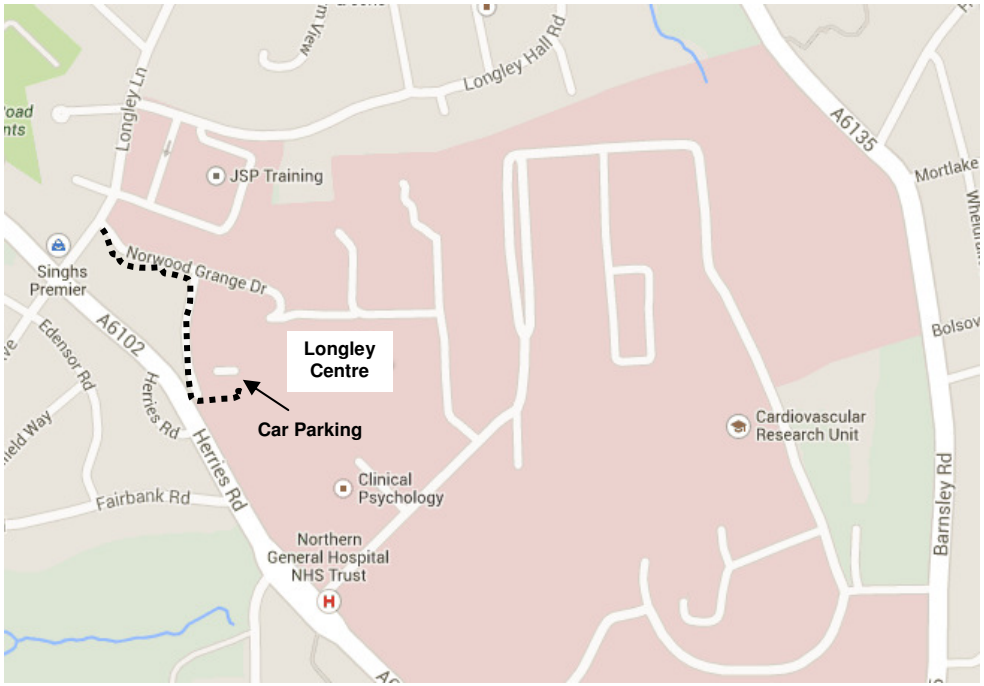
Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Where are we?



The Longley Centre
Norwood Grange Drive
Off Herries Road
Sheffield
S5 7TJ

Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Treatment Suite

Longley Centre
Norwood Grange Drive
Off Herries Road
Sheffield
S5 7JT
Tel: (0114) 2261678

PALS

You may like to speak to our Patient Advice and Liaison Service (PALS). It is a free and confidential service which can provide information on NHS services, listen to your concerns, suggestions or queries and help sort out problems quickly on your behalf. The PALS number is: (0114) 2718768.

Questions you might like to ask

You may have many questions that you would like to ask at your first appointment. It's quite common to forget to ask some of them, so you might find it helpful to write them down in the space below and bring this along with you.

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Tell us if we have got it right

It is important for us to know when we are doing things right—so we can carry on doing so!

Your compliments are always welcome and will be passed on to the relevant members of staff, who will also receive a personal letter of commendation from the Chief Executive. Compliments can be made in the same way as comments or complaints.

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TREATMENT SUITE

Who are we

The Treatment Suite is a purpose built unit situated in the Longley Centre at the Northern General Hospital, which has ECTAS (Electroconvulsive Therapy Accreditation Services) Accreditation from the Royal College of Psychiatrists—an initiative designed to improve and maintain ECT services in England, Wales and Northern Ireland.
We provide ECT sessions on 2 mornings per week – Tuesday and Friday.

We have a small, friendly, experienced team that includes; Consultant Psychiatrist, Specialist Registrars, Consultant Anaesthetists, Operating Department Practitioners, a Treatment Suite Manager, who is a nurse, and a Staff Nurse. As part of their training, junior medical staff may be present during ECT sessions. Medical students, student nurses and students from other allied professions may also observe ECT sessions.

