



With all of us in mind

Electroconvulsive Therapy (ECT) - Information for service users

This pack contains information about ECT written by the Royal College of Psychiatrists with additional information from the ECT department that you would receive your treatment in.

- Section 1** Essential information on ECT and Anaesthesia
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Section 1

Essential information on ECT and Anaesthesia

This leaflet has been designed to provide you with answers to questions you may have about electro convulsive therapy (ECT) and Anaesthesia. If, after reading this leaflet, you are still unsure of any aspect of the procedure, please do not hesitate to seek the advice of nursing or medical staff from the ward or from the ECT department.

Introduction

What is ECT?

ECT is a treatment originally developed in the 1930's and was used very widely in the 1950s and 1960's for a variety of conditions. Since then its use has declined.

It consists of stimulating the brain with a safe dose of electricity. The electricity produces a controlled seizure, which is thought to rectify a chemical imbalance in the brain, thus reducing the length and severity of the depressive illness.

The improvements produced by ECT will usually need to be maintained with anti-depressant medication.

Why has ECT been recommended for me?

ECT is given for a range of reasons. Your consultant may recommend that you be treated with ECT if:

1. You have had a moderate to severe depressive illness for some time and a number of different treatments have been tried without success.
2. You are suffering one of the less common forms of schizophrenia for which ECT is indicated.
3. You have tried several different anti-depressants but have had to stop them because of their side effects.
4. You are suffering the manic phase of a bipolar disorder.
5. You have responded well to ECT in the past.
6. Your life is in danger because the severity of your mental health problem is preventing you from eating and / or drinking sufficiently.
7. Your mental health problems are causing you to feel suicidal.

Is ECT safe?

Although no medical procedure can be 100% safe, research shows ECT is one of the safest. The main risks are those associated with general anaesthesia. You will be medically examined to ensure that you are well enough to have the treatment.

Will it hurt?

The procedure is carried out under general anaesthesia and is painless. Some people find the injection associated with the anaesthetic uncomfortable.

What will happen if I have ECT?

The Trust has 2 ECT clinics, at Calderdale and at Fieldhead.

Clinic sessions at Calderdale are on Monday and Thursday starting at 9.30 am and the clinic sessions at Wakefield are on Tuesday and Friday at 9.00am. These may alter on bank holidays. The clinic will inform the ward of the time of your appointment for that day.

As ECT is given under a general anaesthetic you will need to be assessed by the anaesthetist who will also require your consent prior to each treatment.

You will be asked to have nothing to eat or drink from 1 am on the morning of your treatment; however, you may drink a glass of water (up to 500 mls approx) no later than 3 hours before your treatment. The treatment takes place in the ECT department, in a separate room and only lasts a few minutes. You will be accompanied to the department by an experienced nurse familiar to you.

When you arrive at the department you will be met by a member of staff from the department who will ask you some questions including whether you are still consenting to have the treatment. At this point you can ask any questions or discuss any worries that you may have with one of the staff in the ECT department. All designated staff working in the ECT department are experienced members of the treating team and are either qualified nurses, theatre technicians, Psychiatrists or Anaesthetists. Other patients will not be able to see you having the treatment. You will then be taken into the clinic and asked to lie down on a trolley bed. Your blood pressure, pulse and the amount of oxygen in your blood will be monitored before and during treatment.

None of the equipment used to carry out this monitoring is painful. The anaesthetist will then give you an anaesthetic via an injection (usually in the back of your hand). Very soon after this you will start to fall into a controlled sleep as the anaesthetic begins to work. A drug which completely relaxes your muscles will also be given at this point. Oxygen may be given for you to breathe as you fall asleep.

Once you are anaesthetised, the doctor will begin the treatment. This only takes a few minutes. Very soon you will start to come round from the anaesthetic. When the doctor is satisfied that you have recovered sufficiently you will be taken into the recovery room where you will wake up. A specially trained nurse will be with you to make sure you feel as comfortable as possible. You will be given a drink and something to eat before you leave the department.

