



The Administration of Electro-convulsive
Therapy in Approved Centres:
Activity Report 2011

March 2013

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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.

Summary

This activity report includes data reported to the Mental Health Commission on the administration of ECT during 2011. Data are presented based on returns from 68 approved centres.

There were 332 programmes of ECT administered in 2011. This represents a rate of 7.2 programmes per 100,000 total population and a 4.3% decrease in comparison to the number of programmes administered in 2010 (347). The average number of treatments per programme of ECT was 6.8.

In 2011, 20 approved centres (29.4%) administered ECT and a further nine (13.2%) referred one or more patients to another approved centre for ECT treatment.

A total of 262 individuals received ECT treatment in 2011, which equates to a rate of 5.7 people per 100,000 total population. The majority (78.6%) had one programme of ECT in the reporting period. The overall mean age of residents was 56 and the median age was 57. A higher proportion of females (69.8%) than males (30.2%) were administered ECT.

In all quarters, the proportion of residents that were administered ECT who were voluntary patients was greater than 80%. The majority of those who were administered ECT in 2011 were capable of giving their consent to the treatment. In 2011, the Commission was notified of 25 programmes of ECT where a patient was either unwilling or unable to give consent and the administration of ECT without consent did proceed, which represents 7.5% of all programmes. Therefore, there has been a decrease in the number (35) and percentage (10.1%) of programmes of ECT that were administered without patient consent since 2010.

St Patrick's University Hospital recorded the highest number (129) of programmes of ECT, in 2011, accounting for over one-third (38.9%) of all ECT. Department of Psychiatry, Waterford Regional Hospital reported the second highest number of programmes (36) which represents 10.8% of all programmes administered, followed by St John of God Hospital Limited (26).

Depressive disorders continue to be indicated as the diagnostic group that applies to a large majority (77.4%) of ECT programmes. This diagnostic grouping was followed by Schizophrenia (10.1%) and Mania (7.8%).

Refractory to medication was by far the most prevalent indication for ECT. It accounted for 61.9% of all programmes of ECT and was followed by “multiple indications” (15.9%) and “rapid response required” (11.1%).

The consultant psychiatrist responsible for the care and treatment of the resident is required to indicate an outcome at the termination of a programme of ECT. In 2011, the most common outcome was ‘complete recovery’ indicated for 38.3% of programmes followed by ‘significant improvement’ indicated for 36.2% of programmes. In the overwhelming majority (94.7%) of programmes some level of improvement was indicated.

1. Introduction

This is the Mental Health Commission's fourth annual report on the use of ECT in approved centres. *The Administration of Electro-convulsive Therapy in Approved Centres: Activity Report 2011* 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). These Rules and Code regulate the administration of ECT in approved centres.

There are currently no national clinical guidelines for ECT in Ireland however, guidelines produced by NICE recommend that ECT is used only to achieve rapid and short-term improvement of severe symptoms after an adequate trial of other treatment options has proven ineffective and/or when the condition is considered to be potentially life-threatening, in individuals with: severe depressive illness; catatonia; a prolonged or severe manic episode.

This report describes the administration of ECT in 2011 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 2010.

1.1 Data coverage

We present data for all centres which were entered on the Register of Approved Centres during 2011 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 2011. O'Casey Rooms, Fairview Community Unit opened in March. Hawthorn Unit, Connolly Hospital; Joyce Rooms, Fairview Community Unit and Department of Psychiatry, Letterkenny General Hospital all opened in September. (O'Casey Rooms, Hawthorn Unit and Joyce Rooms all opened as a result of the closure of a number of wards in St Ita's Hospital.)

Two approved centres were entered on the Register in 2010 but only took admissions in 2011; they were the Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital (January) and Eist Linn Child & Adolescent In-patient Unit (March).

Eight approved centres ceased to operate in 2011. In three cases the mental health service transferred to new approved centres, they were St Anne's Child and Adolescent Unit (transferred to the Child and Adolescent In-patient Unit, Merlin Park in January), the Child and Adolescent Mental Health In-patient Unit, St Stephen's Hospital (service transferred to Eist Linn in March) and the Acute Psychiatric Unit, Carnamuggagh (service transferred to Department of Psychiatry, Letterkenny General Hospital in September). In relation to these three approved centres their data are reported once under the approved centre that the service transferred to in 2011. Three approved centres no longer functioned as an approved centre and were removed from the register, they were Palmerstown View, Stewart's Hospital (July), Orchard Grove (August) and St Dymphna's Hospital (October). Two approved centres closed, they were St Loman's Hospital Palmerstown (April) and The Haven Children's Residential Unit (August). The Haven Unit did not admit any patients in 2011 and is therefore not included in the total number of approved centres in this report.

1.2 Quality Assurance and Validation of Data

- Approved centres are required to return aggregate data on the administration of ECT, on a quarterly basis, in templates specified by the Mental Health Commission. Templates for these quarterly reports are shown in Appendix 1. Collecting data quarterly makes the collation and validation process easier.
- In addition to the quarterly reports, approved centres that administered ECT are asked to complete a template on administration of ECT to individual patients at the end of the year (see template in Appendix 1). The purpose of which is to enhance the aggregate summary data to enable us to report on the number of individuals that were administered ECT and the age and gender breakdown. These data were verified against the quarterly data returns.
- The Rules specify that where a patient is unable to give consent or is unwilling to give consent to ECT treatment Form 16: *Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult)* must be completed and a copy sent to the Mental Health Commission. On receipt of each Form 16 we verify, with the approved centre, if administration of ECT without consent did proceed.
- Inspection reports, from the Inspectorate of Mental Health Services, for the reporting period are crossed checked with the data returns. If an approved centre had reported *Nil Returns* but

the 2011 inspection report indicated that the centre did not administer ECT, clarification was sought from the centre.

- A draft annual report, for each approved centre, based on information received in the four quarterly reports, the data on administration of ECT to individuals and Form 16 returns, is sent to Clinical Directors in approved centres for verification and sign off. All approved centres verified and signed off on their ECT data for 2011.

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.

- As the quarterly data are returned in aggregate format with no individual patient identifiers (to protect the individual's right to privacy). This limits the extent of data analysis that can be carried out.
- The number of treatments in a programme of ECT may include up to 12 treatments prescribed by a consultant psychiatrist. It is possible that an individual who was administered only one programme of ECT, in 2011, may have had the same total number of treatments of ECT as an individual who was administered more than one programme of ECT during the year. A breakdown of the number of treatments administered in each programme of ECT would provide a more complete picture of how ECT was prescribed to different individuals and in various approved centres. This information is not currently collected at an individual service user and programme level, but would certainly be a valuable data variable to collect in future.
- Approved Centres vary in size and the type of service they deliver. Therefore, comparative analysis between Approved Centres is crude (For information regarding individual services, see the Approved Centre Inspection Reports 2011 which can be accessed at www.mhcirl.ie).
- There were a number of changes to the Register of Approved Centres in 2011; four new approved centres were entered on the register, two approved centres registered in 2010 opened and eight centres were removed from the Register. The number of approved centres on the Register of Approved Centres on 31st December 2011 was 64. These 64 approved

centres had a combined bed capacity of 3,096 beds. This represents a reduction in the number of approved centres (69) and bed capacity (3,378) as at 31st December 2010.