Please note that your permission will be sought prior to them being present.

If you should have any concerns whatsoever or If you wish to speak to a member of the ECT Team or arrange a visit to the Department prior to commencing your Treatment, this can be arranged by contacting the Treatment Suite Manager.

Treatment Suite Manager: Ann Blackburn
Tel: (0114) 226 1678

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- You can speak or write to our designated complaints lead:

Complaints and Litigation Lead
Sheffield Health and Social Care NHS Foundation trust
Fulwood House
Old Fulwood road
Sheffield
S10 3TH

Telephone (0114)2718956
Fax: (0114)2716738
E-mail: Complaints@shsc.nhs.uk

The complaints and litigation lead will listen and offer advice on what to do next or explain how the Trust can help.

- You can fill in a Fastrack Comment Form available on all our sites—they can be instantly recognised by their bright yellow colour! Simply fill the form in and post it back in the internal mail.
- You can write to the Chief Executive to register a formal complaint. For more details on this process, please contact Wendy headland

Who can comment, compliment or complain?

- Service users
- Relatives and carers
- Friends or advocates

If you are raising a concern on behalf of someone else, we will seek their consent 9if they are able to give informed consent) in order to enable us to respond to you.

Further Information

What about confidentiality?

All our staff are required to abide by a strict code of confidentiality. We will take notes which will be stored on our computer about what you say to us. We may share some information with staff who work outside of the Trust (e.g. with your GP). You may ask for copies of any of the letters that we send if you wish.

When considering who may see the information about you, our staff use the following principles

- Only share information with those who need to know in order to provide good quality care
- Share the minimum information necessary to ensure good quality care.

Comments, Compliments and Complaints

Let us know what you think

Sheffield Health and Social care NHS Foundation Trust is committed to providing quality services but to help us maintain this we need, and value, your opinions,

You can help us to improve and develop our services by giving us your comments in a variety of ways.

How do I make a comment or complaint?

All comments and complaints are treated seriously. They can be made verbally or in writing in the following ways:

- You can speak to a member of the staff—they may be able to help resolve any issues or concerns quickly.

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ECTAS

ECTAS (Electroconvulsive Therapy Accreditation Services) a service of the Royal College of Psychiatrists, the main professional body for psychiatrists working in the UK and Ireland, aims to assure and improve the quality of the administration of ECT, and awards an accreditation rating to clinics that meet essential standard.

Sheffield Care Trust has included in this booklet the information approved by ECTAS. The information has been written by psychiatrists who are members of the College's Public Education Committee. They collaborate with experts in the field and with the College Special Committee of Patients and Carers.

Further information about ECTAS can be found on the:

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

INFORMATION ON ECT

This leaflet is for anyone who wants to know more about ECT (Electroconvulsive therapy). It discusses how it works, why it is used, its effects and side-effects, and alternative treatments.

ECT remains a controversial treatment and some of the conflicting views about it are described. If your questions are not answered in this leaflet, there are some sources of further information at the end of the leaflet.

Where there are areas of uncertainty, we have listed other sources of information that you can use. Important concerns are the effectiveness and side-effects of ECT and how it compares with other treatments. At the time of writing , these references are available free and in full on the Internet.

What is ECT?

ECT is a treatment for a small number of mental illnesses. It was originally developed in the 1930s and was used widely during the 1950s and 1960s for a variety of conditions. It is now clear that ECT should only be used in a small number of more serious conditions.

ECT consists of passing an electrical current through

The Royal College of Psychiatrists
Let Wisdom Guide

Further Information

National Institute for Health and Clinical Excellence (NICE)

- Effectiveness and cost effectiveness of electroconvulsive therapy (ECT) for depressive illness, schizophrenia, catatonia and mania. (TA59 2003)

- Depression: the treatment and management of depression in adults (CG90 2009)

Scottish ECT Accreditation Network (SEAN) : A site designed to compliment the work of SEAN, by enabling communication of the latest information on ECT in Scotland.

