 2012, there were 129 programmes of ECT administered to private residents,

[3] One programme of ECT was administered, to a resident from St Patrick's University Hospital, in a general hospital for medical reasons. The total number of programmes included 13 programmes that were administered to residents referred from St Edmundsbury Hospital for ECT treatment, a 50-bed unit that had 484 admissions, 61.6% of which were for Depressive disorders.

accounting for 41.5% of all programmes of ECT. Furthermore, the majority of approved centres do not have an ECT facility and therefore it is likely that some HSE public residents were treated outside their own super-catchment area. In the absence of data on home address, which would allow us to redistribute people to their own super catchment area to calculate absolute rates, we recognise that super catchment rates per 100,000 population are an imperfect measure.

A large proportion of programmes of ECT were administered by two approved centres in the Independent sector. St Patrick's University Hospital reported 120 programmes and St John of God Hospital Limited recorded a total of 16 programmes of ECT (nine administered to private residents and seven to public/Cluain Mhuire residents) in 2012. Both approved centres reported decreases in the number of programmes of ECT administered in 2012 in comparison to 2011.

The National Forensic Service – Central Mental Hospital does not provide an ECT facility but referred individuals to Elm Mount Unit, St Vincent's University Hospital for ECT treatment in 2012. All child and adolescent services and St Joseph's Intellectual Disability Service reported that they do not administer ECT.

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2012. Number change 2011-2012. Total per 100,000 population.

		Numbers					
Catchment Areas	**Approved Centres**	**2008**	**2009**	**2010**	**2011**	**2012**	**Difference**
Dun Laoghaire, Dublin South-East & Wicklow							
Cluain Mhuire/Dun Laoghaire	Cluain Mhuire (public patients admitted to St John of God Hospital)[a]	-	-	-	-	7	-
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	12	8	8	8	7	-1
East Wicklow	Newcastle Hospital[b]	<5	<5	<5	<5	<5	-
Total Dun Laoghaire, Dublin South-East & Wicklow		**-**	**-**	**-**	**-**	**-**	**-**
Total per 100,000 population Dun Laoghaire, Dublin South-East & Wicklow		8	5	5.5	3.7	3.8	
Dublin West/Dublin South West & Dublin South City							
Dublin South City	Jonathan Swift Clinic[c]	14	9	8	12	13	1
Dublin South West	Acute Psychiatric Unit AMNCH (Tallaght) Hospital	12	<5	8	6	15	9
Total Dublin West/Dublin South West & Dublin South City		**26**	**-**	**16**	**18**	**28**	**10**
Total per 100,00 population Dublin West/Dublin South West & Dublin South City		6.7	3.3	4.1	4.4	6.8	
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath							
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	12	10	6	6	5	-1
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	<5	15	5	14	13	-1
Longford/ Westmeath	St Loman's Hospital, Mullingar	11	<5	<5	8	7	-1
Total Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		**-**	**-**	**-**	**28**	**25**	**-3**
Total per 100,000 population Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		5.9	6.3	3.1	5.4	4.9	

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2012. Number change 2011-2012. Total per 100,000 population. continued.

		Numbers					
Catchment Areas	**Approved Centres**	**2008**	**2009**	**2010**	**2011**	**2012**	**Difference**
Cavan/Monaghan, Louth/ Meath							
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital[d]	0	<5	<5	<5	5	-
Cavan/Monaghan	Blackwater House, St Davnet's Hospital[e]	0	0	0	<5	0	-
Total Cavan/Monaghan, Louth Meath		**0**	**-**	**-**	**-**	**5**	**-**
Total per 100,000 population Cavan/Monaghan, Louth Meath		**-**	0.8	0.5	0.7	1.1	
Dublin North Central/North West Dublin							
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital[f]	8	<5	<5	<5	<5	-
Dublin North Central	St Vincent's Hospital, Fairview[g]	<5	<5	<5	<5	<5	-
Dublin North West	Department of Psychiatry, Connolly Hospital[h]	0	0	0	<5	<5	-
Dublin North West	St Brendan's Hospital[i]	-	<5	<5	<5	0	-
Total Dublin North Central/North West Dublin		**-**	**-**	**-**	**-**	**-**	**-**
Total per 100,000 population Dublin North Central/North West Dublin		3.5	2.9	2.9	2.1	1.8	
North Lee/North Cork							
North Cork	St Stephen's Hospital[j]	-	-	<5	0	0	-
North Lee	Carraig Mór Centre[j]	-	-	<5	0	0	-
North Lee	St Michael's Unit, Mercy Hospital	<5	0	0	0	0	-
Total North Lee/North Cork		-	**0**	**-**	**0**	**0**	**-**
Total per 100,000 population North Lee/North Cork		0.8	0	0.8	-	-	
South Lee/West Cork/Kerry							
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital[k]	7	<5	<5	0	0	-
South Lee	South Lee Mental Health Unit, Cork University Hospital[l]	0	<5	<5	<5	0	-
Total South Lee/West Cork/Kerry		**7**	**-**	**-**	**-**	**0**	**-**
Total per 100,000 population South Lee/West Cork/Kerry		1.9	0.5	1.1	0.3	-	

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2012. Number change 2011-2012. Total per 100,000 population. continued.

		Numbers					
Catchment Areas	**Approved Centres**	**2008**	**2009**	**2010**	**2011**	**2012**	**Difference**
Waterford/Wexford							
Waterford	Department of Psychiatry, Waterford Regional Hospital[m]	27	26	42	36	30	-6
Wexford	St Senan's Hospital[n]	13	7	11	6	0	-6
Total Waterford/Wexford		**40**	**33**	**53**	**42**	**30**	**-12**
Total per 100,000 population Waterford/Wexford		15.6	12.9	20.7	16.8	12.0	
Carlow/Kilkenny/South Tipperary							
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	9	8	17	11	15	4
South Tipperary	St Michael's Unit, South Tipperary General Hospital[o]	8	12	11	<5	0	-
Total Carlow/Kilkenny/South Tipperary		**17**	**20**	**28**	**-**	**15**	**-**
Total per 100,000 population Carlow/Kilkenny/South Tipperary		8.3	9.7	13.6	5.5	6.9	
Donegal, Sligo, Leitrim, West Cavan							
Donegal	Department of Psychiatry, Letterkenny General Hospital	<5	11	7	<5	15	-
Sligo/Leitrim	Sligo/Leitrim Mental Health In-patient Unit	<5	8	6	5	10	5
Total Donegal, Sligo, Leitrim, West Cavan		**-**	**19**	**13**	**-**	**25**	**-**
Total per 100,000 population Donegal, Sligo, Leitrim, West Cavan		2.5	8	5.5	2.7	9.6	
Mid-West (Limerick, North Tipperary, Clare)							
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	8	<5	<5	<5	<5	-
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	21	16	18	12	<5	-
Total Limerick, North Tipperary, Clare/Mid-West		**29**	**20**	**19**	**-**	**-**	**-10**
Total per 100,000 population Limerick, North Tipperary, Clare/Mid-West		8	5.5	5.3	4.2	1.3	

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2012. Number change 2010-2012. Total per 100,000 population. continued.