What are bilateral and unilateral ECT?

There are two techniques that can be used when giving the treatment.

In bilateral ECT, the electrical current is passed across the whole brain, in unilateral ECT, it is passed across one side. Both methods cause a seizure in the whole of the brain.

Bilateral ECT seems to work more quickly and effectively and is probably the most widely used in Britain; however, bilateral ECT seems to cause more side effects.

Unilateral ECT has fewer side effects, but may not be as effective; unilateral ECT is also more difficult to do properly. Sometimes ECT is started as a course of bilateral treatment and switches to unilateral treatment if the patient experiences side effects. Alternatively they may start with unilateral and switch to bilateral if recovery isn't happening.

The choice of bilateral or unilateral treatment will depend on the needs and wishes of the patient and the opinion of the prescribing doctor. This will be discussed by you and your doctor as part of the consent taking process. You will be then asked to sign consent to treatment form if you are in agreement with the doctor's opinion.

Will ECT work for me?

ECT is very successful for people with certain kinds of problems. Your doctor will have carefully considered the individual aspects of your case before suggesting you have ECT, and must be convinced it is likely to help you. You will only be recommended for treatment if you are likely to benefit. Over 8 out of 10 depressed patients who receive ECT respond well to it. In fact, ECT is the most effective treatment for severe depression. Most patients will recover from their depressive illness after a course of ECT.

It has been suggested that ECT works not because of the fit, but because of all the other things – like the extra attention and support and the anaesthetic – that happen to someone having it.

There have been several research studies comparing standard ECT with "sham" ECT. In "sham" ECT, the patient has exactly the same things done to them – including going to the suite and the anaesthetic and muscle relaxant – but no electrical current is passed and there is no fit. In these studies, those patients who had standard ECT were much more likely to recover and did so much quicker than those who had "sham" treatment.

Also those who didn't have adequate fits did less well than those who did. Interestingly, a number of the patients having "sham" treatment recovered too, even though they were very unwell; it's clear that the extra support has an important role too. However, when prescribed to the right people, ECT has been shown to be the most effective treatment for severe depression.

How does ECT work?

No one is certain how ECT works. There is a lot of evidence that ECT causes changes in the way the brain works, but there is disagreement about the exact effects that lead to improvement.

Those who support ECT say that in very severe types of depression certain parts of the brain are not working normally, because of changes in the brain chemicals that allow nerves to "talk" to each other. ECT alters the way these chemicals are acting in the brain and so help a recovery.

People against ECT say it works by 'concussing' and damaging the brain or even that it has no effect at all other than to make patients say they feel better in order to avoid having it.

How many treatments will I need?

ECT is usually given twice a week. It is not possible to say exactly how many treatments you may need. Some people get better with as few as 2 or 3 treatments; others may need as many as 12 or more.

In general it will take 2 or 3 treatments before any response is seen and people start to improve after 4 to 5 treatments. Some people having ECT have said that others have commented on their improved appearance before they have noticed anything themselves. On average, a course will usually last for 6 to 8 treatments. If someone has shown no response after 12 treatments then it is unlikely that ECT is going to help.

Will the cure be permanent?

ECT has a good success rate at reducing the length of current illnesses, but cannot stop it recurring. Even if the treatment has been effective, ECT is only part of the whole treatment plan. It can help to ease problems so that the sufferer is able to look at why they became unwell. Hopefully they can then take steps to continue their recovery and perhaps find ways to make sure the situation doesn't happen again. Psychotherapy and counselling might help and many sufferers also find their own ways of helping themselves. Medication is usually needed to help to maintain the benefits. Certainly people that have ECT and then do not have any other forms of help are at risk of quickly becoming unwell again

What are the side effects of ECT?

This is one of the areas of greatest disagreement.

ECT is a major procedure where, over a few weeks, someone has several seizures and several anaesthetics. It is used for people with severe illness/distress who are very unwell, sometimes life-threateningly. As may then be expected, ECT can cause a number of side effects, some mild and some more severe.