- All data for St John of God Hospital Limited are currently returned in aggregate format and therefore we are unable to report on the number of programmes of ECT that may have been administered to public HSE patients from the Cluain Mhuire/Dun Laoghaire catchment (the HSE purchases in-patient places in St John of God Hospital for patients from the Cluain Mhuire/Dun Laoghaire catchment area).
- Rates in this report are based on the total population of super catchment areas and are only reflective of the HSE patients that were admitted to 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 patient address and therefore we are not able to identify patients which may have been admitted to an approved centre in the independent sector and received ECT treatment. If this information was available we could re-distribute patients to their own catchment to calculate a more accurate rate (of programmes of ECT) by super catchment area.
- The population figures in this report (see Appendix 2) are based on the CSO 2011 census figures whereas previous years the population figures used were from the CSO 2006 census figures.
- Data on the administration of ECT are processed manually which limits what can be reasonably requested from services. A national mental health information system would enable the Commission to request additional information that would facilitate enhanced patient and 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 2011

Information regarding admission activity in 2011 is included below as it may provide some context in relation to the administration of ECT in approved centres.

In 2011, two acute admission units closed as a result of conditions attached by the Commission. The acute unit in St Ita's Hospital closed in September and admissions now go to Hawthorn Unit, Connolly Hospital and Joyce Rooms, Fairview Community Unit. St Senan's Hospital closed their acute

unit in February and people from North Wexford requiring admission now go to Newcastle Hospital and persons from the rest of Wexford are admitted to the Department of Psychiatry, Waterford Regional Hospital.

The acute unit in St Davnet's Hospital closed in December. Therefore, persons who require admission to St Davnet's are now admitted to the Acute Psychiatric Unit, Cavan General Hospital.

The Health Research Board reported that there were 18,992 admissions in 2011, 627 less than in 2010. There was also a decline in admission rates from 462.7 per 100,000 in 2010 to 413.9 per 100,000 in 2011. There was an equal proportion of male and female admissions but males had a higher rate of admissions, at 421.7 per 100,000 compared with 406.3 for females. Depressive disorders were the most common cause of admissions, accounting for almost 30% (29.5%) of admissions and had the highest rate (122.3). Schizophrenia accounted for 20% of admissions and had the second-highest rate (84.2). Twenty-eight per cent of admissions were resident in Dublin Mid-Leinster in 2011; almost 27% were resident in HSE South, 24% in HSE West and 21% in Dublin North-East.

Almost 11% (10.8%) of all admissions, in 2011, were involuntary admissions. The Commission recorded 2,057 involuntary admissions in 2011, which included 1,471 admissions directly from the community (Form 6) and 586 re-grade of a voluntary patient to involuntary admissions (Form 13). Involuntary admissions were highest in Quarter 1 and lowest in Quarter 4.

Table 1: Involuntary admissions. 2011. Numbers.

Number of Involuntary admissions	Q1	Q2	Q3	Q4	TOTAL
Form 6 admissions	364	377	361	369	1,471
Form 13 admissions re-grades of voluntary patients	163	144	148	131	586
Total	527	521	509	500	2,057

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 full¹.

2.3 ECT Data Analysis

2.3.1 Data overview

Data are presented for all of 2011 and for each quarter as appropriate. 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 332 programmes of ECT administered in 2011. This represents a rate of 7.2 programmes per 100,000 total population. There was a decrease of 15 programmes of ECT on the number of programmes reported in 2010 (n=347). 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 2011 20/68 (29.4%) approved centres reported that they administered ECT in 2011. This is slightly less than in previous years when 23 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 34 to 39. In 2011, three of the approved centres (Joyce Rooms, Fairview Community Unit, O'Casey Rooms, Fairview Community Unit and Hawthorn Unit, Connolly Hospital)

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 2010 but the information regarding reason for termination and outcome may not have been completed until January. 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.

that reported they do not administer ECT, were services which only opened in 2011 as a result of ward closures in St Ita's Hospital, which does not operate an ECT service. Acute Mental Health Admission Unit, Kerry General Hospital was the only approved centre that reported programmes of ECT in previous years but indicated it did not administer ECT in 2011. South Lee Adult Mental Health Unit and St Senan's Hospital ceased to operate an ECT service during 2011 but did administer ECT in the earlier part of the year and are therefore included in the number of approved centres that administered ECT. Nine (13.2%) approved centres referred patients to other approved centres for the administration of ECT.

Table 2: All Approved Centres. Overview of ECT data returns. 2008 – 2011. Numbers and Percentages.

Data Return Type	Numbers				Percentages			
	2008	2009	2010	2011	2008	2009	2010	2011
Administered ECT	23	23	23	20	36.0	34.8	34.3	29.4
Nil returns	12	8	3	0	18.7	12.1	4.5	-
Do not administer ECT	28	31	34	39	43.7	47.0	50.7	57.4
AC referred to another AC for ECT treatment ^a	1	4	7	9	1.6	6.1	10.5	13.2
Total Approved Centres	64	66	67	68	100	100	100	100

a In 2008, 2009, 2010 and 2011 one approved centre referred patients to another approved centre for ECT treatment but kept their own ECT Register. In previous ECT activity reports this approved centre was counted in the number of approved centres that had positive returns. To give a more accurate reflection of the number of approved centres that had an ECT suite and administered ECT this approved centre has been included in the number of approved centres that referred to another approved centre for treatment in the 2011 report.

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 referred one or more patients to another AC for ECT treatment in the reporting period.

2.3.2 Administration of ECT to individuals

Programmes of ECT

Data on administration of ECT to individual patients reported that 262 individuals were administered 332 programmes of ECT in 2011. This equates to a rate of 5.7 people per 100,000 total population that were administered ECT in 2011. Northern Ireland reported a rate administration of ECT of 9 people per 100,000 population in the 12 month period from 1st April 2010 to 31st March 2011 and 8 people per 100,000 population in the 12 month period from 1st April 2011 to 31st March 2012.

The number of programmes administered to an individual, in 2011, ranged from one programme to five programmes, in comparison to 2010 when the number of programmes administered to an individual ranged from one to three. The majority of individuals, 78.6% (n=206) were administered one programme of ECT, 18.3% (n=48) were administered two programmes of ECT, 1.1% (n=3) three programmes of ECT, 1.1% (n=3) four programmes and one patient was administered five programmes of ECT. (As referred to in the limitations section, it is possible that an individual who was administered only one programme of ECT, in 2011, may have had the same total number of treatments of ECT as an individual who was administered more than one programme of ECT during the year.)

Average Treatments per Programme of ECT

A programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist. Table 3 shows that there continues to be little variation from year to year in the average number of treatments administered to patients during a programme of ECT. In 2011, the mean number of treatments per programme of ECT was 6.8 and the median was seven. In Scotland in 2011, the mean number of treatments per programme (episode) reported was 8.1 and the median was eight.

The average number of treatments per programme of ECT varied between individual approved centres. It ranged from an average of three treatments to ten treatments per programme.

Table 3: Treatments of ECT per programme. Mean and median. Total number of ECT treatments. 2008 - 2011.

