



Electroconvulsive Therapy Policy

1. Purpose

This policy functions as a central reference point for the established requirements, guidelines, and procedures governing the provision of Electroconvulsive Therapy (ECT) within the WA Country Health Service (WACHS). It does not prescribe new clinical directives but supports consistent and safe practice by linking to the governing documents already in effect.

2. Policy

All ECT in Western Australia is governed by the [Mental Health Act 2014](#) (MHA 2014) which provides the legal framework for all ECT treatment, and all ECT service provisions within the state. It is an offence for a person to perform ECT on another person unless in accordance with ss. 194 to 199 of the MHA 2014. ECT cannot be performed on a child under 14 years of age under any circumstances. General provisions of the MHA 2014 also apply including decision making capacity and informed consent (Part 5), protection of patient's rights (Part 16), recognition of rights of support persons and families, and the role of the Mental Health Advocacy Service.

All ECT prescribed and administered within WACHS must comply with:

- [Mental Health Act 2014](#)
- [Charter of Mental Health Care Principles](#)
- [Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy \(ECT Standard\)](#)
- [Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2024. \(ECT Guideline\)](#)
- [Royal Australian and New Zealand College of Psychiatrists Electroconvulsive therapy professional practice guideline](#) (RANZCP PPG).
- MP 0175/22 [Consent to Treatment Policy](#), MP 0175/22 [Consent to Treatment Procedure](#) and WACHS [Consent to Treatment Policy](#)
- [Australian Charter of Healthcare Rights](#)
- WA Health Elective Services Access and Management Policy MP0169/21, WA Health Elective Services Access Standard and WACHS Elective Surgery Business Rules.
- WACHS Surgical Safety Checklist Policy.
- [Elective Surgery Waiting list Business Rules](#)


ECT is to be prescribed by the treating psychiatrist. The prescribing psychiatrist must ensure the appropriate consent and approvals comply with the MHA 2014, ECT Standard 2 and ECT Guidelines 3.4 (see [section 2.1](#) for further details)

The administration of ECT is the responsibility of the treating psychiatrist or medical officer (MO) under the supervision of a credentialed psychiatrist for ECT. The procedure is undertaken with assistance from the ECT Nurse, and the delivery of a general anaesthetic must be done by a medical officer credentialed to provide general anaesthetic at the service.

All team members involved in the provision of ECT must adhere to the ECT Procedural Safety Checklist (see [Appendix A](#)) WACHS Surgical Safety Checklist and the ECT Procedure Reference (see **Appendix 1 and 2**). The checklist is to be visibly displayed in the designated ECT treatment and recovery areas, regardless of whether these are shared or purpose-built spaces It must be referred to at **Sign In, Time Out and Sign Out** providing a structured overview of pre-procedural safety checks, pre-treatment script and post-treatment verifications. All team members are expected to engage with the checklist throughout treatment and recovery to support a safe clinical environment.

2.1 ECT Consent and Approvals

The MHA 2014 s194 to 199 has specific rules about consent to ECT depending on the age of the patient and whether they are voluntary or involuntary.

 ATTENTION	<p>ECT can only be administered:</p> <ul style="list-style-type: none"> • with informed consent from a voluntary adult patient with capacity or their substitute decision maker • with approval from the Mental Health Tribunal for: <ul style="list-style-type: none"> ○ patient on an involuntary treatment order ○ children aged 14-17 years ○ a supervised person required under the CLMI Act to be detained at an authorised hospital • in an emergency – only available for patients 18 years and older – with approval of the Chief Psychiatrist of their delegate. <p>(MHA 2014 s.194 – 199, ECT Standard 2 and ECT Guidelines 3.4)</p>
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All voluntary adult patients with capacity:

- must give consent via the ECT consent form
- must be advised of their right to withdraw consent at any time during treatment
- require a consent to Anaesthesia (General or Regional) form be completed in addition to the ECT consent form.

A copy of the ECT consent must be sighted by the ECT Coordinator and ECT Consultant Psychiatrist prior to the provision of **each** ECT Treatment.

Involuntary patients:

- The MHA 2014 Part 21, Division 6 refers to involuntary ECT. [An Application for Approval to Perform Electroconvulsive Therapy s410\(1\)](#) is required to be completed by the treating practitioner. It is expected that all patients and their support people are to be given all the information and support they need to make an informed choice. The [Mental Health Advocacy Service](#) provides support to people who are subject to the MHA 2014 to help them understand their rights, ensuring they are able to exercise them. ECT. may only be given to an involuntary patient/mentally impaired accused with the approval of the [Mental Health Tribunal](#) (MHT).