There are a number of less severe side effects that relate to each individual treatment. Many people complain of a headache immediately after ECT and of a general aching in their muscles. They may feel muzzy-headed and generally out of sorts, or even nauseous. Some are quite distressed after the treatment and may be tearful or frightened during recovery. For most people, however, these effects settle within a few hours, particularly with the help of

Paracetamol (any other analgesia/pain killer will need to be discussed with your Psychiatrist), some light refreshment and a supportive environment.

There is a small physical risk from having a general anaesthetic – death or serious injury occurs in about 1: 50,000 treatments.

The greater concern is for the long-term side effects, like irreversible memory loss or personality change.

Surveys conducted by scientists and members of the medical profession usually find a low level of severe side effects, maybe around 1 in 10. Those conducted by user groups have found much more, maybe half of those having them. Some surveys conducted by those strongly against ECT say there are severe side effects in everyone. Clearly, no one is certain.

Older people may be quite confused after a treatment and this can persist for two or three hours. It is possible to change the way the ECT is done (such as using unilateral ECT) to reduce this.

Many people complain of problems with memory – indeed some difficulties with memory are probably present in everyone with severe depression receiving ECT. This is usually a loss of memory for the treatment itself and maybe an hour or two before and after. Some people – some would say many – also have problems with memory for past events, even very significant ones such as the birth of a child.

Most people find these memories return when the course of ECT has finished and a few weeks have passed. There are people who complain their memory has been permanently affected and the memories never come back.

It is not clear how much of this is due to the ECT and how much is due to the depressive illness, or other factors – such as how the person feels about the treatment they have had, or even how they feel about themselves.

There are people who complain of even more distressing experiences, such as feeling their personalities have changed, they have lost skills or they are no longer the person they were before ECT. They say that they have never got over the experience and feel permanently harmed.

You may wish to ask your Doctor to explain this further to you.

Will I need to give my consent?

You will be asked by your doctor to sign a consent form before the treatment. By signing the form you are agreeing to have a course of ECT. Before signing the form, the doctor will explain to you what the treatment involves and why you are having it. This is also an opportunity for you to ask the doctor about any concerns which you may have. You will be seen prior to your treatment by the anaesthetist who will also require your consent.

If you are under the age of 18 years and are able to give consent, arrangements will be made for a second opinion Doctor (SOAD) who is approved under the Mental Health Act to visit you he/she will ensure that your consent is valid, and that it is appropriate for ECT to be given

If you are under 18 and are too ill to give your consent, arrangements will be made for a second opinion Doctor (SOAD) who is approved under the Mental Health Act to visit you, you may only be given ECT if he/she agrees that it is appropriate for ECT to be given

Can I refuse to have ECT?

Consent to ECT will be taken by your Consultant the consent form is a record that an explanation has been given to you and that you understand to your satisfaction what is going to happen to you.

If you are consenting to treatment you have the right to withdraw your consent at any time before or during your course of treatment.

If you are too ill to give your consent and the decision to give treatment has been taken on your behalf your ability to give consent will be checked prior to every treatment to ensure that treatment is not given against your wishes. Should you become well enough to give your consent your Consultant or Approved Clinician will talk to you about continuing with your treatment and the risks involved in stopping treatment. If you are able to give consent and are refusing, ECT cannot be given. Nor, can it be given if you have a written, valid and applicable advance decision refusing ECT.

What if I need help to understand my treatment or help to express my views?

If you or your family feel you need someone independent to help you understand your rights or to support and help you make decisions about ECT or any aspect of your care you are entitled to use the advocacy service. An independent advocate can help you to express your views and wishes and help you to ask questions about your care and treatment.

Contact details for the advocacy service are at the back of this leaflet.

If you are in hospital and you are uncertain about any aspect of your care speak to a member of staff, they can provide you with information, or they can make an appointment for you to see someone with specialist knowledge.