		Numbers					
Catchment Areas	**Approved Centres**	**2008**	**2009**	**2010**	**2011**	**2012**	**Difference**
West (Galway, Mayo and Roscommon)							
East Galway	St Brigid's Hospital, Ballinasloe	47	38	23	20	16	-4
Mayo	Adult Mental Health Unit, Mayo General Hospital	12	<5	<5	<5	<5	-
West Galway	Department of Psychiatry, University Hospital Galway	22	21	15	11	8	-3
Total Galway, Mayo and Roscommon/West		**81**	**-**	**-**	**-**	**-**	**-**
Total per 100,000 population Galway, Mayo and Roscommon/West		19.6	14.7	9.4	7.6	5.8	
National Forensic Service							
N/A	Central Mental Hospital[p]	**-**	<5	<5	<5	<5	**-**
Independent Service Providers							
N/A	St John of God Hospital Limited [q] (the difference recorded in brackets includes 7 programmes of ECT administered to public/Cluain Mhuire residents in 2012)	21	24	15	26	9	-17 (-10)
N/A	St Patrick's University Hospital[r]	124	126	117	129	120	-9
Total Independents		**145**	**150**	**132**	**155**	**129**	**-26 (-19)**
Total All Approved Centres		**407**	**373**	**347**	**332**	**311**	**-21**

a The Cluain Mhuire catchment area admits to St John of God Hospital Limited, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. 2012 was the first year where a breakdown of administration of ECT to public Cluain Mhuire residents was available. Prior to 2012 this data for both public and private residents was reported together under St John of God Hospital Limited and the total population for Dun Laoghaire, Dublin South-East & Wicklow excluded the Cluain Mhuire/Dun Laoghaire population (total population 426,170 minus Cluain Mhuire population 183,667 = 242,503).

b *Newcastle Hospital's ECT suite was only operational from January until March 2012; residents were referred to Elm Mount Unit for administration of ECT thereafter. The 2012 total includes ECT that was administered in both Newcastle Hospital and Elm Mount Unit. Newcastle Hospital operated their own ECT facility in 2008, 2009 and 2010 but referred residents for ECT treatment in 2011.*

c *Jonathan Swift Clinic referred to St Patrick's University Hospital for administration of ECT in 2008, 2009, 2010, 2011 and 2012.*

d *Acute Psychiatric Unit, Cavan General Hospital 'Did Not Administer ECT' in 2008 and the ECT suite was only operational in Q3 & Q4 2009.*

e *Blackwater House, St Davnet's Hospital referred to the Acute Psychiatric Unit, Cavan General Hospital for administration of ECT in 2011.*

f *St Aloysius Ward, Mater Misericordiae Hospital's ECT suite was not operational from January to October 2012,, the ECT facility was re-opened in November 2012. In 2011 the approved centre referred residents to Elm Mount Unit for administration of ECT.*

g *St Vincent's Hospital, Fairview referred residents to the Mater Hospital for administration of ECT in 2008, 2009, 2010 and 2012 and to Elm Mount Unit in 2011.*

h *Department of Psychiatry, Connolly Hospital referred residents for administration of ECT to Elm Mount Unit in 2011 and 2012. There are no data available in relation to residents that may have been referred for treatment in 2008, 2009 and 2010.*

i *St Brendan's Hospital referred residents to Elm Mount Unit for administration of ECT in 2009, 2010 and 2011. There are no data available in relation to residents that may have been referred for treatment in 2008.*

j *St Stephen's Hospital and Carraig Mór Centre referred residents to South Lee Adult Mental Health Services for administration of ECT in 2010.*

k *Acute Mental Health Admission Unit, Kerry General Hospital ceased to operate an ECT facility in 2011.*

l *South Lee Adult Mental Health Unit's ECT suite was only operational in Q1 and Q2 2011 and was closed in Q3 and Q4 2011. There was no ECT facility in operation in 2012.*

m *Department of Psychiatry, Waterford Regional Hospital data for the latter part of 2011 and all of 2012 includes programmes of ECT that were administered to individuals from the Wexford area who were admitted to this approved centre for ECT treatment.*

n *St Senan's Hospital's ECT suite ceased to operate in March 2011 and if individuals from Wexford required ECT treatment after this date they were admitted to Department of Psychiatry, Waterford Regional Hospital.*

o *St Michael's Unit, South Tipperary General Hospital ceased to operate an ECT facility in 2012. This approved centre closed in July 2012. Acute admissions for South Tipperary now go to Department of Psychiatry, St Luke's Hospital, Kilkenny.*

p *Central Mental Hospital (CMH) referred to Elm Mount Unit for administration of ECT in 2009, 2010, 2011 and 2012. There are no 2008 data available. CMH data relates to administration of ECT involving all residents whether they were admitted under the Mental Health Act 2001 or the Criminal Law Insanity Act 2006.*

q *St John of God Hospital Limited 2012 data only include programmes of ECT that were private residents, in previous years programmes of ECT administered to Cluain Mhuire public residents and private resident were reported together under this approved centre.*

r Data for St Patrick's Hospital includes programmes of ECT administered to residents referred from St Edmundsbury Hospital for ECT treatment; 13 programmes in 2012. Data for 2012 also includes one programme of ECT that was prescribed by St Patrick's University Hospital but was administered in another approved centre, attached to a general hospital, for medical reasons.

Notes

<5: given small numbers, the sensitive nature of the data and the potential for individuals to be identified <5 is used where the number of programmes of ECT was <5 in a reporting year and some calculations have been omitted as a result.

Rates per 100,000 population were calculated by multiplying the number of programmes of ECT by 100,000 and dividing by the catchment population. (See Appendix 3 for catchment population figures.) Rates are not calculated for the Central Mental Hospital or the Independent Sector as they accept admissions on a national basis.

Table 5: Programmes of ECT in approved centres (for adults). 2012. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions.

		Numbers				Percentages
Catchment Areas	**Approved Centres**	**ECT**	**Beds**	**All Admissions**	**Dds Admissions**	**Dds % of all admissions**
Dun Laoghaire, Dublin South-East & Wicklow						
Cluain Mhuire	Cluain Mhuire (public patients admitted to St John of God Hospital)[a]	7	32	311	40	12.9
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	7	39	315	66	21.0
East Wicklow	Newcastle Hospital[b]	<5	51	480	171	35.6
Dublin West/Dublin South West & Dublin South City						
Dublin South City	Jonathan Swift Clinic[c]	13	51	428	111	25.9
Dublin South West	Acute Psychiatric Unit, AMNCH (Tallaght) Hospital	15	52	633	148	23.4
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath						
Kildare/West Wicklow	Lakeview Unit, Naas General Hospital	5	29	431	105	24.4
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	13	39	498	165	33.1
Longford/Westmeath	St Loman's Hospital, Mullingar	7	81	369	86	23.3
Cavan/Monaghan, Louth/ Meath						
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital	5	25	208	61	29.3
Dublin North Central/North West Dublin						
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital[d]	<5	15	188	16	8.5
Dublin North Central	St Vincent's Hospital, Fairview[e]	<5	59	538	80	14.9
Dublin North West	Department of Psychiatry, Connolly Hospital[f]	<5	49	687	156	22.7
Waterford/Wexford						
Waterford	Department of Psychiatry, Waterford Regional Hospital	30	44	711	240	33.8