Emergency ECT:

- The MHA 2014 s.199 allows ECT to be administered as an emergency procedure to an adult involuntary patient/mentally impaired accused.
- Two psychiatric opinions are required as to the suitability and safety of ECT being performed and must be obtained either face to face or via telehealth.

- Emergency ECT may only be performed to save a patient's life or because there is an imminent risk of a patient behaving in a way that is likely to result in serious injury to the patient or another person.
- Emergency ECT can only be given with the approval of the Chief Psychiatrist, or a person to whom the powers have been formally delegated by the Chief Psychiatrist (see [Chief Psychiatrist's Schedule](#))

Child 14–17-year-old who is a voluntary patient requires:

- Approval from the Mental Health Tribunal to perform treatment pursuant to Part 21 Division 6 of the MHA 2014. Informed consent alone is not sufficient to proceed.
- Consultation with the patient, parent(s)/guardian/carer/support person and the child's Mental Health clinician (if possible) to ensure involvement with assessment, decision making and obtaining informed consent.

2.2 Medication Management

In accordance with the [Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2024](#) (5.1), a medication review must be completed before the prescribing and prior to starting ECT. Staff should refer to the [WACHS Medication Review Procedure](#) which outlines the minimum requirements for the review of a patient's medication.

2.3 Credentialing

All staff involved in the delivery of ECT must comply with the training requirements defined in the [Chief Psychiatrists Guidelines for the use of ECT](#) (Section 4)

The Credentialing and Scope of Practice (CASOP) Committee members are responsible and accountable for ensuring that all regions within WACHS comply with the [Medical Credentialing and Compliance Guideline](#) which details the credentialing processes that are unique to WACHS and compliance with the MP 0084/18 [Credentialing and Defining the Scope of Clinical Practice Policy](#).

Oversight of medical credentialing for ECT Interventionalist and ECT Prescribers is led by the Regional Medical Director who is to ensure there is a functioning credentialing and clinical privileging system for ECT, and training and competency requirements are established and maintained.

It is a requirement that clinical privileges for the practice of ECT should be restricted to RANZCP certified psychiatrists or equivalent trained in contemporary ECT practice, including the use of EEG monitoring consistent with the [Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy](#).

2.4 Facilities and equipment

In accordance with [ANZCA Guidelines](#), ECT may be provided in a ECT approved suite, or within a surgical theatre of a general hospital. Whichever location is chosen, ECT facilities should prioritise comfort and privacy, as well as safe medical care.

The ECT coordinator oversees the supervision, organising and planning of all aspect of ECT delivery, ensuring stock and equipment used in the ECT suites or theatres complies

with safety, servicing and product testing requirements at all times, including an annual review of the ECT machine.

In accordance with Standard 6 of the Chief Psychiatrist's Practice Standards for the Administration for Electroconvulsive Therapy, ECT machines must be registered with the Therapeutic Goods Administration Medical Devices except where appropriate ethics approval has been received for research purposes. ECT machines must be equipped to provide EEG monitoring of the seizure and meet the requirements of the [Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2024](#) (4.1.4).

2.5 Patient Rights

Staff must be aware of the rights and responsibilities of patients and carers, in relation to the provision and administration of ECT ensuring that:

- the rights and responsibilities of patients being treated with ECT are to be lawfully observed
- the rights and responsibilities of patients being treated with ECT is to be documented, applied and promoted throughout all phases of care and treatment
- patients and their carers are to be provided with written and verbal information/explanation that is culturally and linguistically appropriate, including an explanation of their rights and responsibilities regarding ECT in a way that is understandable to the patient in accordance with the [Recognising the Importance of Carers Policy](#) and the [Aboriginal Mental Health Consultation Guideline](#)
- interpreter services are to be used when indicated in accordance with [WA Department of Health Language Services](#) and [Aboriginal Interpreter Services](#).

2.6 Reporting Requirements

In accordance with the [Chief Psychiatrist's Standard for Clinical Care and the Chief Psychiatrist's Standards for the Administration of Electroconvulsive Therapy \(ECT\) in WA \(Standard 4 Safety, quality and reporting\)](#):

Accreditation, reporting and clinical practice standards in WA are established by the Office of the Chief Psychiatrist ([Approved ECT in WA | Chief Psychiatrist | Government of Western Australia](#)). Under section 201 of the *Mental Health Act 2014* the person in charge of a mental health service, where ECT is performed, needs to provide monthly statistics on the use of ECT to the Chief Psychiatrist. The head of service making the report must use the approved form ([Form 13 – ECT Statistics](#)).

