

Mental Health Reform Position Statement on Electroconvulsive Therapy (ECT)

Mental Health Reform (MHR) is a coalition of organisations that together promote improved mental health services in line with Government's mental health policy *A Vision for Change*. This document sets out MHR's current position on ECT. Medical technology is a constantly evolving field and new evidence for the effectiveness of mental health treatments frequently emerges. In addition, the human rights framework on mental health is likely to change over the coming years as the implications of the UN Convention on the Rights of Persons with Disabilities (CRPD) become clearer. We expect that the emerging human rights framework and international and national evidence will influence views on ECT in the future. We will keep this position under review.

A Vision for Change does not set out policy on electroconvulsive therapy (ECT) *per se* as a mental health treatment. However a number of the principles and values underpinning the policy pertain to ECT including the 'citizenship' principle which states that "the human rights of individuals with mental health problems must be respected at all times," the principle of 'effectiveness' that requires evidence-based practice, 'accountability' that requires good clinical governance and 'quality' that requires that "mental health services and the treatment and care offered in them should be of the highest standard."¹

Implementation of *A Vision for Change* should enable ECT use to be minimised. The Government should ensure that every individual in Ireland has access to multidisciplinary community-based mental health services that provide early intervention, crisis intervention and mental health promotion so that individuals can get the mental health support they need early on in their mental health difficulty.

The Mental Health Commission is the statutory body responsible for promoting high standards and good practices in the delivery of mental health services and the protection of all people detained under the Mental Health Act 2001. The Commission is empowered to make rules and codes of practice regarding the use of ECT; anyone administering ECT to a service user detained under the Act is required to follow the Rules and anyone administering ECT to a voluntary service user is obliged to follow the Code of Practice. The Commission reviewed its Rules and Code of Practice on the use of electro-convulsive therapy in 2008 and the new Rules and Code of Practice came into effect in January 2010. They cover consent and information and administration of ECT; they do not provide clinical guidance as to when ECT is or is not appropriately prescribed. Rather, they focus on the manner of its administration.

In Ireland a total of 373 programmes of ECT were administered in 2009, a rate of 8.8 programmes per 100,000 population. More than 70% of recipients were registered as having voluntary status. In 44 instances, ECT proceeded without the consent of the recipient. Of these, in nine instances ECT proceeded where both the treating and second opinion psychiatrist thought the recipient was unwilling. In two instances treatment proceeded

¹ *A Vision for Change*, p.15.

where the treating psychiatrist thought the recipient was unwilling and the second opinion psychiatrist thought the recipient was unable.

Mental Health Reform is concerned that the current legal and standards framework does not adequately protect the rights of people with a mental health condition. Given that ECT is an invasive treatment it is imperative that rigorous safeguards are in place to protect individuals' right to choice and to protection from unnecessary harm. Standards should ensure that where people choose to have ECT, it is an informed choice based on the best available evidence. The prescription of ECT should be based on up-to-date evidence as to its short and long-term efficacy.

In principle, ECT should be a treatment of last resort. Mental Health Reform takes the view that all prescriptions of ECT should be reviewed by an independent body. Starting immediately the Mental Health Commission should review the documentation for all prescriptions of ECT in advance of treatment and should conduct an in-depth review for a minimum of ten per cent of recipients. In-depth reviews should include the input of the recipient, his/her multidisciplinary team and an independent consultant psychiatrist. All reviews should assess the capacity of the individual to make a decision, if the individual has given free and informed consent, if the treatment is necessary as a last resort and if it is the least intrusive treatment that will meet the individual's health needs.

In order to ensure that capable service users are not denied their right to make decisions about their own care, the term 'unwilling' should be removed from Section 59(b) of the Mental Health Act, 2001 so that refusals by capable service users are respected.

It is also important that second opinions for administration of ECT are seen to be independent of the treating psychiatrist. Mental Health Reform recommends that where a second opinion is sought for prescription of ECT, the person providing the second opinion should be appointed by the Commission.