Year	Numbers		Total Treatments
	Mean Treatments per Programme	Median Treatments per Programme	
2008	6.7	7	2,725
2009	7.2	7	2,672
2010	6.8	7	2,349
2011	6.8	7	2,300

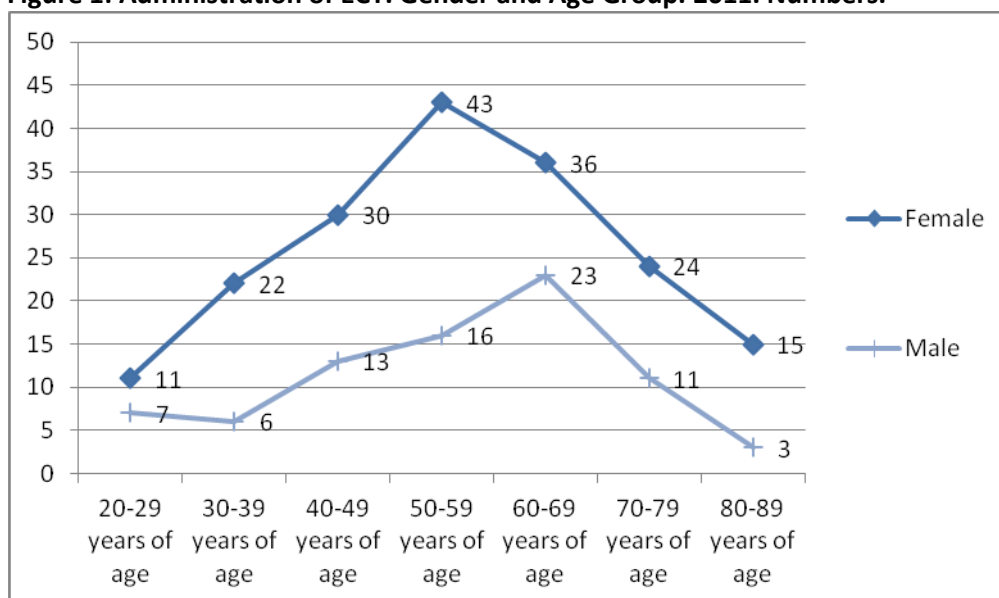
Demographics - Age and Gender

Individuals who were administered ECT in 2011 ranged in age from 21 years of age to 89 years of age. The overall mean age was 56 and the median age was 57. For females, the mean age was 56 and the median age was 56. For males, a mean age of 55 and a median age of 59 were recorded. These figures are similar to what was reported in Scotland in the same period where the median age for both women and men was 58.

The majority of those who were administered ECT were females 69.8% (183/262). Scotland and Northern Ireland reported that 70% of those who were administered ECT were females. The percentage of females is reflective of a greater proportion of women (55.8%) admitted to approved centres with a primary diagnosis of Depressive disorders in 2011. (Depressive disorders are the most common diagnosis of those who are administered ECT).

Figure 1 shows the gender and age demographics of individuals that were administered ECT in 2011. The highest number (n=43) of females that were administered ECT were in the 50 to 59 age group and the highest number (n=23) of males that were administered ECT were in the 60 to 69 age group.

Figure 1: Administration of ECT. Gender and Age Group. 2011. Numbers.



Note: Analysis is based on 260/262 individuals as age was not available for two female patients.

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

Table 4 shows the percentage change in number of programmes of ECT administered in 2008, 2009, 2010 and 2011 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 four years are displayed in the table.

There was a large variance in the number of programmes of ECT administered by approved centres which is consistent with what was reported in the previous three years. Information in relation to the size of the unit, the number of admissions and the type of admissions may provide some context for the variance in administration of ECT between approved centres and therefore data regarding

number of beds, total number of admissions and admissions for Depressive disorders (the main indication for ECT), in all adult approved centres, in 2011, are provided in Table 5.

Ten approved centres reported an increase in the number of programmes of ECT administered in 2011 in comparison to 2010, 18 reported a decrease in the number of programmes and three indicated that they administered the same number of programmes in both years.

As in previous years, St Patrick's University Hospital reported the highest number of programmes of ECT (129) accounting for (38.9%) of all programmes of ECT. It was the largest approved centre with 238 beds and had the highest number of admissions 2,321, almost half (41.8%) 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 (36) which represents 10.8 % of all programmes. Waterford reported 662 admissions with 18.3% of them for Depressive disorders. In 2011, St John of God Hospital Limited, a 181-bed unit, recorded 26 programmes of ECT, 1,298 admissions and 17.5% of admissions were for Depressive disorders. St Brigid's Hospital, Ballinasloe reported 20 programmes of ECT; it was a 53-bed unit which had 382 admissions in 2011 (24.1% with Depressive disorders). The use of ECT has been in decline in St Brigid's Hospital in Ballinasloe over the last four years from 47 programmes in 2008 to 20 programmes in 2011.

Seven approved centres that had an ECT suite that was operational in 2011 indicated that they administered five or less programmes of ECT.

Eleven super-catchment areas reported they had prescribed ECT treatment in 2011. Waterford/Wexford recorded the highest number of programmes of ECT (42) which is equivalent to a rate of 16.8 per 100,000 population in 2011. The West (Galway/Mayo/Roscommon) super-catchment area reported the second highest number (34) and rate (7.6) of programmes of ECT. Kildare/West Wicklow/Laois/Offaly/Longford & Westmeath reported 28 programmes of ECT in 2011 and the rate of 5.4 per 100,000 which was almost the same rate as for Carlow/Kilkenny & South Tipperary (5.5 per 100,000); however they only recorded 12 programmes of ECT in 2011. ECT was not administered in Dublin North or North Lee/North Cork.

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 almost half (46.7%) of ECT in 2011 was administered by two approved centres in the independent sector that provide a national

service. Furthermore, the majority of approved centres do not have an ECT service and therefore it is likely that some HSE patients were treated outside their own super-catchment area. In the absence of individual patient identifiers and data on home address, which would allow us to redistribute patients to their own super catchment area to calculate absolute rates, we recognise that super catchment rates per 100,000 population are an imperfect measure.

As previously mentioned, almost half of all programmes of ECT were administered by two approved centres in the Independent sector. St Patrick's University Hospital reported 129 programmes and St John of God Hospital Limited recorded 26 programmes of ECT in 2011. Both approved centres reported increases in the number of programmes of ECT administered in 2011 in comparison to 2010.

The National Forensic Service – Central Mental Hospital does not provide an ECT service but referred patients to Elm Mount Unit, St Vincent's University Hospital for ECT treatment in 2011. All child and adolescent services and St Joseph's Intellectual Disability Service (a national mental health service for persons with an intellectual disability) reported that they do not administer ECT.

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2011. Number with percentage change 2010-2011. Total per 100,000 population.

Catchment Areas	Approved Centres	Numbers				Percentages	
		2008	2009	2010	2011	Difference	% Change
Dun Laoghaire, Dublin South-East & Wicklow							
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	12	8	8	8	-	-
East Wicklow	Newcastle Hospital ^a	4	2	3	1	-2	-66.7
Total Dun Laoghaire, Dublin South-East & Wicklow		16	10	11	9	-2	-18.2
Total per 100,000 population Dun Laoghaire, Dublin South-East & Wicklow ²		8.0	5.0	5.5	3.7		
Dublin West/Dublin South West & Dublin South City							
Dublin South City	Jonathan Swift Clinic ^b	14	9	8	12	4	50.0
Dublin South West	Acute Psychiatric Unit AMNCH (Tallaght) Hospital	12	4	8	6	-2	-25.0
Total Dublin West/Dublin South West & Dublin South City		26	13	16	18	2	12.5
Total per 100,00 population Dublin West/Dublin South West & Dublin South City		6.7	3.3	4.1	4.4		
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath							
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	12	10	6	6	-	-
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	4	15	5	14	9	180.0
Longford/ Westmeath	St Loman's Hospital, Mullingar	11	4	3	8	5	166.7
Total Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		27	29	14	28	14	100.0
Total per 100,000 population Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath		5.9	6.3	3.1	5.4		

² Population for Dun Laoghaire, Dublin South-East & Wicklow excludes the Cluain Mhuire/Dun Laoghaire population. The Cluain Mhuire catchment area admits patients 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 patients. Data for the Dun Laoghaire/Dublin South East & Wicklow super-catchment area do not include data from patients of the Cluain Mhuire (Dun Laoghaire) catchment area who may have been administered ECT in St John of God Hospital Limited as St John of God Hospital return all data in aggregate format without any differentiation between private and public patients. For the purpose of this report the population used for Dun Laoghaire, Dublin South-East & Wicklow is 242,503 (total population 426,170 minus Cluain Mhuire population 183,667)

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2011. Number with percentage change 2010-2011. Total per 100,000 population. continued.