Table 5: Programmes of ECT in approved centres (for adults). 2012. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions. continued

		Numbers				Percentages
Catchment Areas	**Approved Centres**	**ECT**	**Beds**	**All Admissions**	**Dds Admissions**	**Dds % of all admissions**
Carlow/Kilkenny/South Tipperary						
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	15	44	591	119	20.1
Donegal, Sligo, Leitrim, West Cavan						
Donegal	Department of Psychiatry, Letterkenny General Hospital	15	34	601	186	30.9
Sligo/Leitrim	Sligo/Leitrim Mental Health In-patient Unit	10	50	489	136	27.8
Mid-West (Limerick, North Tipperary, Clare)						
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	<5	39	578	186	32.2
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	<5	40	531	181	34.1
West (Galway, Mayo and Roscommon)						
East Galway	St Brigid's Hospital, Ballinasloe	16	44	309	85	27.5
Mayo	Adult Mental Health Unit, Mayo General Hospital	<5	32	429	285	66.4
West Galway	Department of Psychiatry, University Hospital Galway	8	35	515	78	15.1
National Forensic Service						
National Forensic Service	Central Mental Hospital[g]	<5	94	65	7	10.8
Independent Service Providers						
N/A	St John of God Hospital Limited (private patients)[h]	9	151	1,079	225	20.9
N/A	St Patrick's University Hospital	107	238	2,257	881	39.0
N/A	St Edmundsbury Hospital[i]	13	50	484	298	61.6

a The Cluain Mhuire catchment area admits to St John of God Hospital Limited, an approved centre in the independent sector, as the HSE purchases in-patient places in this facility for Cluain Mhuire. In 2012, data on administration of ECT to Cluain Mhuire residents was available for the first time and this data has been reported on separately from the 2012 figures for St John of God Hospital Limited.

b Newcastle Hospital's ECT suite was only operational from January until March 2012; residents were referred to Elm Mount Unit for administration of ECT thereafter. The 2012 total includes ECT that was administered in both Newcastle Hospital and Elm Mount Unit.

c Jonathan Swift Clinic referred residents to St Patrick's University Hospital for administration of ECT in 2012.

d St Aloysius Ward, Mater Misericordiae Hospital's ECT suite was not operational from January to October 2012, the ECT facility resumed in November 2012.

e St Vincent's Hospital, Fairview referred residents to the Mater Hospital for administration of ECT in 2012.

f Department of Psychiatry, Connolly Hospital referred residents to the Elm Mount Unit for administration of ECT in 2012.

g Central Mental Hospital referred to Elm Mount Unit, St Vincent's University Hospital for ECT treatment in 2012.

h St John of God Hospital Limited has a total of 183 beds, for the purpose of this report as data in relation to Cluain Mhuire/Dun Laoghaire (HSE) public residents are reported on separately. Data on Cluain Mhuire beds (32) and admissions are reported under Cluain Mhuire as opposed to St John of God Hospital Limited.

i St Edmundsbury Hospital referred residents to St Patrick's Hospital for administration of ECT in 2012.

Notes:

<5: given small numbers, the sensitive nature of the data and the potential for individuals to be identified <5 is used where the number of programmes of ECT was <5 in a reporting year and some calculations have been omitted as a result.

Beds: Beds relate to number of beds in 2012. This figure is sourced from the approved centre's 2012 Inspection Report. If there was no inspection in 2012 the figure is sourced from the number of beds recorded on the Register of Approved Centres in 2012.

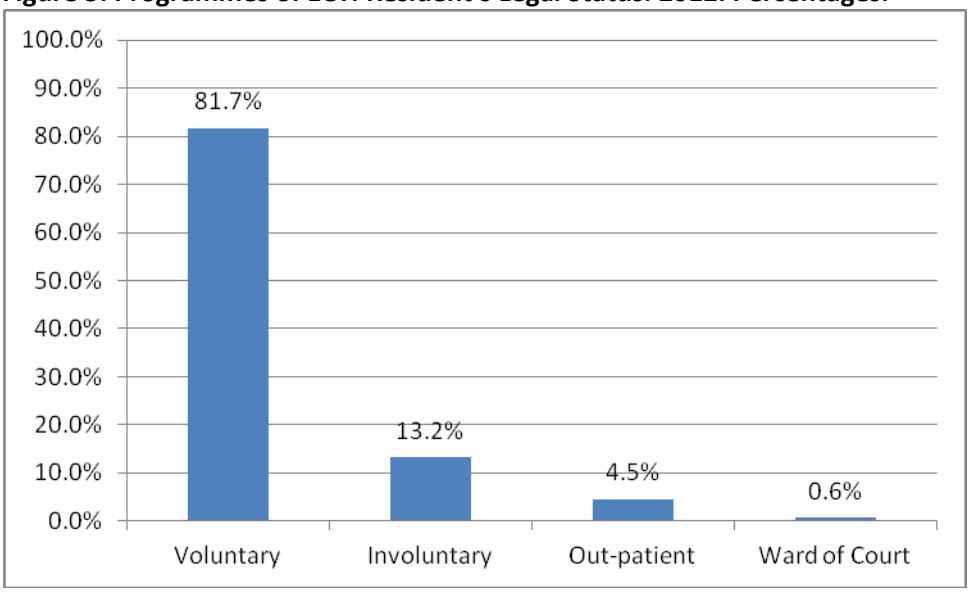
Admissions: Data on admissions and admissions with Depressive disorders were sourced from the Health Research Board's Statistics Series 20 Activities of Irish Psychiatric Units and Hospitals 2012. (These figures only include admissions to approved centres in 2012 and do not account for any residents who were admitted prior to 2012.)

2.3.4 Legal Status and Administration of ECT Treatment without Consent

Legal Status

Legal status recorded on the ECT Register relates to the individual's legal status when they commenced the programme of ECT. Figure 3 shows that, in 2012, the majority (81.7%) of ECT was administered to residents who were admitted on a voluntary basis when they commenced their programme of ECT. In 13.2% of programmes of ECT the individual was an involuntary patient on commencement of the programme. Out-patients accounted for 4.5% of programmes of ECT and Wards of Court 0.6%.

Figure 3: Programmes of ECT. Resident's Legal Status. 2012. Percentages.



As a programme of ECT may run over a number of weeks or months a resident's legal status may change over the course of the programme and this is captured on the ECT Register. A change in legal status was reported in relation to 22 programmes of ECT. Two programmes were commenced when individuals were voluntary and completed on an-out-patient basis subsequent to their discharge. The legal status of one individual changed from voluntary to involuntary and back to voluntary during their programme of ECT. It was reported that all treatments of ECT were administered with consent. Three programmes were commenced on an out-patient basis and during the programme of ECT the individuals were admitted on a voluntary basis. Legal status changed from involuntary to voluntary over the course of 16 programmes of ECT. It was reported that all treatments of ECT were administered with consent in four programmes and for the remaining twelve programmes the initial treatments were administered without consent and their latter treatments were administered with consent.

Administration of ECT Treatment without Consent

Approved centres reported 27 programmes of ECT where one or more treatments of ECT were administered without consent, representing 8.7% of all programmes (311) administered in 2012. A total of 213 treatments were administered in those 27 programmes of ECT and based on MHC review data 156/213 treatments were administered without consent. This represents 7.2% of all ECT treatments (2,152) in 2012. All treatments were administered without consent in 12/27 programmes and in 15/27 programmes there was a combination of treatments administered without consent and treatments administered with consent.

Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult)

Where a patient is unable to give consent or is unwilling to give consent to administration of ECT, Section 59 (1)(b) of the Mental Health Act 2001 applies. ECT is approved by the consultant psychiatrist responsible for the care and treatment of the patient and authorised by another consultant psychiatrist in a form specified by the Commission (Form 16 Treatment without consent Electroconvulsive Therapy Involuntary Patient (Adult)). Form 16 were completed and returned to the Mental Health Commission in relation to all 27 programmes of ECT where some or all treatments were administered without consent.

A total of thirty-two Form 16s were received by the Commission in 2012. After data validation, it was confirmed that ECT without consent did not proceed in two of these cases. Two forms related to programmes of ECT that commenced in 2012 but were not completed until 2013 and are linked to 2013 activity and excluded from the 2012 report. Therefore, there were 28[4] forms returned to the Commission where ECT without consent did proceed in 2012. These 28 forms relate to 27 programmes of ECT, administered without consent, to 27 individuals, in 2012.

Fifteen (22%) approved centres completed form 16s, where administration of ECT treatment without consent went ahead in 2012. Due to the small numbers and the sensitive nature of the information, further details are not provided in this report.

As required by Section 59 of the Mental Health Act 2001 the consultant psychiatrist responsible for the care and treatment of the patient ('treating consultant psychiatrist'), must approve the programme of ECT without consent and it must be authorised by 'another consultant psychiatrist' following referral of the matter to him or her by the first mentioned psychiatrist. Form 16 requires

[4] Two forms were completed in relation to a single programme of ECT, one at the start of the programme of ECT and one during the programme of ECT. The forms were completed by different consultant psychiatrists and contained different information and therefore the forms are reported on separately in table 6.

that each consultant psychiatrist must indicate whether, in their clinical judgement, the patient is unable or unwilling to give consent. Table 6 gives a breakdown of what was indicated by each consultant psychiatrist on the Form 16s sent to the Commission in 2012. On the majority (85.7%) of forms, where ECT without consent did proceed (24/28), both consultant psychiatrists indicated that the patient was unable to give consent. On one form both consultant psychiatrists indicated the patient was unwilling and on three forms the treating consultant psychiatrist indicated the patient was unwilling and the other consultant psychiatrist indicated the patient was unable. On the two forms where the administration of ECT without consent did not go ahead both consultant psychiatrists indicated the patient was unable to give consent.

Table 6: Form 16 ECT without consent. Patient unable or unwilling to give consent as indicated by the Treating CP (Consultant Psychiatrist) and Another CP. 2012. Numbers.

	Numbers		
Patient unable or unwilling to give consent to treatment	**ECT without consent did proceed**	**ECT without consent did not proceed**	**All Form 16s**
Both CPs indicated unable	24	2	26
Both CPs indicated unwilling	1	-	1
Treating CP indicated unwilling Another CP indicated unable	3	-	3
Total	**28**	**2**	**30**

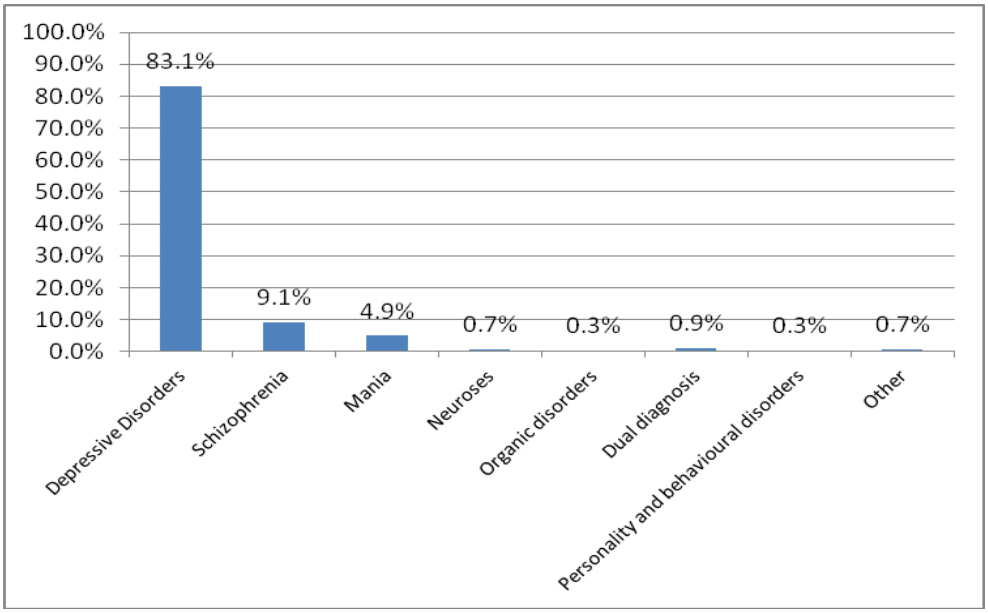
2.3.5 Diagnosis

Diagnosis

There were four main diagnostic categories that were reported in relation to those who were administered programmes of ECT in 2012. Depressive disorders were indicated for 83.1% (255) of all programmes and Schizophrenia was the next most common diganosis; it accounted for 9.1% (28) of all programmes. As previously mentioned (*Section 1.4 Information regarding admissions to approved centres in 2012*), Depressive disorders were the most common cause of all admissions nationally in 2012, followed by Schizophrenia.

Mania was recorded in relation to 4.9% of programmes and Neuroses for 0.7% of programmes. In a very small number of cases (3) a dual diagnosis was reported. Organic disorders, Personality and behavioural disorder and Other diagnosis accounted for 1.3% of programmes. These findings are similar to what was indicated in the previous four years.

Figure 4: Programmes of ECT. Diagnosis. 2012. Percentages

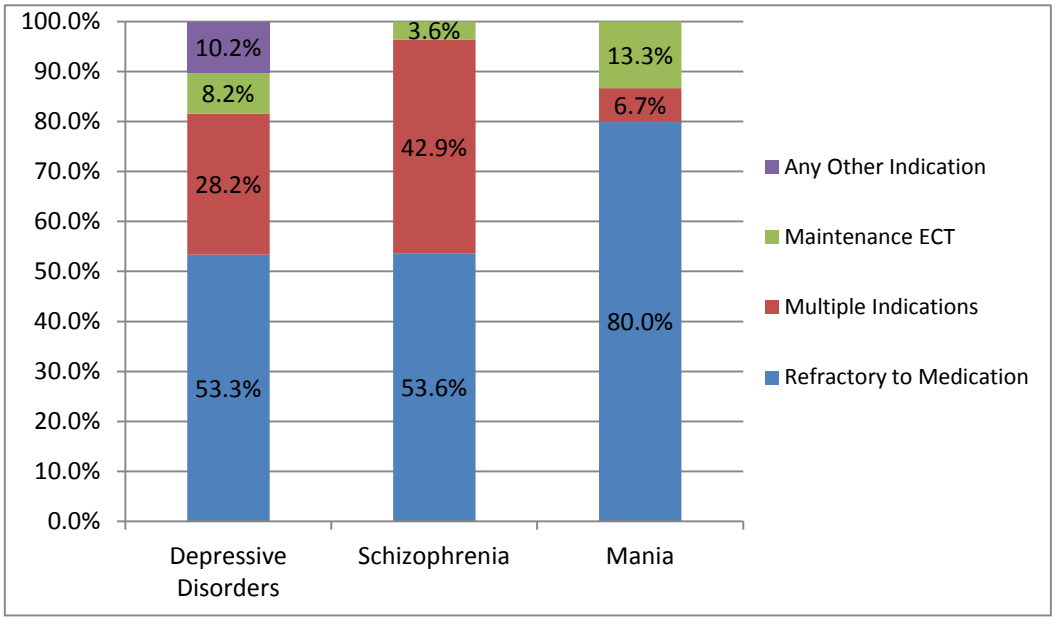


Note: *Analysis is based on 307/311 programmes of ECT; diagnosis was not available for four programmes of ECT.*