The circumstances of service users who lack capacity to make informed decisions about their treatment is an ongoing concern for Mental Health Reform. Mental Health Reform considers that there are people who need more protection than the Common Law offers, particularly people who lack capacity. There is an urgent need for capacity legislation that is in line with the UN Convention on the Rights of Persons with Disabilities. The approach to capacity in the new legislation must apply equally to people who are involuntarily detained under the Mental Health Act 2001. The capacity legislation should also ensure that no person is administered ECT where this conflicts with:

A binding statement written in advance by the person expressing their wishes about ECT (this is called an 'advance directive'); or

A refusal by a person appointed by the service user to make decisions on their behalf when they are not in a position to do so themselves.

As an interim measure, the Mental Health Commission should review the current practice of assessing capacity for ECT to ensure that it is in compliance with their Rules and Code of Practice on ECT and should ensure that all clinicians assessing capacity for ECT have been trained in the functional approach to assessment.

In order to further develop national standards, Mental Health Reform recommends:

- National clinical guidelines on the prescribing and administration of ECT for voluntary and involuntary service users should be drawn up and applied to all mental health services.
- The Health Research Board should carry out a review of the efficacy, indications and side effects of ECT.
- The MHC should conduct research into service users' experience of ECT in Ireland.
- The MHC should conduct research into the usage of ECT in Ireland covering issues such as: how many patients receive ECT and how often, for what diagnoses, after what alternatives have been explored, what measures of cognitive impairment are used, what measures of recovery are used and for how long, etc.
- On foot of this research, the MHC should specify the information that potential recipients should be given on the risks and benefits of ECT, including the Commission's assessment of the risk of both short and long-term memory loss and cognitive impairment and the lack of evidence for the long-term benefits, as well as service users' experience of ECT, in its Rules and Code of Practice on ECT.²

The need for ECT

As with all medical treatments, ECT should only be prescribed where it is clinically indicated as the most appropriate treatment and the benefits to the service user outweigh the risks. Given the intrusive and irreversible nature of ECT and the potential long-term side effects of its administration, ECT should be considered very carefully and, in keeping with current human rights principles,³ it should only be used as a last resort. The WHO provides useful guidance on the administration of ECT. The WHO advises that:

- ECT should never be given as an emergency treatment⁴
- If ECT is used, it should only be administered after obtaining informed consent. And it should only be administered in modified form, i.e. with the use of anaesthesia and muscle relaxants. The practice of using unmodified ECT should be stopped.⁵

Based on experience in the UK, if AVFC is implemented (including adequate mental health promotion, de-stigmatisation of mental health problems and widely available comprehensive community-based mental health services that involve early intervention)

² Currently the MHC's Rules and Code of Practice on ECT require the treating physician to advise that there is a risk of cognitive impairment and amnesia, but does not specify the extent or nature of this risk. The Rules and Code of Practice require the treating physician to advise on the intended benefits of ECT, but not on the evidence of its efficacy as a treatment.

³ United Nations (1991) 'Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care'.

⁴ WHO (2005) *Resource Book on Mental Health, Human Rights and Legislation: Stop exclusion, dare to care*, p.59.

⁵ WHO (2005), p.64.

then there is every reason to believe that the use of ECT will decrease.⁶ Already in 2009 in Ireland, 42 out of 66 approved centres did not use ECT at all.

It is important to bear in mind that ECT is a controversial treatment whose benefits are far from clear-cut. There are differences of interpretation of the evidence regarding the efficacy of ECT. These differences may centre on whether short or long-term effects are measured. Some researchers claim that ECT has been shown to be effective in the short-term in the treatment of severe depression,⁷ however a study in the UK for its National Health Service Research and Development Health Technology Assessment Programme found that there was little evidence that ECT is effective in the long-term and that the short-term improvements from ECT “depending on the stimulus parameters of ECT are achieved only at the expense of an increased risk of cognitive side-effects.”⁸