Catchment Areas	Approved Centres	Numbers				Percentages	
		2008	2009	2010	2011	Difference	% Change
Cavan/Monaghan, Louth Meath							
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital ^c	0	3	2	2	-	-
Cavan/Monaghan	Blackwater House, St Davnet's Hospital ^d	0	0	0	1	1	100.0
Total Cavan/Monaghan, Louth Meath		0	3	2	3	1	50.0
Total per 100,000 population Cavan/Monaghan, Louth Meath		-	0.8	0.5	0.7		
Dublin North Central/North West Dublin							
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital ^e	8	4	1	3	2	200.0
Dublin North Central	St Vincent's Hospital ^f	3	1	4	2	-2	-50.0
Dublin North West	Department of Psychiatry, Connolly Hospital ^g	0	0	0	1	1	100.0
Dublin North West	St Brendan's Hospital ^h	-	4	4	1	-3	-75.0
Total Dublin North Central/North West Dublin		11	9	9	7	-2	-22.2
Total per 100,000 population Dublin North Central/North West Dublin		3.5	2.9	2.9	2.1		
North Lee/North Cork							
North Cork	St Stephen's Hospital ⁱ	-	-	1	0	-1	-100.0
North Lee	Carraig Mór Centre ⁱ	-	-	1	0	-1	-100.0
North Lee	St Michael's Unit, Mercy Hospital	2	0	0	0	-	-
Total North Lee/North Cork		2	0	2	0	-2	-100.0
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	7	1	1	0	-1	-100.0
South Lee	South Lee Mental Health Unit, Cork University Hospital ^j	0	1	3	1	-2	-66.7
Total South Lee/West Cork/Kerry		7	2	4	1	-3	-75.0
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 2008-2011. Number with percentage change 2010-2011. Total per 100,000 population. continued.

Catchment Areas	Approved Centres	Numbers				Percentages	
		2008	2009	2010	2011	Difference	% Change
Waterford/Wexford							
Waterford	Department of Psychiatry, Waterford Regional Hospital	27	26	42	36	-6	-14.3
Wexford	St Senan's Hospital ^k	13	7	11	6	-5	-45.5
Total Waterford/Wexford		40	33	53	42	-11	-20.7
Total per 100,000 population Waterford/Wexford		15.6	12.9	20.7	16.8		
Carlow/Kilkenny/South Tipperary							
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	9	8	17	11	-6	-35.3
South Tipperary	St Michael's Unit, South Tipperary General Hospital	8	12	11	1	-10	-90.9
Total Carlow/Kilkenny/South Tipperary		17	20	28	12	-16	-57.1
Total per 100,000 population Carlow/Kilkenny/South Tipperary		8.3	9.7	13.6	5.5		
Donegal, Sligo, Leitrim, West Cavan							
Donegal	Department of Psychiatry, Letterkenny General Hospital ^l	2	11	7	2	-5	-71.4
Sligo/Leitrim	Sligo/Leitrim Mental Health In-patient Unit	4	8	6	5	-1	16.7
Total Donegal, Sligo, Leitrim, West Cavan		6	19	13	7	-6	-46.1
Total per 100,000 population Donegal, Sligo, Leitrim, West Cavan		2.5	8.0	5.5	2.7		
Mid-West (Limerick, North Tipperary, Clare)							
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	8	4	1	3	2	200.0
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	21	16	18	13	-5	-27.8
Total Limerick, North Tipperary, Clare/Mid-West		29	20	19	16	-3	-15.8
Total per 100,000 population Limerick, North Tipperary, Clare/Mid-West		8.0	5.5	5.3	4.2		

Table 4: Programmes of ECT in Approved Centres. Numbers 2008-2011. Number with percentage change 2010-2011. Total per 100,000 population. continued.

Catchment Areas	Approved Centres	Numbers				Percentages	
		2008	2009	2010	2011	Difference	% Change
West (Galway, Mayo and Roscommon)							
East Galway	St Brigid's Hospital, Ballinasloe	47	38	23	20	-3	-13.0
Mayo	Adult Mental Health Unit, Mayo General Hospital	12	2	1	3	2	200.0
West Galway	Department of Psychiatry, University Hospital Galway	22	21	15	11	-4	-26.7
Total Galway, Mayo and Roscommon/West		81	61	39	34	-5	-12.8
Total per 100,000 population Galway, Mayo and Roscommon/West		19.6	14.7	9.4	7.6		
National Forensic Service							
N/A	Central Mental Hospital ^m	-	4	5	1	-4	-80.0
Independent Service Providers							
N/A	St John of God Hospital Limited	21	24	15	26	11	73.3
N/A	St Patrick's University Hospital ⁿ	124	126	117	129	12	10.2
Total Independents		145	150	132	155	23	17.4
Total All Approved Centres		407	373	347	332	-15	-4.3

a Newcastle Hospital referred patients to Elm Mount Unit for administration of ECT in 2011. In 2008, 2009 and 2010 they administered ECT in their own approved centre.

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

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

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

e St Aloysius Ward, Mater Misericordiae Hospital referred patients for administration of ECT to Elm Mount Unit in 2011.

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

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

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

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- i St Stephen's Hospital and Carraig Mór Centre referred patients to South Lee Adult Mental Health Services for administration of ECT in 2010.*
- j 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.*
- k St Senan's Hospital's ECT suite was only operational in Q1 2011 and was closed for the remainder of the year.*
- l Acute Psychiatric Unit, Carnamuggagh closed in 2011 and the service transferred to Department of Psychiatry, Letterkenny General Hospital. For the purpose of this report all data for this service are reported under the Department of Psychiatry, Letterkenny General Hospital.*
- m Central Mental Hospital referred patients to Elm Mount Unit for administration of ECT in 2009, 2010 and 2011. There are no data available in relation to patients that may have been referred in 2008.*
- n St Patrick's University Hospital's data includes programmes of ECT administered to patients referred from St Edmundsbury Hospital.*

Notes *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). 2011. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions.

Catchment Areas	Approved Centres	ECT	Numbers		Dds % of all admissions	
			Beds	All Admissions		
Dun Laoghaire, Dublin South-East & Wicklow						
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	8	39	313	79	25.2
East Wicklow	Newcastle Hospital ^a	1	52	437	141	32.3
Dublin West/Dublin South West & Dublin South City						
Dublin South City	Jonathan Swift Clinic ^b	12	51	504	114	22.6
Dublin South West	Acute Psychiatric Unit, AMNCH (Tallaght) Hospital	6	52	621	128	20.6
Dublin South West	St Loman's Hospital, Palmerstown ^c	DNA	22	20	1	5.0%
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath						
Kildare/West Wicklow	Lakeview Unit, Naas General Hospital	6	29	477	101	21.2
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	14	30	477	158	35.3
Laois/Offaly	St Fintan's Hospital	DNA	39	32	6	18.8
Longford/Westmeath	St Loman's Hospital, Mullingar	8	95	486	120	24.7
Cavan/Monaghan, Louth Meath						
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital ^d	2	20	109	24	22.0
Cavan/Monaghan	Blackwater House, St Davnet's Hospital ^e	1	33	59	12	20.3
Louth/Meath	Department of Psychiatry, Our Lady's Hospital, Navan	DNA	25	344	87	25.3
Louth/Meath	St Brigid's Hospital, Ardee	DNA	50	264	46	17.4
North Dublin						
North Dublin	Hawthorn Unit, Connolly Hospital ^f	DNA	6	6	3	50.0
North Dublin	Joyce Rooms, Fairview Community Unit ^f	DNA	24	109	49	45.0
North Dublin	O'Casey Rooms, Fairview Community Unit ^f	DNA	25	1	0	-
North Dublin	St Ita's Hospital - Willowbrook & Woodview Units	DNA	106	412	149	36.2