Diagnosis and Indications for ECT

Figure 5 shows the breakdown of indications reported for the top three diagnostic categories (Depressive Disorders, Schizophrenia and Mania) in 2012. Refractory to Medication was the most common indication for all three diagnosis accounting for over half of programmes prescribed to those with a diagnosis of Depressive disorders (53.3%) or Schizophrenia (53.6%) and 80.0% for those with a diagnosis of Mania. The proportion of programmes with multiple indications varied from 42.9% for Schizophrenia to 6.7% for Mania. Maintenance ECT was indicated for 13.3% of programmes with a diagnosis of Mania, 8.2% for Depressive disorders but only 3.6% for Schizophrenia.

Figure 5: Programmes of ECT. Diagnosis and Indications for ECT. 2012. Percentages.

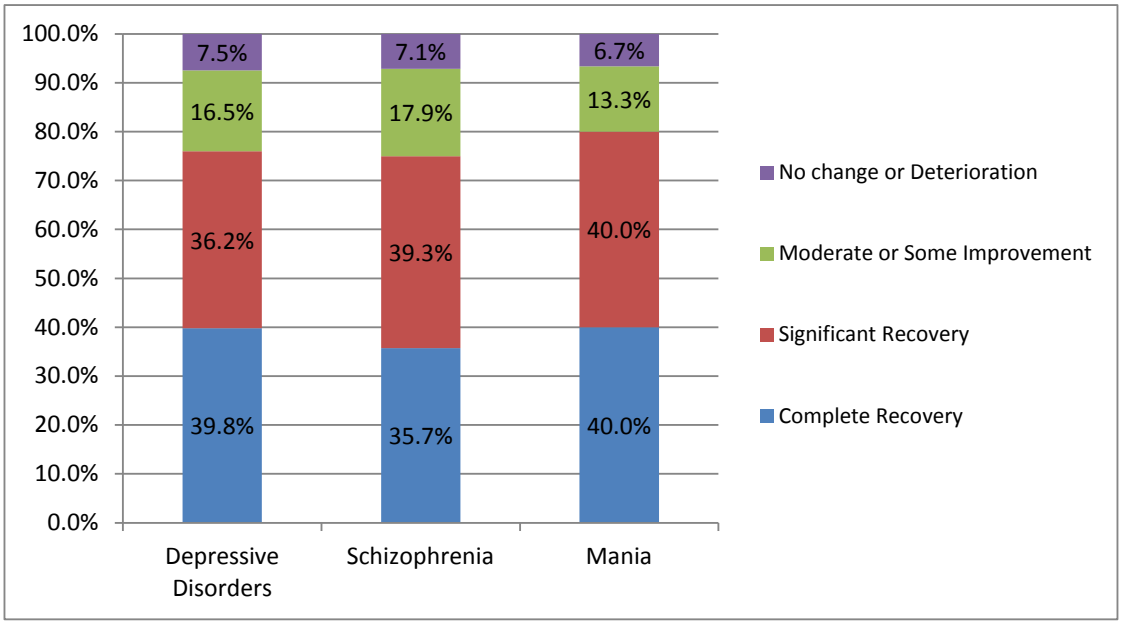


Note: *Analysis is based on 307/311 programmes of ECT; diagnosis was not available for four programmes of ECT. For the purpose of this diagram the category 'Any other indication' includes Rapid Response Required, Acute Suicidality, Physical Deterioration and Other.*

Diagnosis and Outcome at termination of ECT

Figure 6 shows outcome at termination of ECT within each of the top three diagnoses. The overall breakdown of outcome is very similar for all three diagnoses, with over 90% of programmes reporting some level of improvement.

Figure 6: Programmes of ECT. Diagnosis and Outcome at termination of ECT. 2012. Percentages.



Note: *Analysis is based on 307/311 programmes of ECT; diagnosis was not available for four programmes of ECT. For the purpose of this diagram separate outcomes have been combined i.e. moderate improvement and some improvement and no change or deterioration.*

2.3.6 Indications for ECT

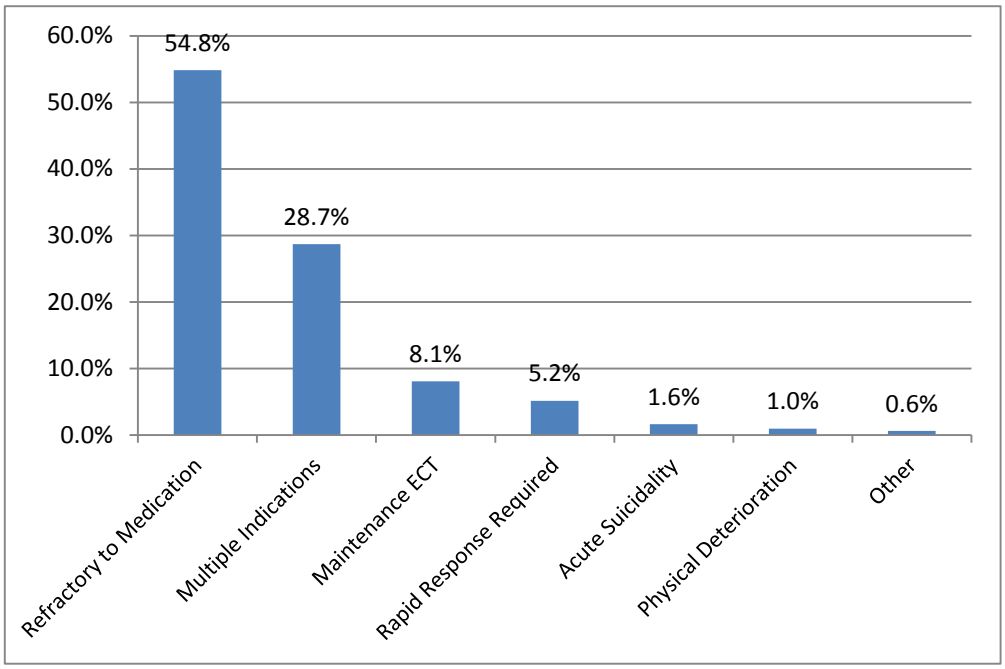
Indications of ECT

Figure 7 shows that refractory (resistance) to medication was the most common single indication for ECT, in 2012, it accounted for 54.8% of all programmes (170). Multiple indications (a combination of more than one indication) accounted for 28.7% (89) of programmes; the next most frequent reason. In 80% of programmes with multiple indications refractory to medication was one of the indications.