Electroconvulsive Therapy Accreditation Service (ECTAS): launched in May 2003, ECTAS aims to assure and improve the quality of the administration of ECT; awards an accreditation rating to the clinics that meet essential standards.

Original author: Richard Barnes
With input from the Royal College of Psychiatrists' Special Committee on ECT and related treatments.

This leaflet reflects the best available evidence available at the time of writing.

Q How do I know if ECT is done 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 ECT, and visits all the ECT units who have registered with it. The visiting team involves psychiatrists, anaesthetists, and nurses. It publishes the results of it's findings and also provides a forum for sharing best clinical practice. Membership of ECTAS is not compulsory, but every ECT unit should be able to tell you:

- If they have signed up to ECTAS
- The result of their most recent report
- Who to speak to if you are concerned that your local unit has not been assessed.

A list of accredited sites is available on the Royal College of Psychiatrists' website.

Q Where can I get more information?

Many ECT suites provide their own information packs and they should be able to give written information to patients or their family / cares before the course starts. The information in these packs is often strongly in favour of ECT.

The internet has many sites that are produces by professionals, organisations, people who have had ECT, or others with particular opinions. There are more negative than positive websites.

the brain to produce an epileptic fit—hence the name, electro-convulsive. On the face of it, this sounds bizarre. Why should anyone ever have thought that this was a sensible way to treat a mental disorder? The idea developed from the observation that, in the days before there was any kind of effective medication, some people with depression or schizophrenia, and who also had epilepsy, seemed to feel better after having a fit. Research suggests that the effect is due to the fit rather than the electrical current.

Q How often is ECT used?

It is now used less often. Between 1985 and 2002 its use in England more than halved, possibly because of better psychological and drug treatments for depression.

Q How does ECT work?

No-one is certain how ECT works, and there are a number of theories.
It can change the pattern of blood flow through the brain. It can change the metabolism of areas of the brain which may be affected by depression. Many doctors believe that severe depression is caused by problems with certain brain chemicals. It is thought that ECT causes the release of these chemicals and, probably more importantly, makes the chemicals more likely to work and so help recovery.
Recent research has suggested that ECT can stimulate the growth of new cells and nerve pathways in certain

areas of the brain.

ECT should always be given in a special ECT suite. This suite should have separate places for people to wait, have their treatment, wake up fully from the anaesthetic and then recover properly before leaving the suite. There should also be enough properly qualified staff to look after the person all the time they are there so any distress is kept to a minimum.

Q Does ECT really work?

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.
Several studies have compared standard ECT with "sham" or placebo ECT. In placebo ECT, the patient has exactly the same things done to them - including going to the ECT rooms and having 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 more likely to recover, and did so more quickly than those who had placebo treatment. Those who didn't have adequate fits did less well than those who did.
Interestingly, a number of patients having "sham" treatment recovered too, even though they were very unwell; it's clear that the extra support does have a benefit as might be expected. However, ECT has been shown to have an extra effect in severe depression—it seems, in the short term, to be more helpful than medication.

Q What do those in favour say?

Many doctors and nurses will say that they have seen ECT relieve very severe depressive illnesses when other treatments have failed. Bearing in mind that 15% of people with severe depression will kill themselves, they feel that ECT has saved patients' lives, and therefore the overall benefits are greater than the risks. Some people who have had ECT will agree and may even ask for it if they find themselves becoming depressed again.

Q What do those against ECT say?

There are many different views and many different reasons why people object to ECT. Some say that ECT is an inhumane and degrading treatment, which belongs in the past. They say that the side-effects are severe and that psychiatrists have either accidentally or deliberately ignored how severe they can be. They say that ECT permanently damages both the brain and the mind, and if it works at all, does so in a way that is ultimately harmful for the patient. Many would want to see it banned.

Q What happens in other countries?