Table 5: Programmes of ECT in approved centres (for adults). 2011. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions. continued

Catchment Areas	Approved Centres	ECT	Numbers		Percentages	
			Beds	All Admissions		
Dublin North Central/North West Dublin						
Dublin North Central	St Aloysius Ward, Mater Misericordiae Hospital ^g	3	15	192	34	17.7
Dublin North Central	St Vincent's Hospital ^g	2	63	635	83	13.1
Dublin North West	Department of Psychiatry, Connolly Hospital ^g	1	49	636	167	26.3
Dublin North West	St Brendan's Hospital ^g	1	56	66	6	9.1
Dublin North West	Sycamore Unit, Connolly Hospital	DNA	34	11	1	9.1
North Lee/North Cork						
North Cork	St Stephen's Hospital	DNA	91	294	101	34.3
North Lee	Carraig Mór Centre	DNA	39	79	23	29.1
North Lee	St Michael's Unit, Mercy University Hospital	DNA	50	708	340	48.0
South Lee/West Cork/Kerry						
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital	DNA	44	662	191	28.9
Kerry	St Finan's Hospital	DNA	52	18	3	16.7
South Lee	South Lee Mental Health Unit, Cork University Hospital ^h	1	46	526	150	28.5
South Lee	St Finbarr's Hospital	DNA	21	10	0	-
West Cork	Centre for Mental Health Care & Recovery, Bantry General Hospital	DNA	18	227	45	19.8
Waterford/Wexford						
Waterford	Department of Psychiatry, Waterford Regional Hospital	36	44	662	121	18.3
Waterford	St Otteran's Hospital	DNA	70	37	3	8.1
Wexford	St Senan's Hospital ⁱ	6	59	123	34	27.6
Carlow/Kilkenny/South Tipperary						
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	11	44	491	116	23.6
Carlow/Kilkenny	St Dymphna's Hospital ^j	DNA	15	1	0	-

Table 5: Programmes of ECT in approved centres (for adults). 2011. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions. continued.

Catchment Areas	Approved Centres	ECT	Numbers		Percentages	
			Beds	All Admissions	Dds Admissions	Dds % of all admissions
Carlow/Kilkenny/South Tipperary continued						
Carlow/Kilkenny	St Gabriel's Ward, St Canice's Hospital	DNA	27	25	2	8.0
South Tipperary	St Luke's Hospital, Clonmel - St Mary's, St Paul's, & St Teresa's Wards	DNA	52	12	2	16.7
South Tipperary	St Michael's Unit, South Tipperary General Hospital	1	49	715	349	48.8
Donegal, Sligo, Leitrim, West Cavan						
Donegal	Department of Psychiatry, Letterkenny General Hospital ^k	2	34	502	141	28.1
Sligo/Leitrim	Sligo/Leitrim Mental Health In-patient Unit	5	50	487	155	31.8
Mid-West (Limerick, North Tipperary, Clare)						
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	3	39	471	146	31.0
Clare	Cappahard Lodge	DNA	35	4	0	-
Clare	Orchard Grove ^l	DNA	10	3	0	-
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	13	50	480	162	33.8
Limerick	St Joseph's Hospital	DNA	28	4	0	-
Limerick	Tearmann Ward and Curragour Ward, St Camillus' Hospital	DNA	28	109	2	1.8
West (Galway, Mayo and Roscommon)						
East Galway	St Brigid's Hospital, Ballinasloe	20	53	382	92	24.1
Mayo	Adult Mental Health Unit, Mayo General Hospital	3	32	420	195	46.4
Mayo	An Coillín	DNA	21	17	2	11.8
Mayo	St Anne's Unit, Sacred Heart Hospital	DNA	12	25	0	-
Mayo	Teach Aisling	DNA	10	2	0	-
Roscommon	Department of Psychiatry, County Hospital, Roscommon	DNA	22	306	92	30.1
West Galway	Department of Psychiatry, University Hospital Galway	11	43	519	96	18.5

Table 5: Programmes of ECT in approved centres (for adults). 2011. Beds, Admissions and Admissions with Depressive disorders (Dds). Numbers. Dds as a percentage of all admissions. continued

Catchment Areas	Approved Centres	ECT	Numbers		Percentages	
			Beds	All Admissions	Dds Admissions	Dds % of all admissions
National Forensic Service						
National Forensic Service	Central Mental Hospital ^m	1	94	56	5	8.9
National Intellectual Disability Service						
National ID Service	St Joseph's Intellectual Disability Services ⁿ	DNA	163	2	0	-
Independent Service Providers						
N/A	Bloomfield Care Centre	DNA	88	29	1	3.4
N/A	Hampstead Private Hospital	DNA	44	42	2	4.8
N/A	Highfield Private Hospital	DNA	47	13	5	38.5
N/A	Lois Bridges	DNA	5	2	0	-
N/A	Palmerstown View, Stewart's Hospital ^o	DNA	6	0	0	-
N/A	St Edmundsbury Hospital ^p	R/OAC	50	489	311	63.6
N/A	St John of God Hospital Limited ^q	26	181	1,298	227	17.5
N/A	St Patrick's University Hospital ^r	129	238	2,321	970	41.8

a Newcastle Hospital referred patients to Elm Mount Unit for administration of ECT in 2011. In 2008, 2009 and 2010 they administered ECT in their own approved centre.

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

c St Loman's Hospital, Palmerstown closed in April 2011.

d Acute Psychiatric Unit, Cavan General Hospital only 11 beds operational from 01 January until 14 June (while they underwent refurbishment work) and 20 beds operational for the remainder of the year.

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

f These approved centres opened in 2011 Hawthorn Unit, Connolly Hospital (March), Joyce Rooms, Fairview Community Unit (September), O'Casey Rooms, Fairview Community Unit (March).

g St Aloysius Ward, Mater Misericordiae Hospital St Vincent's Hospital, Fairview Department of Psychiatry, Connolly Hospital and St Brendan's Hospital referred to the Elm Mount Unit for administration of ECT in 2011.

h 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.

i St Senan's Hospital's ECT suite was only operational in Q1 2011 and was closed for the remainder of the year.

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- j St Dymphna's Hospital closed in October 2011.*
- k Acute Psychiatric Unit, Carnamuggagh closed in 2011 and the service transferred to Department of Psychiatry, Letterkenny General Hospital. For the purpose of this report all data for this service are reported under the Department of Psychiatry, Letterkenny General Hospital.*
- l Orchard Grove closed in August 2011.*
- m Central Mental Hospital referred to Elm Mount Unit, St Vincent's University Hospital for ECT treatment in 2011.*
- n St Joseph's Intellectual Disability Services provides residential care and treatment for many long-term patients with an intellectual disability and therefore the number of admissions in a given year can be low.*
- o Palmerstown View, Stewart's Hospital closed in July 2011.*
- p St Edmundsbury Hospital referred patients to St Patrick's Hospital for administration of ECT in 2011.*
- q Figures for St John of God Hospital Limited ECT data that may have related to Cluain Mhuire/Dun Laoghaire (HSE) public patients and therefore the number of beds, admissions and admissions with Depressive disorders includes Cluain Mhuire (HSE) admissions data.*
- r St Patrick's University Hospital's ECT data includes programmes of ECT administered to patients who were referred from St Edmundsbury Hospital.*

Notes:

DNA = Approved Centre indicated that they Do not administer ECT.