Under s 204 of the *MHA 2014* the medical practitioner who provides Emergency Psychiatric Treatment must provide the Chief Psychiatrist with a copy of an approved [Form 9A](#) (private) or [Form 9A](#) (public).

The following information must be provided:

- name of the person provided with the treatment
- name and qualification of the practitioner who provided the treatment
- names of any other people involved in providing the treatment
- date, time and place the treatment was provided
- particulars of the circumstances in which the treatment was provided
- particulars of the treatment provided.

It is a statutory requirement under the *Mental Health Act 2014* (MHA 2014) that all notifiable incidents pertaining to psychiatric patients are reported to the Chief Psychiatrist as soon as practicable, ideally within 48 hours of the event. This includes adverse events associated with the provision of ECT.

2.7 ECT Documentation

It is imperative that comprehensive documentation and reporting is maintained by any service providing ECT in accordance with:

- [Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy](#) (Standard 8)
- [WACHS Clinical Documentation Policy](#)
- [WACHS Health Record Management Policy](#).

3. Roles and Responsibilities

The **Regional Medical Director** is responsible for ensuring that the psychiatrists prescribing and administering ECT are appropriately credentialled to deliver ECT in accordance with this policy.

The **Regional Clinical Director Psychiatry** has overall responsibility for ensuring that services are delivered in accordance with this policy.

The **Psychiatrist prescribing and administering ECT** is responsible for ensuring their practice is in accordance with this policy and their ongoing education meets with best practice.

All staff involved in the provision of ECT must have the knowledge of the procedure and the skills in providing the ECT service. The administration of ECT involves a multidisciplinary approach, with duties and responsibilities delegated throughout the team according to qualifications, experience, and seniority. All staff involved in providing ECT treatment must work within their scope of practice, level of education and job role.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of Compliance to this policy is to be undertaken by:

- regional compliance with notifiable incident reporting processes and feedback systems in place with the Office of the Chief Psychiatrist
- regional communication/escalation of concerns to the Director of Psychiatry.

This policy will be evaluated as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every 5 years by the Director of Psychiatry and/or the WACHS Mental Health Policy Steering Committee

5. Definitions

Term	Definition
Electroconvulsive Therapy (ECT)	ECT is treatment involving the application of electric current to specific areas of a person's head to produce a generalised seizure that is modified by general anaesthesia and the administration of a muscle relaxing agent
Thymatron IV™	The machine that delivers ECT treatment, it also provides electroencephalogram (EEG) monitoring of the seizure.

6. References

Nil

7. Document Summary

Coverage	WACHS wide
Audience	Clinical Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	Mental Health Act 2014 (WA) Carers Recognition Act (2004) Guardianship and Administration Act 1990 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • ANZCA Guidelines for Anaesthesia • Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy • MP 0095/18 Clinical Handover Policy • MP 0175/22 Consent to Treatment Policy • MP 0084/18 Credentialing and Defining Scope of Clinical Practice Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0181/24 Safety Planning Procedures for Mental Health Consumers • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services • Clinical Governance, Safety and Quality Framework • Mental Health Policy Framework • WA Health Elective Services Access and Management Policy MP0169/21 • WA Health Elective Services Access Standard
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Aboriginal Mental Health Consultation Guideline • Acute Psychiatric Unit Clinical Handover Procedure • Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy • WACHS Elective Surgery Business Rules. • WACHS Surgical Safety Checklist Policy. • Clinical Observations and Assessments Clinical Practice Standard (physiological, neurovascular, neurological and fluid balance) • Cognitive Impairment Clinical Practice Standard • Consent to Treatment Policy • Electroconvulsive Therapy Procedure – Albany Hospital Acute Psychiatric Unit • Medical Credentialing and Compliance Requirements Guideline • Medication Review Procedure • Oxygen Therapy and Respiratory Devices – Adults Clinical Practice Standard • Pre and Post Procedural Management Clinical Practice Standard