What if I really don't want ECT to be ever considered?

If you have very strong feelings about ECT you should make them known to relevant people, who would include the doctors and nurses caring for you, but also friends, family or other advocates who can speak for you. Doctors must consider these views when they think about what to do.

It may be helpful to write an 'advance directive' to make clear how you want to be treated if you become unwell again.

What if ECT is not given?

- You may take longer to recover
- If you are very depressed and are not eating or drinking enough, you may become physically ill or die.
- There is an increased risk of suicide if your depression is severe and has not been helped by other treatments.

What are the alternatives?

There may be a number of alternatives, although the doctor prescribing it may feel ECT represents the best chance of recovery.

If someone with severe depression declines ECT there are a number of possibilities.

The medication may be changed and new drugs added.

A referral for psychotherapy may be appropriate. Alternatively, the doctor and nurses may look at ways of helping the person change aspects of their life that are causing the depression. Usually, a combination of all three of these will be used.

How do I know whether ECT is carried out properly locally?

The Royal College of Psychiatrists has set up the ECT Accreditation Service (ECTAS) to provide an independent assessment of the quality of ECT services. ECTAS sets very high standards for how ECT is given, and visits all the ECT suites signed up to it. The visiting team involves psychiatrists, anaesthetists, nurses and lay people. It publishes the results of its findings and also

provides a forum for sharing best clinical practice. Membership of ECTAS is not currently compulsory, but both Fieldhead and Calderdale Royal Hospitals have ECT suites that have been assessed and accredited with excellence by the visiting panel.

What if I have been detained under the Mental Health Act?

A person must be detained under a treatment section of the Mental Health Act before they can be given ECT if they are refusing and they are too ill to give consent.

Even so, another independent psychiatrist, sent by the Care Quality Commission (CQC), must agree that the treatment is necessary. In an emergency situation, e.g. If your life is at risk through your

illness, only your consultant or his/her nominated deputy will be required to make the decision to give you ECT.

If you are too ill to give your consent and the decision to give treatment has been taken on your behalf your ability to give consent will be checked prior to every treatment to ensure that ECT is not given against your wishes. Should you become well enough to give your consent your Consultant or Approved Clinician will talk to you about continuing with your treatment and the risks involved in stopping treatment.

If you are in hospital under a section of the Mental Health Act information leaflets from the Care Quality Commission and the Department of Health will be given to you. Your psychiatrist will discuss these with you to ensure that you are aware of your rights, if you are still uncertain they can make an appointment for you to see someone with specialist knowledge.

Anaesthesia ECT and Anaesthetists

You or someone in your family is having electro convulsive therapy (ECT), which requires an anaesthetic.

An anaesthetist provides this anaesthetic. The following information explains what he or she does and why it is done. If you understand what is going on and why, then everything becomes much easier and you will be able to face the treatment with more confidence.

What sort of drugs will I be given?

A short acting general anaesthetic will be administered to make you unconscious for a few minutes and another drug to totally relax your muscles.

What does an anaesthetist do?

The anaesthetist finds out about your general health, past and present, and knowing what treatment is being planned, and then decides what the best way to look after you is. He or she will see you at some time before your treatment and talk to you about what will happen.

It is possible that before you are seen by your anaesthetist, you will be seen by another doctor or nurse, who will ask about your general health and fill out a simple questionnaire. This information will then be seen by your anaesthetist, who may ask you for more details.

During the treatment, the anaesthetist will stay with you all the time to make sure that you are kept comfortable and safe. Anaesthetists look after every part of the normal working of your body, taking away pain, replacing body fluids, keeping you warm and carefully measuring and controlling all the vital functions of your body, such as heart beat, blood pressure, breathing, brain and kidney function.

Who is the anaesthetist?

An anaesthetist is a specialist doctor who has spent at least six years, and usually longer, after they qualified in medicine, training and taking a series of examinations in the speciality of anaesthesia. This training allows anaesthetists to make decisions on the best care for you, not only during your treatment, but also in the time before and afterwards.