Bed Numbers in 2011 were sourced from the Inspector of Mental Health Services Approved Centre Inspection Reports 2011 and the Register of Approved Centres.

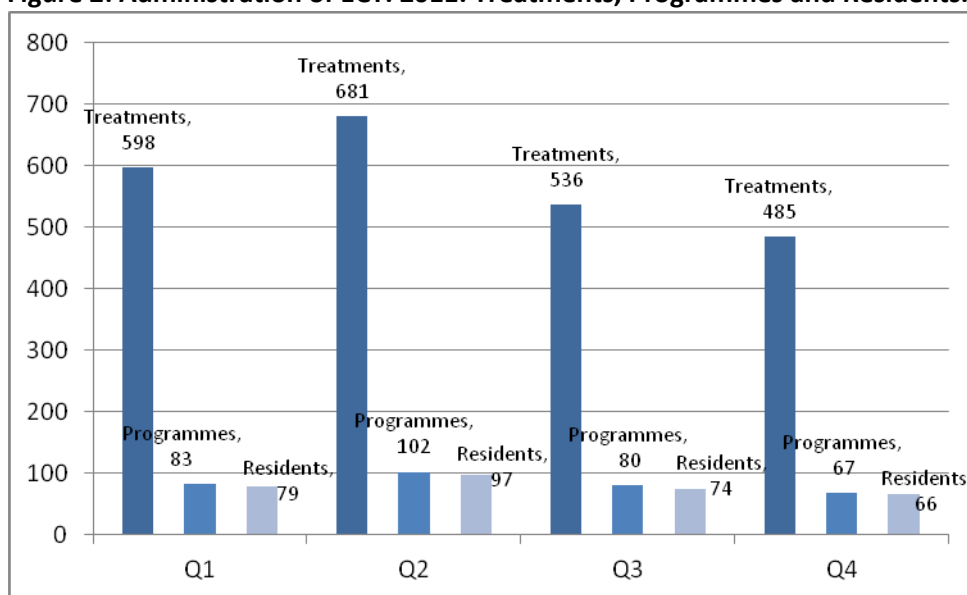
Data on admissions and admissions with Depressive disorders were sourced from the Health Research Board's Statistics Series 18 Activities of Irish Psychiatric Units and Hospitals 2011. (These figures only include admissions to approved centres in 2011 and do not account for any residents who were admitted prior to 2011.)

2.3.4 ECT Data by Quarter

Number of Treatments, Programmes and Residents

Figure 2 shows that the highest number of programmes of ECT were completed in Quarter 2 (102) and the lowest number in Quarter 4 (67). As the number of programmes of ECT is greater than the number of residents, we can infer that one or more residents received more than one programme of ECT in each quarter. The mean number of treatments per programme ranged from 6.7 to 7.2 treatments per programme over the four quarters of 2011.

Figure 2: Administration of ECT. 2011. Treatments, Programmes and Residents. Numbers.

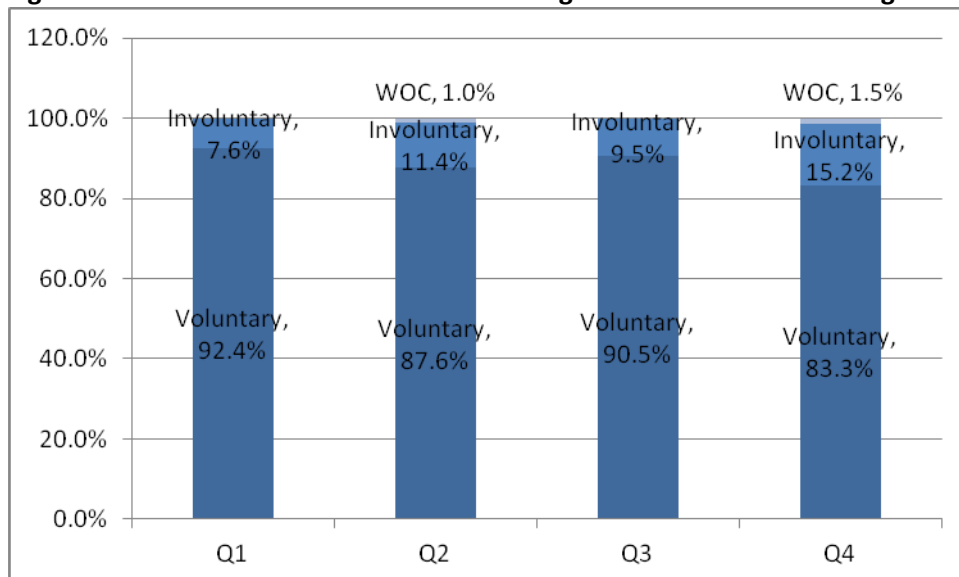


Legal Status

Figure 3 shows, in 2011, that the majority of ECT was administered to residents who were voluntary patients, at the time when the ECT Register was being completed; at least 80% in all quarters. Between 7.6% and 15.2% were involuntary and there was a small proportion of residents that were Wards of Court (WOC); in Quarter 2 (1.0%) and Quarter 4 (1.5%).

Two cases where a patient's legal status changed from involuntary to voluntary during their programme of ECT were reported to us in 2011.

Figure 3: Administration of ECT. Resident's Legal Status. 2011. Percentages.

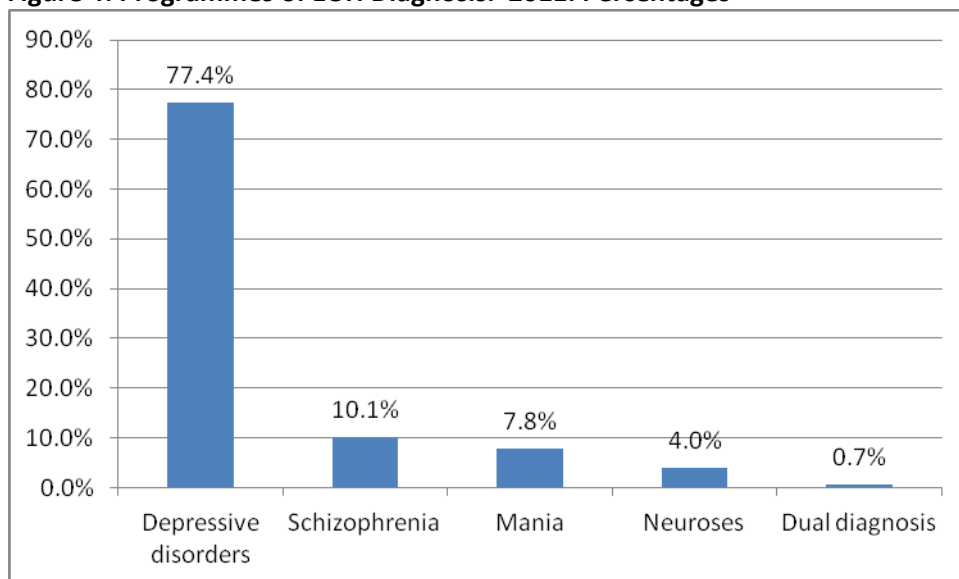


Diagnosis

There were four main diagnosis that were reported in relation to those who were administered programmes of ECT in 2011. Depressive disorders were indicated for 77.4% (229) of all programmes and Schizophrenia was the next most common diagnosis; it accounted for 10.1% (30) of all programmes. As previously mentioned (*Section 1.4 Information regarding admissions to approved centres in 2011*), Depressive disorders were the most common cause of all admissions nationally in 2011, followed by Schizophrenia.