Maintenance ECT was the primary indication for 8.1% (25) of programmes of ECT, and maintenance ECT was one of the multiple indications for ECT in a further eight programmes.

Rapid response required; acute suicidality; physical deterioration and other were reported as the primary indication for a small number of programmes. Other indications included past good response and patient's request.

Figure 7: Programmes of ECT. Indications for ECT. 2012. Percentages.



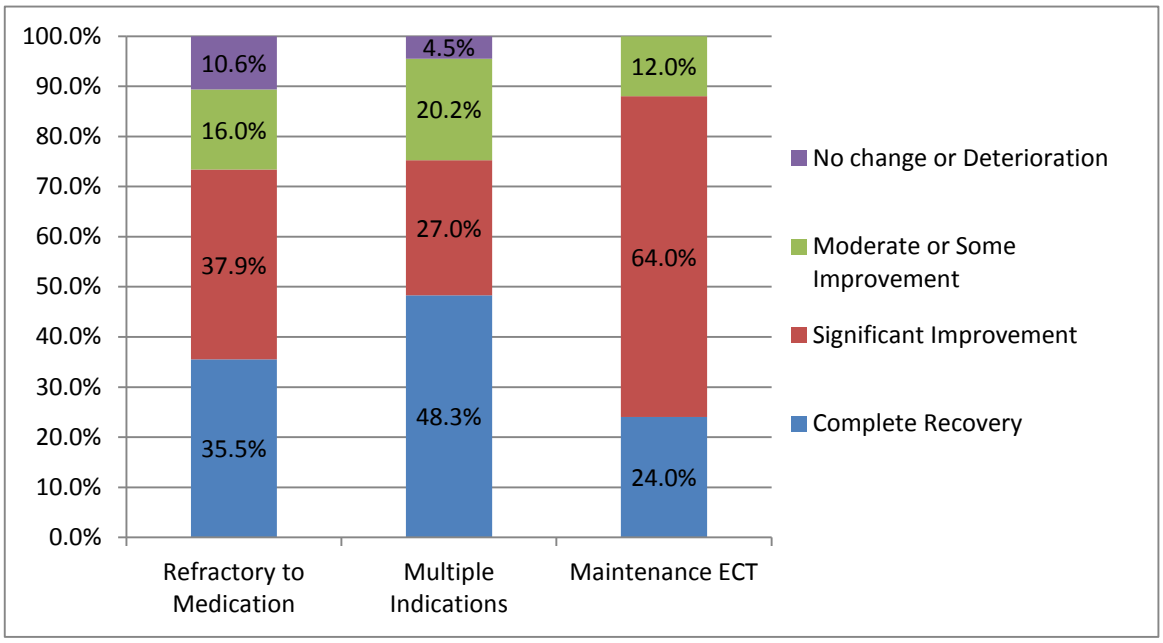
Note: *Analysis is based on 310/311 programmes of ECT; indication for ECT was not available for 1 programme of ECT.*

Indications for ECT and Outcome at termination of ECT

Refractory to medication, multiple indications and maintenance ECT were the three most common indications for ECT. Figure 8 shows the breakdown of outcome under each of these indications. Complete recovery was reported as the outcome for the majority (48.3%) of programmes with multiple indications for ECT, 35.5% of programmes where the indication was refractory to medication and just 24% of maintenance ECT programmes. Almost two-thirds (64%) of maintenance

ECT programmes had a reported outcome of significant improvement, whereas significant improvement was lower for programmes with indications of refractory to medication and multiple indications. No change or deterioration accounted for 10.6% of refractory to medication programmes and 4.5% of those with multiple indications. No change or deterioration were not reported outcomes for any programmes of maintenance ECT.

Figure 8: Programmes of ECT. Indications for ECT and Outcome at Termination of ECT. 2012. Percentages.



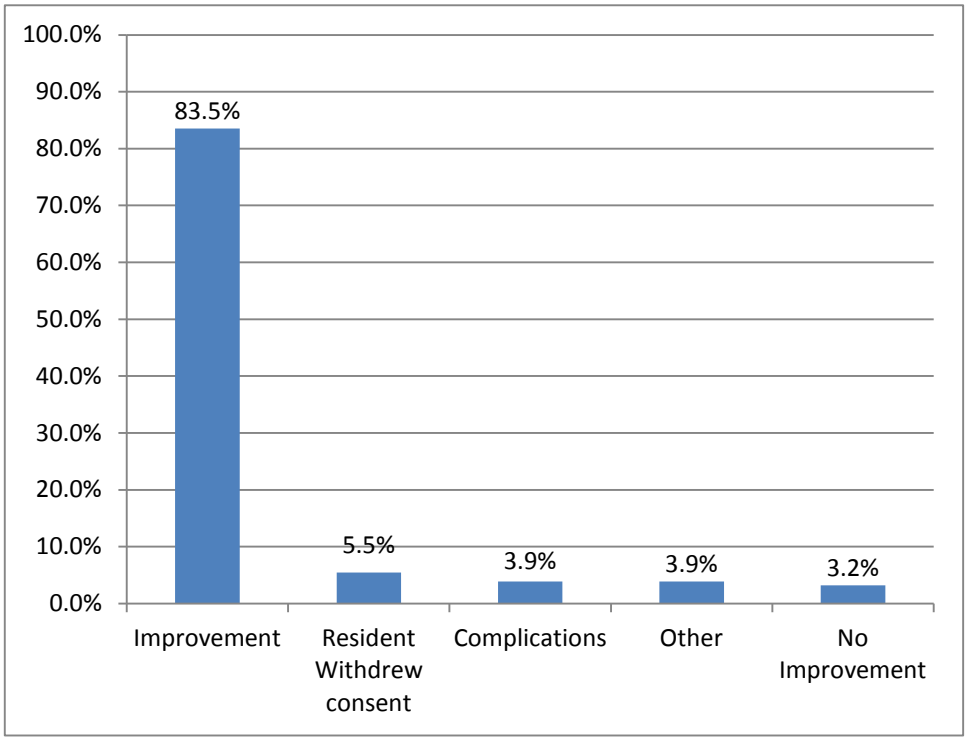
Note: *Analysis for refractory to medication is based on 169/170 programmes of ECT; outcome for ECT was not available for 1 programme of ECT. For the purpose of this diagram separate outcomes have been combined i.e. moderate improvement and some improvement and no change or deterioration.*

2.3.7 Reason for termination of ECT

Reason for termination of ECT

Figure 9 shows that improvement was indicated (on the ECT Register by the consultant psychiatrist responsible for the care and treatment of the resident) as the reason for the termination of 83.5% of ECT (259) programmes in 2012. ECT was terminated as the resident withdrew consent in 5.5% of programmes. Complications and other reason both each accounted for 3.9% and no improvement was indicated as the reason for termination in 3.2% of programmes.

Figure 9: Programmes of ECT. Reason for termination of ECT. 2012. Percentages.