At the moment, ECT is part of standard psychiatric practice in Britain and the majority of countries worldwide. Some countries (and some states of America also) have restricted its use more than in the UK, though only a small number have prohibited its use.

can help to ease problems so you are able to look at why you became unwell. Hopefully you can then take steps to continue your recovery and perhaps find ways to make sure the situation doesn't happen again. Psychotherapy and counselling can help and many people find their own ways to help themselves. Certainly people who have ECT, and then do not have other forms of help, are likely to quickly become unwell again.

The ECT controversy

There are many areas in which people disagree over ECT, including whether it should be done at all. People tend to have very strong feelings about ECT, often based on their own experiences. The main areas of disagreement are over whether it works, how it works and what the side-effects are.

Q Why is ECT still being given?

ECT is now used much less and is mostly a treatment for severe depression. This is almost certainly because modern treatments for depression, like psychotherapy (talking treatments), antidepressants and other psychological and social supports are much more effective than they were in the past.
Even so, depression can for some people still be very severe and life threatening, with extreme withdrawal and reluctance or inability to eat, drink or communicate properly. Occasionally people may also develop strange ideas (delusions) about themselves or other. If other treatments have not worked, it may be worth considering ECT.

PROS AND CONS OF ECT

Q Who is ECT likely to help?

The National Institute of Clinical excellence (NICE) have looked in detail at the use of ECT and have said that it should be used only on depression, resistant mania or catatonia.
They say ECT should be considered for acute treatment of severe depression that is life-threatening and when a rapid response is required, or when other treatments have failed.
It should not be used routinely in moderate depression, but should be considered for people with moderate depression if their depression has not responded to multiple drug treatments and psychological treatment.

Who is ECT unlikely to help?

ECT is unlikely to help those with mild to moderate depression or most other psychiatric conditions. It has no role in the general treatment of schizophrenia.

Why is ECT given when there are other treatments available?

ECT has been shown to be the most effective treatment for severe depression. It would normally be offered if:

- Several different medications have been tried but have not helped
- The side-effects of antidepressants are too severe.

- You have found ECT helpful in the past.
- Your life is in danger because you are not eating or drinking enough.
- You are seriously considering suicide.

Q What are the side effects of ECT?

ECT is a major procedure involving, over a few weeks, several epileptic seizures and several anaesthetics. It is used for people with severe illness who are very unwell and whose life may be in danger. As with any treatment, ECT can cause a number of side-effects. Some of these are mild and some more severe.

- **Short-term**

Many people complain of a headache immediately after ECT and of aching in their muscles. They may feel muzzy-headed and generally out of sorts, or even a bit sick. Some become distressed after treatment and may be tearful or frightened during recovery. For most people, however, these effects settle within a few hours, particularly with the help and support from nursing staff, simple pain killers and some light refreshments.
There may be some temporary loss of memory for the time immediately before and after the ECT.
Older people may be quite confused for two to three hours after treatment. This can be reduced by changing the way the ECT is given such as passing the current over one side of the head rather than across the whole brain).
There is a small risk from having a general anaesthetic—death or serious injury occurs in about 1 in 80,000 treatments, around the same level of risk in dental an-

bilateral ECT and switch to unilateral if the patient experiences side-effects. Alternatively, they may start with unilateral and switch to bilateral if the person isn't getting better.
You may wish to speak to the doctor who is suggesting ECT for you to decide whether unilateral or bilateral is best for you.

Q How many time is ECT given?

Most units give ECT twice per week, often on a Monday and Thursday, or Tuesday and Friday. It is impossible to predict how many treatments someone will need. However, in general, it will take 2 or 3 treatments before you will see any difference, and 4 to 5 treatments for noticeable improvement.
A course will on average be 6 to 8 treatments, though as many as 12 may be needed, particularly if you have been depressed for a long time. If after 12 treatments you feel no better, it is unlikely that ECT is going to help and the course would usually stop. A member of the mental health team should see you after each treatment to see how you are responding to treatment and check that you are not experiencing any side-effects. Your consultant should see you after every two. ECT should be stopped as soon as you have made a recovery, or if you say that you do not want any more.

Q What happens after a course of ECT?