Why do I have to stop eating and drinking before ECT?

If you have food or drink in your stomach when you have an anaesthetic, then you may be sick while you are unconscious. The anaesthetic depresses the bodies normal protection

defences (like coughing) that prevent this vomit from going into your lungs so that, if you had been eating or drinking recently, you might choke on the food or 'drown' in the liquid. Hunger and thirst before a treatment may be unpleasant, but it is safer for you.

You should not eat anything, or have drinks containing milk from 1 am on the morning of your treatment; however, you may drink a glass of water (up to 500 mls approx) no later than 3 hours before your treatment.

Why am I asked about crowns, bridges and loose teeth?

During your ECT treatment, every possible care will be taken to protect your teeth. However, crowns, bridges and loose teeth are not as strong as healthy teeth and despite precautions are more likely to become damaged.

When will I meet my anaesthetist?

Usually on the day of treatment. Prior to that, if there are medical or other issues.

Do I get any choices or say in what happens to me?

Of course you do. The doctors who are looking after you always take your wishes into account. Nothing will happen to you until you understand and agree what has been planned for you. There may be important medical reasons why you cannot have or do everything you want to in relation to your treatment. These will be explained by the ECT team. If you are detained in hospital under the Mental Health Act, then special circumstances apply these will be fully explained to you, and if you wish to your carer or representative.

How do I go to sleep?

You will usually be given an injection in your hand or arm to send you off to a state of carefully controlled unconsciousness. This injection can be a little uncomfortable, like a pinprick, but it is only for a few seconds. Although additional drugs may be given there is normally only one injection.

How should I prepare for ECT?

- Wear comfortable, loose clothes without any tight belts or buttons.
- Remove excess jewellery (it would be advisable to leave this at home).
- Remove nail varnish.
- Remove contact lenses and bring a suitable container in which to store them.
- If you wear dentures, you will be asked to remove them before ECT commences.
- Toilets are provided in the ECT department.
- Discuss any body piercing you may have with a member of staff in the department.
- Mobile phones must be switched off in the department.

Special instructions for all patients

After your ECT treatment your co-ordination and logical thinking may be temporarily impaired due to the effects of the anaesthetic and the treatment.

For the 24 hours following the treatment:

- Do not make any important decisions or sign legal documents.
- Do not use power tools or appliances (including cookers, kettles & fires) that may cause harm or injury.
- Ride a bicycle.

Driving and ECT

Speak to your Psychiatrist regarding guidance on driving

The DVLA give specific advice on driving both during and following an episode of mental illness, and in particular, depressive disorder. You should inform the DVLA of your circumstances. For more severe depression the DVLA advise that driving should cease pending the outcome of a medical enquiry. Most service user's receiving ECT are advised not to drive until 3 months after recovery, and having good stable mental health. In general it is the nature of depression, rather than ECT which is the concern. The rules are more stringent for professional drivers and those with a HGV license.

It is important that you discuss return to driving with your Psychiatrist who will be able to advise you of when driving can be re-commenced.

Special instructions for Day Case Patients

- You must stay with a responsible adult
- A friend or relative can drive you to and from the hospital. (See "Driving and ECT" above). You should arrive at the time arranged with the department. You should not travel unaccompanied and Ambulance transport can be arranged if required, but you must organise to have a responsible adult escort you to and from the clinic and care for you for at least 24 hours after the treatment. Do not return to an empty house. (See additional guidance under "Special instructions for all patients" above)
- Do not bring valuable items with you as the Trust cannot accept responsibility for their loss.
- You may have a mouthwash or clean your teeth on the morning, but avoid swallowing much water. Please refer to "Why do I have to stop eating and drinking before ECT" on previous page.
- If you develop a head cold or chest infection it may mean that you are not fit to have an anaesthetic. Please telephone the department that you attend to discuss this.
- You must not have anything to eat, or any drinks containing milk from 1 am on the morning of your treatment. After 1 am you may drink a glass of water (up to 500 mls approx) no later than 3 hours before your treatment.
- You will be escorted from the waiting room through ECT and recovery by a ECT nurse.