It is also important to distinguish for which mental health conditions ECT is supported by the evidence, if any. In the UK, the National Institute for Clinical Excellence (NICE) reviewed the evidence for ECT in 2002 and determined that there was little evidence for its effectiveness as a treatment for schizophrenia.⁹ This finding was reiterated by the Health Technology Assessment group found that “ECT either combined with antipsychotic medication or as a monotherapy is not more effective than antipsychotic medication in people with schizophrenia.”¹⁰ In Ireland 25 programmes of ECT were administered for schizophrenia during 2009, while another 30 programmes had no information about the diagnosis of the recipient.¹¹ There is no clinical guidance here on which conditions are suitable for ECT, inconsistent reporting on what conditions ECT is administered for, and there is no rule issued by the Mental Health Commission that sets out for which conditions ECT can be used.

Similarly, in 2003 NICE found that there was no evidence to support the use of ECT as a maintenance therapy for depression¹² and the NICE guidelines at that time stated that ECT should not be used as a maintenance therapy for depression.¹³ In Ireland 18 programmes of ECT were recorded as being administered for maintenance therapy in 2009.¹⁴

Service users’ and family members’ views on ECT can also differ from clinicians’ views. A review of studies of service users’ experience with ECT found that service user-led or collaborative studies tend to show lower rates of satisfaction with the treatment than clinician-led studies. This same study also found differing views between clinicians and

⁶ Singhal (2011) cites the decrease in use of ECT in the UK since the 1980’s, where between 1985 and 2002 its use was halved and continued to decline through 2006 (see A. Singhal (2011) ‘Electroconvulsive Therapy and its Place in the Management of Depression’ in *Progress in Neuropsychology and Psychiatry* 15:1:19-26.

⁷ Ibid., p.21.

⁸ Greenhalgh, J., Knight, C., Hind, D., Beverley, C. & Walters, S. (2005) ‘Clinical and cost-effectiveness of electroconvulsive therapy for depressive illness, schizophrenia, catatonia and mania: Systematic reviews and economic modelling studies’, in *Health Technology Assessment* 9:1-170.

⁹ National Institute for Clinical Excellence (2003) ‘Guidance on the use of Electroconvulsive Therapy: Technology Appraisal 59’ (updated in 2010). Note also that the Royal College of Psychiatry’s guidelines are different and provide a wider set of conditions for which ECT can be used.

¹⁰ Greenhalgh, et al. (2005).

¹¹ MHC 2009 ECT report, p.15

¹² Reference NICE guidelines on maintenance.

¹³ In 2010 NICE updated its guidance on the use of ECT for depression. This guidance does not prohibit maintenance use of ECT but recommends that research be conducted into maintenance ECT.

¹⁴ MHC 2009 ECT report, p.16.

recipients of ECT regarding memory loss.¹⁵ Read and Bentall note that in terms of the benefits of ECT for schizophrenia, one study found that only the psychiatrists perceived a benefit while both the nurses and relatives did not.¹⁶

It is vital that potential recipients of ECT are briefed about the possible risks and benefits based on the views not only of medical professionals but also of other service users.

Conclusion

ECT is a controversial treatment about which there are diverse views even among those affected by mental health conditions and their families and for which evidence is still developing. Mental Health Reform will continue to campaign for modern, holistic mental health services in the hope that this will mean fewer people need to have ECT in the future.

About Mental Health Reform

Mental Health Reform is the national coalition of organisations promoting improved mental health services and implementation of *A Vision for Change*. It is committed to placing mental health in a central position within the public discourse for institutional reform. Mental health forms a critical part of the well-being of the nation and must be valued, particularly in challenging economic circumstances.

Mental Health Reform's vision is for an Ireland where people experiencing mental health difficulties achieve and enjoy their right to the highest attainable standard of mental (and physical) health.

¹⁵ Rose, D., Wykes, T., Leese, M., Bindman, J. & Fleischmann, P. (2003) 'Patients' perspectives on ECT: Systematic review', in *British Medical Journal* 326:1363-1366.

¹⁶ Read, J. and Bentall, R. (2010) 'The effectiveness of electroconvulsive therapy: A literature review', in *Epidemiologia e Psichiatria Sociale* 19:3:333-347.