Even when someone finds it effective, ECT is only part of the recovery from depression. Like antidepressants, it

room with a nurse. He or she will take your blood pressure and ask you some simple questions to check how awake you are. There will be a small monitor on your finger to measure the oxygen in your blood and you may wakeup with an oxygen mask. You will probably take a while to wake up and may not know quite where you are at first. You may feel a bit sick. After half an hour or so, these effects should have worn off.

- Most ECT units have a second area for refreshments. You will be free to leave the suite when the staff are happy that your physical state is stable and you feel ready to do so. The whole process usually takes about half an hour.

Q What are bilateral and unilateral ECT?

In bilateral ECT, the current is passed across the whole brain; in unilateral ECT, it is just passed across one side. Both of them cause a seizure in the whole brain.
Bilateral ECT seems to work more quickly and effectively and it's probably the most widely used in Britain; however, there has been concern that it may cause more side-effects.
Unilateral ECT is now used less. It has been thought to cause less memory loss, but recent research has shown that it is necessary to use much larger doses of electricity to make unilateral ECT as effective as bilateral ECT. If the dose of electricity is increased to make it equally effective, the risks of memory loss are as great as with bilateral ECT.
Some ECT clinics will start a course of ECT with

aesthesia. However, as ECT is given in a course of treatments, the risk per course of treatment will be around 1 in 10,000.

- **Long-term**

The greater concern is that of the long-term effects, particularly memory problems. Surveys conducted by doctors and clinical staff usually find a low level of severe side-effects maybe around 1 in 10. Service user -led surveys have found much more, maybe in half of those having ECT. Some surveys conducted by those strongly against ECT say there are severe side-effects in everyone.

Some difficulties with memory are probably present in everyone receiving ECT. Most people find these memories return when the course of ECT has finished and a few weeks has passed. However, some people do complain that their memory has been permanently affected, that their 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.
Some people have complained of more distressing experiences, such as feeling that their personalities have changed, that they have lost skills or that they are no longer the person they were before ECT. They say they have never got over the experience and feel permanently harmed.
What seems to be generally agreed is that the more ECT someone is given, the more it is likely to affect their memory.

Q What if ECT is not given?

- You may take longer to recover.
- If you are depressed and 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.

Q What are the alternatives?

If someone with severe depression declines ECT, there are a number of possibilities. The medication may be changed, new medication added or intensive psychotherapy offered, although this should already have been tried. Given time, some episodes of severe depression will get better on their own, although being severely depressed carries a significant risk of suicide.

DECIDING TO HAVE(OR NOT HAVE) ECT

Q Giving consent to having ECT

Like any significant treatments in medicine or surgery, you will be asked to give consent, or permission for the ECT to be done.
The ECT treatment, the reasons for doing it and the possible benefits and side-effects should be explained in a way that you can understand. If you decide to go ahead, you then sign a consent form. It is a record that

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Q What happens during ECT?

- You should arrive at the ECT Suite with an experienced nurse who you know and who is able to explain what is happening. Many suites are happy for family members to be there, so you may wish to check with your local team that this is possible, if it is reassuring for you. You should be met by a member of the ECT staff who will do routine physical checks if they have not already been done. The staff member will check that you are still willing to have ECT and if you have any further questions.
- When you are ready you will be accompanied into the treatment area and be helped onto a trolley.
- The ECT team will connect monitoring equipment to check your heart rate, blood pressure, oxygen levels, ECG and EEG during the fit.
- A needle will then be put into your hand, through which the anaesthetist will give the anaesthetic drug and, once you are asleep, a muscle relaxant. While you are going off to sleep, the anaesthetist will also give you oxygen to breathe.
- Once you are asleep and fully relaxed a doctor will give the ECT treatment; your fit will last between 20 to 50 seconds. The muscle relaxant wears off quickly (within a couple of minutes) and, as soon as the anaesthetist is happy that you are waking up, you will be taken through to the recovery area where an experienced nurse will monitor you until you are fully awake.
- When you wake up, you will be in the recovery

- By adjusting the dose of electricity, the ECT team will try to produce a seizure lasting between 20 and 50 seconds.