If you have not fasted your treatment may be cancelled for safety reasons.

If you have any concerns, please contact the ECT department or ask the Hospital Switchboard to put you in contact with the duty doctor. See contact details in Section 3

Section 2

Further information on ECT, anaesthesia and controversies surrounding this treatment

It is recommended that you read the following sections as soon as you feel able to do so.

Who might benefit from ECT?

Recently, the National Institute of Clinical Excellence (NICE) have looked in detail at the use of ECT and have agreed it is an effective treatment for moderate to severe depression, severe mania and catatonia. In general ECT is mostly used for severe depression, though some research suggests it may be helpful in Parkinson's disease and possibly other neurological conditions.

Who would not benefit from ECT?

ECT is unlikely to help those with mild depression or most other psychiatric conditions including personality disorders. NICE have specifically stated that it has no role in the general treatment of schizophrenia.

Why does the anaesthetist cancel some treatments?

Sometimes the anaesthetist may find out something about your general health that is significant to the anaesthetic and/or treatment that has not been realized by other doctors. His/her specialist knowledge about this may mean that it is better to delay your treatment until the problem has been treated or improved in some way. Any delays will always be explained to you at the time.

The anaesthetist's main concern is your well-being and to ensure that you are in the best possible state of health before you have any treatment.

Why does the anaesthetist need to ask me so many questions?

To make anaesthesia as safe as possible the anaesthetist needs to know a great deal about your previous health, any medicines you take, whether you smoke or drink alcohol, whether you are allergic to any medicines and whether you have had an anaesthetic before and how it affected you.

Why do I have to remove my glasses or contact lenses?

At some point during your treatment, your anaesthetist may need to put a mask of some sort over your face to give you oxygen. Your glasses or contact lenses could become damaged or be in the way and this is why you are asked to remove them.

Why do I have to take out my dentures?

While you are asleep, your anaesthetist ensures you can breathe comfortably, even when you are unconscious. Normally, when you are unconscious, your neck and mouth relax and can obstruct your breathing. The anaesthetist makes sure you are able to breathe freely by supporting your jaw or by using special tubes or airways. False or loose teeth can interfere with these processes and that is why they may be removed, to keep you safe.

Why do I have to take off my rings and watch?

This is only done to protect your personal jewellery. Sometimes, things cannot be easily removed and they can usually be taped over to protect them. It is best to leave valuables/property at home or the ward. Both clinics have individual protocols for dealing with valuables/property however we do have access to a safe if required.

Are anaesthetics safe?

Yes they are, but of course any treatment and anaesthetic carries a slight risk. In a recent survey of operations in the United Kingdom, death due to anaesthesia occurred in about 5 in every million

anaesthetics given. This is obviously a very low risk.

People who are very ill or with certain medical problems have a higher risk than those who are fit and well. You should ask your anaesthetist if you or members of your family are concerned about this.

What happens once I am asleep?

You are never left alone during treatment. Your anaesthetist stays with you and keeps you safe, pain free and unaware what is going on. ECT is a relatively brief procedure and you are not asleep for long.

What does monitoring mean?

There are many different functions of your body that the anaesthetist wishes to watch while you are anaesthetised. This process of watching is often referred to as monitoring. The extent of the monitoring depends on your general health. There are machines available which monitor your heart beat (an ECG), others which measure your blood pressure at set time periods and further machines which can measure your pulse and the amount of oxygen in your body from a small clip, which is usually placed on your finger. Devices like this will often be attached to you before you are given any anaesthetic drugs; none of them are painful.

How do I wake up?

The speed at which you wake up after the treatment will depend on many things, including the drugs used, the length of the treatment and your state of health. ECT is a brief procedure. Usually you will be asleep for just a few minutes.

Where do I wake up?