Mania was recorded in relation to 7.8% of programmes and Neuroses for 4% of programmes. In a very small number of cases (2) a dual diagnosis was reported. These findings are similar to what was indicated in the previous three years.

Figure 4: Programmes of ECT. Diagnosis. 2011. Percentages

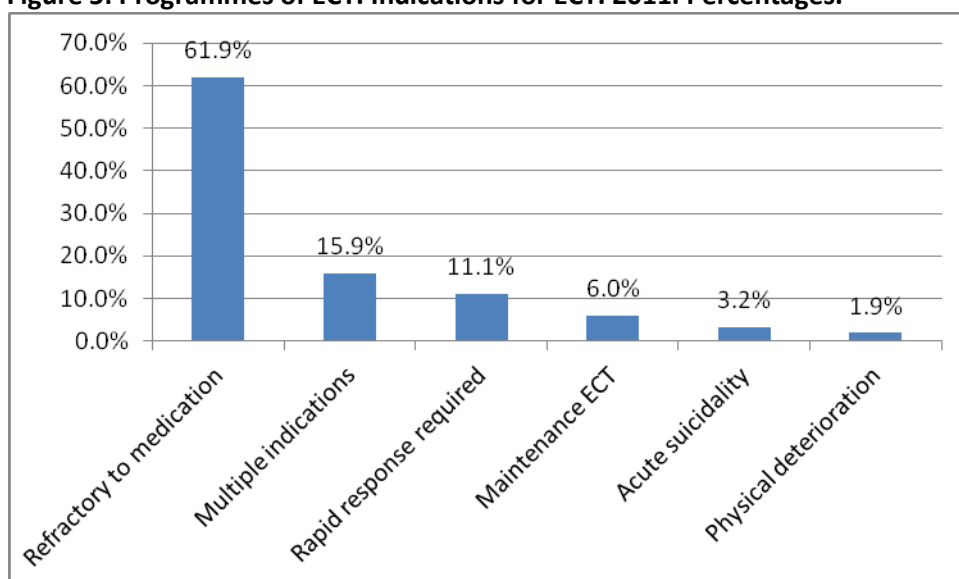


Note: Analysis is based on 296/332 programmes of ECT; diagnosis was not available for 36 programmes of ECT.

Indications for ECT

In 2011, refractory to medication was the most prevalent indication for ECT and accounted for 61.9% (195) of all programmes of ECT as can be seen in Figure 5. Multiple indications (a combination of two or more indications) accounted for 15.9% (50) of programmes. Refractory to medication and rapid response required; was the most common combination; recorded for 18/50 programmes. Around 10% (11.1%) of programmes had an indication of rapid response required. Maintenance ECT accounted for 6% of programmes of ECT, in 2010 it only accounted for 1.2% of all programmes.

Figure 5: Programmes of ECT. Indications for ECT. 2011. Percentages.

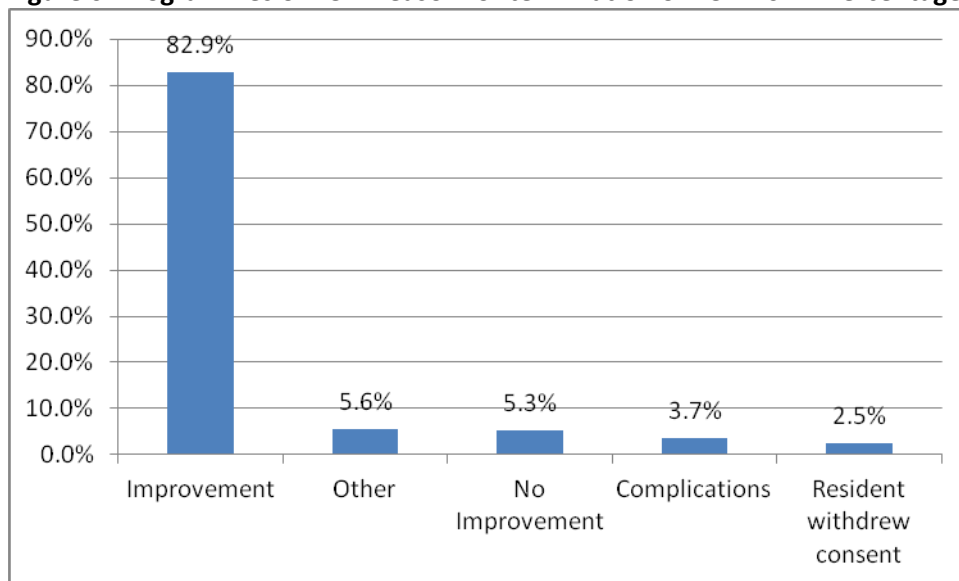


Note: Analysis is based on 315/332 programmes of ECT; indication for ECT was not available for 17 programmes of ECT.

Reason for termination of ECT

Figure 6 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 82.9% of ECT (266) programmes in 2011. No improvement and other reason accounted for around 5% each and complications for 3.7% of programmes. In relation to eight programmes of ECT (2.5%) it was indicated that ECT was terminated because the resident withdrew consent.

Figure 6: Programmes of ECT. Reason for termination of ECT. 2011. Percentages.



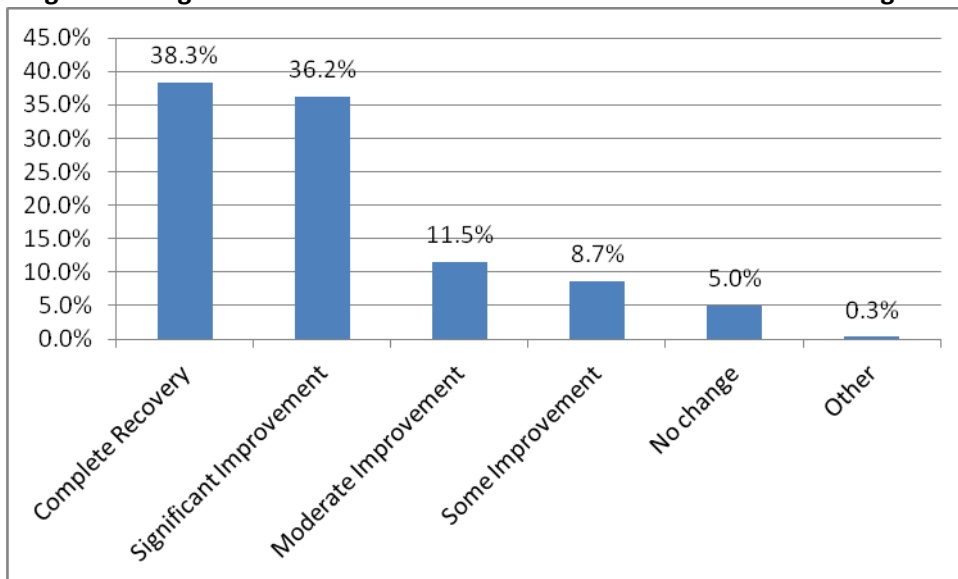
Note: Analysis is based on 321/332 programmes of ECT; indication for ECT was not available for 11 programmes of ECT.