Q Is there any preparation?

In the days before a course of ECT is started, your doctor will arrange for you to have some tests to make sure that it is safe for you to have a general anaesthetic. These may include:

- A chest X ray
- A trace of your heart working (ECG)
- Blood tests

You will be asked not to have anything to eat or drink for 6 hours before the ECT. This is so that the anaesthetic can be given safely.

Q Where is ECT done?

ECT should always be done in a special set of rooms that are not used for any other purpose, usually called an “ECT Suite”. There should be separate rooms for people to wait, have their treatment, wake up fully from the anaesthetic and then recover properly before leaving.
There should be qualified staff to look after the person all the time they are there so that any confusion or distress can be helped.

ECT has been explained to you, that you understand what is going to happen, and that you give your consent to it. However, you can withdraw your consent at any point, even before the first treatment.

Q What if I really don’t want ECT?

If you have strong feelings about ECT, you should make them known to the doctors and nurses caring for you, but also friends, family or an advocate who can speak for you.
Drs must consider these views when they think about what to do
If you have made it clear that you do not want to have ECT, then you should not receive it. You could write an “advanced decision to refuse ECT” to make clear how you want to be treated if you become unwell again. Alternatively you could appoint someone to be your Health and Welfare Attorney to make decisions on your behalf when you are not able to decide yourself.

Q Can ECT be given to me without my permission?

Most ECT treatments are given to people who have agreed to it. This means that they have had:

- A full discussion of what ECT involves
- Why it is being considered in their case
- The advantages and disadvantages
- A discussion of side-effects

You cannot be given ECT against your wishes, even if you are sectioned under the Mental Health Act. It is the

responsibility of the doctors and nurses involved to make sure that this discussion has been had—and to document it.

Sometimes, however, people become so unwell that they are unable to take on board all of the issues—perhaps because they are severely withdrawn or have ideas about themselves that stop them fully understanding their position e.g. they believe their illness is punishment they deserve).

In these circumstances, it may be impossible for them to give proper agreement or consent. When this happens, it is still possible to give ECT. The legal provisions for this differ from country to country, even within the United Kingdom.

In England and Wales, ECT can be given under the Mental Health Act which requires the agreement of two doctors and another professional who is usually a social worker. There must then be a second opinion from an independent specialist who is not directly involved in their care. The clinical team should also speak to family and other cares, to consider their views and any views the patient may have expressed before.

Sometimes—if a person doesn't have the capacity to give an informed consent - the team may decide the ECT may be given under the Mental Capacity Act. This is unusual, as in most cases, the Mental Health Act provides the most appropriate protection for a patients rights. The Mental capacity Act can only be used if the patient lacks capacity and a "Decision maker" (usually the Consultant in charge of their care) decides that ECT is in the patient's "best interests".

It is expected the decision maker will consult with the other people to try to find out what the person's views

would have been. This would usually include family members and other people close to them. The decision maker should also make "all reasonable attempts" to help the patient to regain capacity to consent (if this is possible). An independent specialists is not needed, though the clinical team may request a second opinion from another consultant.

Whether ECT is given under the Mental Health Act or the Mental capacity Act, regular assessments of the patient's ability to understand their treatment must be made, Once they are able to give consent, the treatment can only be given if they do consent and must stop if they refuse.

How is ECT given?

ECT is usually given to treat severe illnesses, so the person having it will often be in hospital. If you do not need to be an in-patient, it should be possible for you to attend as a day patient to have ECT. You may need to check if this is available to you from your local service.

The seizure is made to happen by passing an electrical current across the person's brain in a carefully controlled way from a special ECT machine.

An anaesthetic and muscle relaxant are given so that:

- The patient is not conscious when the ECT is given;
- The muscle spasms that would normally be part of the fit—and which could produce serious injury—are reduced to small, rhythmic movements in the arms , legs and body.