	<ul style="list-style-type: none"> • Patient Identification and Procedure Matching Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising the Importance of Carers Policy
Other Related Documents	<ul style="list-style-type: none"> • Royal Australian and New Zealand College of Psychiatrists Electroconvulsive therapy professional practice guideline
Related Forms	<ul style="list-style-type: none"> • MR30A Consent to Treatment or Investigation – Adult or Mature Minor • MR30B Adults Unable to Consent to Treatment or Investigation • MR30C Adults without the Capacity to Consent to Treatment or Investigation • MR30D Patient Consent to Anaesthesia – General or Regional • MR20 Request for Admission/ Waitlist Inclusion Form • MR 91S WACHS Surgical Safety Checklist
Related Training	<p>Available from MyLearning:</p> <ul style="list-style-type: none"> • ECT Competency Assessment: Module 01 Declaration (MH20a EL1) 2022 • ECT Competency Assessment: Module 02 Theory (MH20b EL1) 2022 <p>Other: WA ECT Training Course available via Perth Clinic</p>
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4594
National Safety and Quality Health Service (NSQHS) Standards	1.07, 1.23, 1.27, 2.04, 2.05, 5.14, 6.06, 6.07, 6.08, 6.09, 6.11, 8.04, 8.05, 8.06
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	<ul style="list-style-type: none"> • Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy • Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2024
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	22 June 2026	22 June 2026	New Policy

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Executive Director Clinical Excellence Executive Director Medical Services Executive Director Nursing and Midwifery Services
Contact	Program Officer – Clinical Practice Standards (Mental Health)
Business Unit	Mental Health
EDRMS #	ED-CO-24-307498
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This document can be made available in alternative formats on request.

Appendix 1: WA Health Surgical Safety Checklist



EMR306930

_____ Hospital / Health Service TRIAL FORM WACHS Surgical Safety Checklist Date: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

BEFORE SEDATION / ANAESTHESIA

SIGN IN

Initiated and led by: Anaesthetist (or Surgeon / Proceduralist in cases with no Anaesthetist)
(Circle one as appropriate)

Print Name: _____

Designation: _____

BEFORE SKIN INCISION / PROCEDURE START

TIME OUT

Initiated and led by: Operating Surgeon / Proceduralist
(Circle one as appropriate)

Print Name: _____

Designation: _____

BEFORE SURGEON LEAVES ROOM, BEFORE END OF ANAESTHESIA

SIGN OUT

Initiated and led by: Circulating Nurse

Print Name: _____

Designation: _____



Print on Site
A4 Single sided

WACHS TRIAL VERSION DATED 24 APRIL 2025 – Adapted with permission from Royal Perth Bentley Group (RPBG), East Metropolitan Health Service

TMR91S WACHS SURGICAL SAFETY CHECKLIST (TRIAL)





WACHS ECT Safety Checklist

Anaesthetist 
Anaesthetic Nurse/Technician 
ECT Practitioner 
ECT Nurse 
Recovery Nurse 

SIGN IN

Condition: Before Sedation/Anaesthesia

Initiated & led by: ECT Nurse


Required:  + 

- 1 Team Introductions Confirmed
- 2 Correct Patient & Procedure Patient name, DOB & UMRN
Procedure name & consent
Mental Health Legal Status
Allergies
- 3 Correct Procedure
Treatment Number
Electrode placement
Anesthetic parameters
 - Sedative drug/dose
 - Relaxant drug/dose
 ECT Parameters *
 - Correct pulse width
 - Correct ECT dose
 - Correct anesthetic drugs & doses
 - Airway/IV access checked; oxygen available
 - Skin preparation
- 4 Briefings/Concerns
Anesthetic (monitoring, machine check, airway)
Psychiatric or procedural
Surgical (duration, positioning, prosthesis/special equipment) Nursing (pressure care, bladder care, wound care)
Pacemaker/other internal metal
Pregnancy Status
Any other concerns
- 5 "SIGN IN complete proceed to anaesthesia"

TIME OUT – N/A


Conditions: SIGN IN Complete

Initiated & led by: Anaesthetist

Required: 

1. **Anaesthetist: Confirm patient safe to deliver ECT**
"Anaesthetic delivered, ECT can proceed"
2. **Psychiatrist: Confirm staff safety and deliver ECT**
"ECT will be delivered now"


*For further detailed guidance refer to OCP Guideline for ECT in WA Section 8.4 'During the Procedure' and 8.5 "Monitoring during treatment"


All team members to stop and actively listen


SIGN OUT

Conditions: Before patient leaves theatre

Initiated & led by: Recovery Nurse

Required: 

- 1 Procedure Name
- 2 Any complications
- 3 Equipment Issues
- 4 Post-Operative Concerns/Instructions
Recovery Plan & Monitoring
Thromboprophylaxis (if applicable)
Imaging/investigations
Any other concerns
- 5 "Sign Out Complete"


Involve patients where possible

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