Outcome at termination of ECT

Figure 7 shows that 94.7% of all programmes (304), in 2011, were reported to have varying levels of improvement as their treatment outcome (as recorded on the ECT Register by the consultant psychiatrist responsible for the care and treatment of the resident). Almost three-quarters 74.5% were reported to have had an outcome of complete recovery or significant improvement. In 5% of programmes it was recorded that there was no change.

This is in keeping with what was reported in previous years when over 90% of programmes were reported to have resulted in some level of improvement in the patient.

Figure 7: Programmes of ECT. Outcome at termination. 2011. Percentages.



Note: Analysis is based on 321/332 programmes of ECT; outcome at termination was not available for 11 programmes of ECT.

2.4 Administration of ECT without 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, Section 59 (1)(b) of the Mental Health Act 2001 applies

“59.-(1) A programme of electro-convulsive therapy shall not be administered to a patient unless either-

(a) the patient gives his or her consent in writing to the administration of the programme of therapy, or

(b) where the patient is unable or unwilling to give such consent -

(i) The programme of therapy is approved (in a form specified by the Commission) by the consultant psychiatrist responsible for the care and treatment of the patient, and

(ii) The programme of therapy is also authorised (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first mentioned psychiatrist.

(2) The Commission shall make rules providing for the use of electro-convulsive therapy and a programme of electro-convulsive therapy shall not be administered to a patient except in accordance with such rules.”

The Rules specify that Form 16: *Treatment Without Consent Electroconvulsive Therapy Involuntary Patient (Adult)* must be completed by both consultant psychiatrists and placed in the patient’s clinical file. A copy must also be sent to the Mental Health Commission.

Twenty seven Form 16s were received by the Commission in 2011. After data validation, it was confirmed that the administration of ECT without consent did not proceed in two of these cases. The data below relate to the 25 forms where ECT without consent was administered in 2011. In 2010 approved centres indicated that ECT without consent did proceed in relation to 35 programmes of ECT.

Based on the ECT activity data and Form 16s that were returned to the Commission, 25 out of 332 programmes of ECT (7.5%) were administered to involuntary patients who were either unable or unwilling to give consent in 2011. This represents a decrease in the percentage of programmes of ECT administered without consent that were reported in 2010 (10.1%), 2009 (11.8%) and 2008 (12%).

The 25 forms returned were in relation to 22 individual patients, two of whom were administered more than one programme of ECT without consent.

Of those who were administered ECT without consent, a higher proportion were females (64%) than male (36%). This is proportionate to the gender breakdown for all programmes of ECT in 2011 when 69.8% were female and 30.2% were male. The majority of patients (64%) were between 18 and 64 years of age and 36% were 65 years of age or older.

Less than 20% of approved centres (13/68) notified the Commission that administration of ECT without consent went ahead in 2011 (Table 6). Due to the small numbers and sensitive nature of the information, the number of forms returned by each centre is not provided.

Table 6: Approved Centres that reported administration of ECT without consent in 2011.

Catchment Areas	Approved Centres
Dun Laoghaire, Dublin South-East & Wicklow	
Dublin South East	Elm Mount Unit, St Vincent's University Hospital
Dublin West/Dublin South West & Dublin South City	
Dublin South City	Jonathan Swift Clinic, St James's Hospital ^a
Dublin South West	Acute Psychiatric Unit, AMNCH, Tallaght
Kildare/West Wicklow, Laois/Offaly & Longford/Westmeath	
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise
Dublin North Central/North West Dublin	
Dublin North Central	St Aloysius Ward, Mater Misericordiae University Hospital ^b
Dublin North West	Department of Psychiatry, Connolly Hospital ^b
South Lee/West Cork/Kerry	
South Lee	South Lee Mental Health Unit, Cork University Hospital
Carlow/Kilkenny/South Tipperary	
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny
Limerick, North Tipperary, Clare	
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis
West (Galway, Mayo and Roscommon)	
East Galway	St Brigid's Hospital, Ballinasloe
West Galway	Department of Psychiatry, University College Hospital Galway

Table 6: Approved Centres that reported administration of ECT without consent in 2011. continued.

Independent Service Providers	
N/A	St John of God Hospital
N/A	St Patrick's Hospital

a Jonathan Swift Clinic, St James's Hospital referred patient(s) to another approved centre for ECT treatment in 2011.

b St Aloysius Ward, Mater Misericordiae University Hospital and Department of Psychiatry, Connolly Hospital referred patient(s) to other approved centres for the administration of ECT in 2011.

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 that each consultant psychiatrist must indicate whether, in their clinical judgement, the patient is unable or unwilling to give consent.

Table 7 gives a breakdown of what was indicated by each consultant psychiatrist on the Form 16s sent to the Commission in 2011. On the majority (70.4%) of all forms (19/27) received in 2011, both consultant psychiatrists indicated that the patient was unable to give consent. In three cases (out of 27) both consultant psychiatrists indicated the patient was unwilling. On four forms the treating consultant psychiatrist and the other consultant psychiatrist differed in their views as to whether the patient was unwilling or unable.

Table 7: Form 16 ECT without consent. Patient unable or unwilling to give consent as indicated by the Treating CP (Consultant Psychiatrist) and Another CP. 2011. Numbers.

Patient unable or unwilling to give consent to treatment	Numbers			Percentages		
	ECT without consent did proceed	ECT without consent did not proceed	All Form 16s	ECT without consent did proceed	ECT without consent did not proceed	All Form 16s
Both CPs indicated unable	18	1	19	72.0	50.0	70.4
Both CPs indicated unwilling	3	0	3	12.0	-	11.1
Both CPs indicated unwilling & unable	0	1	1	-	50.0	3.7
Treating CP indicated unable						
Another CP indicated unwilling	1	0	1	4.0	-	3.7
Treating CP indicated unwilling						
Another CP indicated unable	2	0	2	8.0	-	7.4
Treating CP indicated unwilling & unable						
Another CP indicated unable	1	0	1	4.0	-	3.7
Total	25	2	27	100.0	100.0	100.0

3. Conclusion

This report presents activity in relation to the administration of ECT in approved centres during 2011. The quarterly data show that there were 332 programmes of ECT administered to inpatients in approved centres in 2011; this represents a 4.3% decrease on the number of programmes reported in 2010. As highlighted in the report the overall use of ECT in Ireland, in 2011, 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.

There has been a year-on-year decrease in the number of programmes of ECT reported to the Commission since 2008. In 2011, the number of approved centres operating their own ECT suite was less than in previous years and there was an increase in the number of approved centres that referred patients to other approved centres for ECT treatment.

One of the principal functions of the Commission is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services. It is acknowledged that there are limitations to the amount of analysis that can be carried out on the data in its current format and the feasibility of collecting more complete data at an individual service user level will be examined. This would facilitate enhanced reporting and evaluation of treatment outcomes to ensure the highest standard of patient care. More in-depth research 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 all those involved in returning the information requested which has enabled this report to be completed.

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Appendix 1 – ECT Data collection templates used in 2011

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):		

Appendix 2 – Population by HSE Super-Catchment Area

Super Catchment Area	Numbers	
	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

Notes regarding 2011 population figures

As acute admissions from the Gorey area are now directed to Newcastle Hospital, Greystones the catchment population for Waterford/Wexford do not include the relevant Electoral Divisions (EDs) from the former catchment area of Wexford Mental Health services but are included in the catchment population for East Wicklow.

From 31st October 2011 patients from North Tipperary previously admitted to St Michael's Unit, Clonmel are admitted to the Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis. The population for Clare Mental Health Catchment Area has thus been adjusted to include the EDs for North Tipperary.

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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