You will usually wake up in a recovery room near the treatment area, where a specially trained member of staff will look after you. After making sure that you have woken up, know where you are and are comfortable, you will be taken back to your ward. If you are only staying in hospital for the day, then you will be moved to an area where you can make yourself ready to go home. This time while you are waking up is often a slightly 'hazy' time and you may not be able to remember it fully afterwards.

Will the anaesthetist be there when I wake up?

You will wake up in a recovery room, where you will be watched over by a specially trained member of staff. Your anaesthetist will have stayed with you until he or she is happy that you are waking up normally and will still be nearby if needed.

When can I eat and drink again?

As soon as you are fully awake, you will be offered a cup of tea or coffee. You may eat food as soon as you wish.

When can I get back to normal activity again?

Although you may be a little tired and feel the need to go back to bed for a while, you should be up and about the same day. However, it is important that you do not make important decisions, sign legal documents, ride a bicycle or operate machinery / power tools / appliances such as ovens, kettles and fires which may cause injury for at least a 24 hour period. If you are receiving treatment on an out patient basis you must have a responsible adult to take you home. Remember, no booklet like this can cover every question you may have about what is going to happen to you.

Please do ask if there is anything you do not understand, or if there is something more you want to know.

See also "Driving and ECT".

Controversies in ECT

How is ECT controversial?

There are many areas of disagreement about ECT, including whether it should even be used at all. The main areas of disagreement are over whether it works, how it works and what the side effects are. Some of the arguments about this are covered below.

Why is ECT still being given?

ECT is used much less than in the past and is mostly now a treatment for severe depression. This is almost certainly because modern treatments for depression like antidepressants, psychotherapy (talking treatments) and other psychological and social supports are much more effective than in the past. Even so depression can still be very severe indeed with extreme withdrawal and reluctance, or inability to eat, drink or communicate properly. Occasionally people may also develop strange ideas (delusions) about themselves or others. In these circumstances, where other treatments may not have worked, ECT may be considered a worthwhile alternative. The scientific evidence we have is that ECT is still the most powerful treatment for severe depression.

Why do people disagree so strongly?

People tend to have very strong feelings about ECT, often based on their own experiences. Many doctors will say they have seen patients successfully treated with it and have found very severe depressive illnesses completely lifted. Some will even say that it has saved people's lives. People who have had ECT will also express these views. Some who have had ECT complain of severe side effects, or say it has been used inappropriately in their case, or not properly explained or even forced on them. Others (including a variety of mental health professionals) feel there is something basically wrong, cruel or inhumane about ECT and these widely ranging views means that obtaining agreement is often difficult.

Isn't ECT banned?

ECT has never been banned in Britain or in the USA. Some countries in Europe and the rest of the world (and some states in America also) have restricted its use. The reasons behind these restrictions are complicated. At the moment, ECT is part of standard psychiatric practice in Britain and the majority of countries worldwide.

What do the people in favour of ECT say?

Those in favour of ECT say it is an effective treatment, particularly for severe depression, which works when other treatments have not. They believe it causes a clinical improvement, which may be very significant indeed, and they say it can be life saving. Some people who have had ECT before and found it helpful, may actually request it if they become unwell again.

They feel it is an important option in psychiatric practice and the overall benefits are greater than the risks. There is much research being done to improve ECT practice and reduce its side-effects

What do the people against ECT say?

There are many different views and many different reasons why people object to ECT and it is wrong to generalise. However, some people disagree strongly with ECT. They say the treatment is old fashioned, and does more harm than good. They say that the side effects are severe and that psychiatrists have either accidentally or deliberately ignored how severe they can be. They may say that ECT permanently damages both the brain and the mind, and if it does work at all, does so in a way that is ultimately harmful for the patient, and would see it banned.

Section 3

Sites and addresses to access further information on ECT and Anaesthesia.

If you are considering having ECT and would like help in accessing the listed sites then please approach a member of staff from either your ward or the ECT department who will be able to assist you.