Note: *Analysis is based on 310/311 programmes of ECT; reason for termination was not available for 1 programme of ECT.*

Reason for termination of ECT and Outcome for termination of ECT

Figures 10 (a) – (e) show a breakdown of the outcome at termination of ECT for each reason for termination. Complete recovery was indicated for 45.9% of programmes of ECT that were terminated due to improvement and 8.3% of programmes that ended for other reasons. Significant improvement was recorded as an outcome for 4/5 reasons for termination ranging from 11.8% of programmes where the resident withdrew consent to 40.5% of programmes ended due to improvement. Moderate improvement was reported under three reasons for termination; improvement (7.7%); resident withdrew consent (5.9%) and other (16.7%). Some improvement was reported under all reasons for termination even in relation to one programme of ECT which was terminated due to no change. An outcome of no change was highest where the resident withdrew consent (47.1%) and deterioration was recorded under programmes that were ended due to no improvement (10.0%), complications (8.3%) and other. (8.3%)

Figures 10 (a) –(e): Programmes of ECT. Reason for termination and Outcome at termination of ECT. 2012. Percentages.

Figure 10 (a) Reason for termination – Improvement

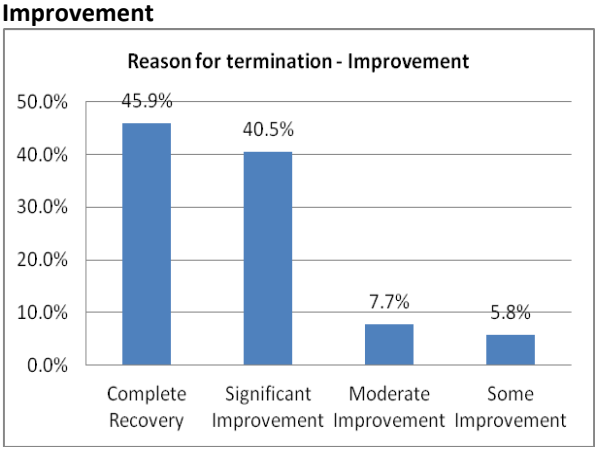


Figure 10 (b) Reason for termination – Resident withdrew consent

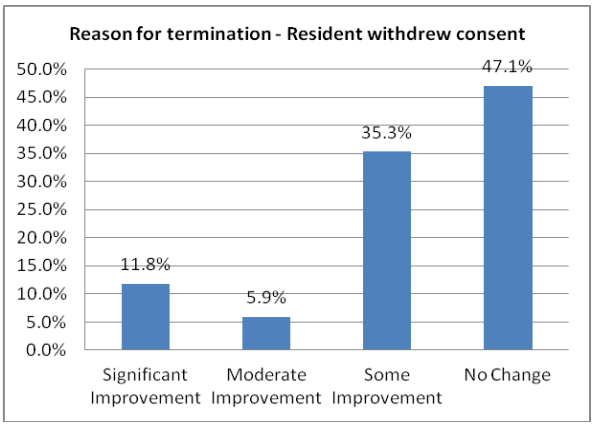


Figure 10 (c) Reason for termination – Complications

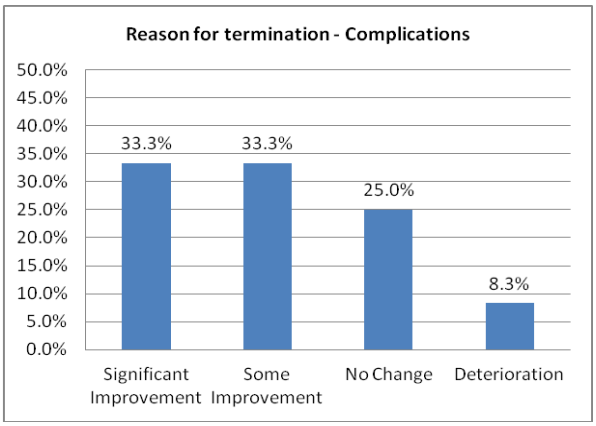


Figure 10 (d) Reason for termination – Other

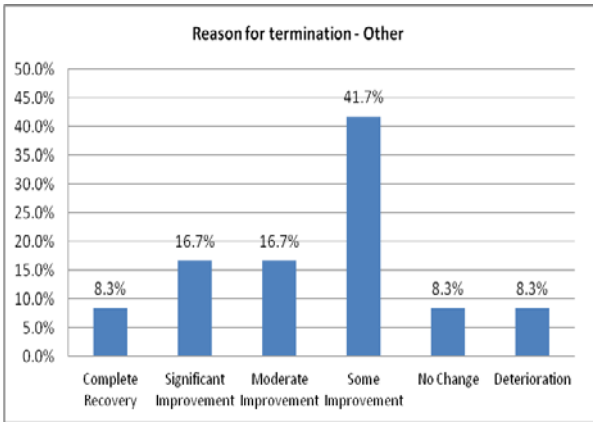
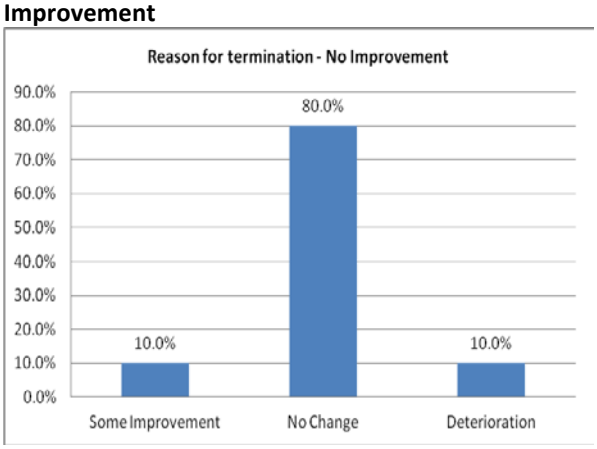


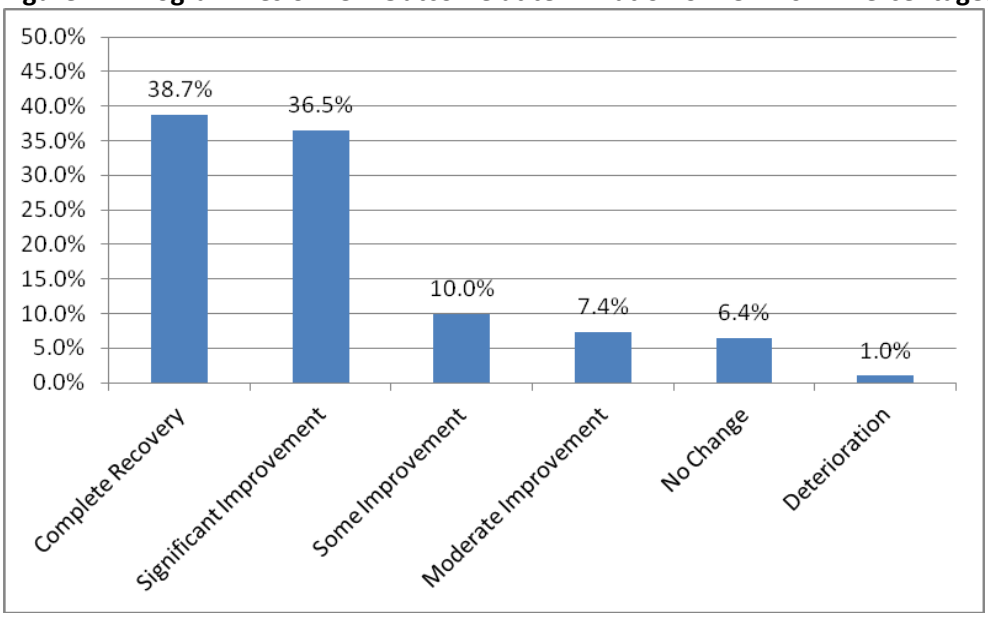
Figure 10 (e) Reason for termination – No Improvement



2.3.8 Outcome at termination of ECT

Figure 11 shows that the outcome at termination of ECT that was indicated on the ECT Register by the consultant psychiatrist responsible for the care and treatment of the resident at the end of the programme of ECT. Complete recovery was the outcome in 38.7% of programmes, followed closely by significant improvement for 36.5% of programmes. Some or moderate improvement was indicated for 17.4% and no change or deterioration for 7.4% of programmes of ECT.

Figure 11: Programmes of ECT. Outcome at termination of ECT. 2012. Percentages.



Note: *Analysis is based on 310/311 programmes of ECT; outcome was not available for 1 programme of ECT.*

Additional analysis in relation to outcome is included under sections 2.3.6 and 2.3.7.

3. Conclusion

This report presents activity in relation to the administration of ECT in approved centres during 2012. There were 311 programmes of ECT administered in 2012; this represents a 6.3% decrease on the number of programmes reported in 2011.

ECT was mainly administered to individuals who had Depressive disorders and were resistant to medication. As highlighted in the report the overall use of ECT in Ireland, in 2012, in terms of gender, age profile, indications and number of treatments per programme, is in line with what was reported in Scotland for the same period and is relatively unchanged from what was reported in Ireland in previous years.

The ECT data review, carried out in 2013, facilitated the collection of individual level and programme level data and ensured the quality and validity of the data. The individual level data allowed for enhanced reporting on ECT treatment without consent and patient outcomes in the 2012 report. The learning from this review will inform the introduction of a new ECT data collection template in 2014.

More in-depth research on the use of ECT is underway through the Mental Health Commission/Royal College of Surgeons of Ireland PHD research programme “An analysis of the use of ECT in clinical mental health practice in Ireland” which commenced in 2011.

The Commission would like to thank staff in approved centres for their on-going co-operation in relation to the collation and return of ECT data which has enabled this report to be completed.

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Appendix 1 – ECT Data collection templates and Form

Quarterly Data template

	Section 59(2) Rules and Section 33(3)(e)Code of Practice on the Use of Electro-convulsive Therapy Report on the Use of Electro-convulsive Therapy Information should be sourced directly from the ECT Register. Please read the accompanying guidance before completing the template.				
1.	**Quarter:**	**Year:**			
2.	**(a) Approved Centre Name**				
	(b) Referring Approved Centre Name (if applicable)				
					Total
3.	**Number of Programmes of ECT administered**				
		Involuntary	**Voluntary**	**WOC**	**Total**
4.	**a. Number of Residents that were administered ECT**				
	b. If any patient's legal status changed during the programme of ECT please give details below				
		Female	**Male**		**Total**
5.	**Gender** (breakdown of residents)				
6.	**Primary ICD 10 Diagnosis**				
7.	**Indications for ECT**				
a.	**One Indication for a Single Programme of ECT**				
	Rapid Response Required				
	Acute Suicidality				
	Physical Deterioration				
	Refractory to Medication				
	Maintenance ECT				
	Other (please specify if information provided on the ECT Register)				
b.	**Multiple Indications for a Single programme of ECT** (if there were multiple indications ticked on the ECT Register for a single programme of ECT please specify the combination below)				
8.	**Total Number of Treatments Administered**				
9.	**Reason for Termination of Treatment**				
	Improvement				
	No Improvement				
	Patient Withdrew Consent				
	Complications				
	Other				
10.	**Outcome at termination of ECT**				
	Complete Recovery				
	Significant Improvement				
	Moderate Improvement				
	Some Improvement				
	No Change				
	Deterioration				
11.	**Report Completed by:**				
	Name:	**Job title:**	**Date (dd/mm/yyyy):**		

Administration of ECT to Individuals Template

Administration of ECT to individuals

Guidance

Approved centres that have administered ECT to one or more residents in a calendar year are required to report on the number of individuals that were administered ECT in their approved centre.

A programme of ECT refers to no more than 12 treatments of ECT prescribed by a consultant psychiatrist and each programme should be recorded as one entry in the ECT Register.

Please include all residents of the approved centre that were administered ECT and individuals that were referred from another centre for administration of ECT.

This information should be returned at the same time as Quarter 4 ECT data returns

Approved Centre Name:

Year:

Patient First Name Initial	Patient Surname Initial	Date of Birth	Gender	Number of programmes of ECT

Form 16: *Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult)* forms relating to patients who were unwilling or unable to consent to ECT treatment.

MHC Coimisiún Meabhair-Shláinte | Mental Health Commission

Revised August 15th 2013

TREATMENT WITHOUT CONSENT ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT)

FORM 16
MENTAL HEALTH ACT 2001
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 being administered electroconvulsive therapy without consent

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

was involuntarily admitted to

3. Name and Address of Approved Centre to which 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 without consent 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

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

MHC Coimisiún Meabhair-Shláinte | Mental Health Commission

Revised August 15th 2013

TREATMENT WITHOUT CONSENT ELECTROCONVULSIVE THERAPY INVOLUNTARY PATIENT (ADULT)

FORM 16
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SECTION 59

8. Give details of assistance, if any, provided to patient in relation to discussion/decision making

This patient is;

unable ☐ or unwilling ☐ to give consent to this treatment.

I approve this programme of electroconvulsive therapy. ☐

I have given the patient adequate information, in a form and language that the patient can understand, on the nature, purpose and likely effects of the proposed treatment. Yes ☐ No ☐

Signed: _____

(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.

9. 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 without consent for the following reasons

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

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

12. Give details of assistance, if any, provided to patient in relation to discussion/ decision making

This patient is;

unable ☐ or unwilling ☐ to give consent to this treatment.

I authorise this programme of electroconvulsive therapy. ☐

Signed: _____

(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. Penalties apply for giving false or misleading information.

Appendix 2 – Population by HSE Super-Catchment Area

	Numbers	
Super Catchment Area	**2006 Population**	**2011 Population**
Dun Laoghaire/Dublin South-East & Wicklow	372,107	426,170
Dublin West/South West & South City	389,750	412,209
Kildare/West Wicklow/Laois/Offaly/Longford & Westmeath	457,244	513,176
Cavan/Monaghan/Louth & Meath	390,636	437,049
Dublin North	222,049	244,362
Dublin North Central & North West	312,472	337,124
North Lee & North Cork	248,470	271,333
South Lee/West Cork & Kerry	372,660	393,201
Waterford & Wexford	255,593	250,577
Carlow/Kilkenny & South Tipperary	205,245	218,747
Donegal/Sligo/Leitrim & West Cavan	238,317	259,621
Mid-West	361,028	379,327
West	414,277	445,356
Total	**4,239,848**	**4,588,252**

Appendix 3 – 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

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