Since people often express their views on ECT very forcefully (either against or for) it can be hard to be sure what to believe. Most do agree, however, that people who are considering ECT – and their families and others – should try to understand as much as possible about it so they can make a decision that is right for them.

The Internet has many sites discussing ECT that are produced by professionals, organisations, people who have had ECT or others with particular opinions. There are more negative than positive websites. You may wish to get information from several sources before making up your own mind.

National Institute for Health and Clinical Excellence (NICE).

Understanding NICE guidance.
Information for people who use NHS services.
Treating Depression in Adults.

<http://www.nice.org.uk/nicemedia/pdf/CG%2090%20UNG%20LR%20FINAL.pdf>
<http://guidance.nice.org.uk/TA59>

Public Guardianship Office

P.O. Box 15118
Birmingham
B166 GX

Court of Protection

Archway Tower,
2 Junction Road,
London N19 5SZ
9 am – 5 pm, Monday to Friday
Tel: 0845 3302900 (local call rate)
Text Phone: 020 7664 7755
Email: custserv@guardianship.gsi.gov.uk

Care Quality Commission (CQC)

For general enquiries call our customer services team, who are available 8.30am to 5.30pm, Monday to Friday.
Telephone: 03000 616161
Email: enquiries@cqc.org.uk

Written correspondence to the Care Quality Commission can be sent to
Care Quality Commission National Correspondence
Citygate
Gallowgate

Newcastle upon Tyne
NE1 4PA

Visiting Care Quality Commission

Finsbury Tower
103 – 105 Bunhill Row
London
EC1Y 8TG

Scottish ECT Accreditation Network (SEAN).

A site designed to complement the work of SEAN, by enabling communication of the latest information on ECT in Scotland. www.sean.org.uk

Electroconvulsive Therapy Accreditation Services (ECTAS).

Launched in May 2003, ECTAS aims to assure and improve the quality of the administration of ECT; awards an accreditation rating to clinics that meet essential standards.

www.rcpsych.ac.uk/crtu/centreforqualityimprovement/electroconvulsivetherapy.aspx

<http://www.rcpsych.ac.uk/mentalhealthinfo/treatments/ect.aspx> - Information leaflet

Royal college of Anaesthesia

www.aagbi.org or www.rcoa.ac.uk

Patient Advice and Liaison Service (PALS)

Fieldhead Hospital
Ouchthorpe Lane,
Wakefield. WF1 3SP
Tel 01924 328656 (May be an answer phone)
Free phone 0800 587 2108

North Kirklees Mind

Mind Building
33 Wellington Road
Dewsbury
West Yorkshire WF13 1HN
Tel. 01924 466486 Fax. 01924 450585
E-mail Cheryl@nkmind.com
Website. WWW.northkirkleesmind.co.uk

UK Advocacy Network (UKAN)

Suite 417 Volsolve House
14-18 West Bar Green
Sheffield S1 2DA
Tel 0114 2728171 Fax 01142727786
E-mail office@u-kan.co.uk

Co-ordinating group for user led patient councils, advocacy projects and mental health forums. UKAN can assist you to locate a local advisory service.

Also

c/o 8 Beulah View
Leeds
LS6 2LA

Briarfields (ECT Department)

Fieldhead Hospital
Ouchthorpe Lane,
Wakefield. WF1 3SP
Tel. 01924 327439

ECT Department

Calderdale Royal Hospital
Salterhebble Hill
Halifax
Tel 01422 357171

Designated ECT staff

Patients, family and carers are welcome to contact the ECT departments at any time to assist in answering your questions with regard to the service we provide and also to give advice and support.

Saneline

1st Floor Cityside House
40 Adler Street,
London E1 1EE

Helpline 0845 767 8000 or 0207 3751002

Fax 020 7375 2162

Website www.sane.org.uk

Saneline offers emotional support, crisis care and detailed information to those experiencing mental health problems, their family and carers.

Open every day of the year. 12 Midday to 11pm weekdays and 12 Midday to 6pm at weekends.

