

**Mental Health and Wellbeing Act 2022
Sections 99, 109 and 114**

MHWA 132

**Application for electroconvulsive
treatment (ECT)**

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Mental Health Statewide UR Number

Local Patient Identifier																			
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FAMILY NAME																			
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GIVEN NAMES																			
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DATE OF BIRTH								SEX		GENDER									
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Place patient identification label above

Instructions to complete this form

- This form is used to apply to the Mental Health Tribunal for approval to perform a course of electroconvulsive treatment (ECT) on an adult who is a compulsory patient (Part A) or a person under 18 years old (Part B).
- Complete Parts A and C for a person who is a compulsory, security or forensic patient and is aged 18 years or older.
- Complete Parts B and C for a person who is under 18 years of age.
- This form must be completed by:
 - an Authorised Psychiatrist or delegate for a person receiving treatment from a Designated Mental Health Service; or
 - a psychiatrist in the case of a person receiving treatment at a private mental health service.
- There is a separate form to make an application for an adult who is receiving voluntary treatment (see notes).
- Please cross all relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

a patient of:

name of Designated Mental Health Service or other mental health service

Diagnosis:

ICD-10-AM code:

specify person's diagnosis for which ECT is being proposed

To the Mental Health Tribunal

Part A: Complete for a patient aged 18 years or older

1. The above-named person is
 a compulsory patient a security patient a forensic patient
2. I am satisfied that the patient **does not** have capacity to give informed consent to the ECT; and
3. I am satisfied that there is no **less restrictive way** for the patient to be treated.

Part B: Complete for person under 18 years of age

1. The abovenamed person is:
 a compulsory patient a security patient a forensic patient
2. I am satisfied that the young patient:
 has **given informed consent** in writing to the performance of a course of ECT on himself or herself; or
 does not have capacity to give informed consent and there is no **less restrictive way** for the young patient to be treated.

OR

1. The abovenamed person is receiving treatment on a voluntary basis at:
 a Designated Mental Health Service; or
 a private mental health service.
2. I am satisfied that the young person:
 has **given informed consent** in writing to the performance of a course of ECT; or
 does not have capacity to give informed consent, but the young person's Medical Treatment Decision Maker has given informed consent in writing and there is **no less restrictive way** for the person to be treated.

Part C: Details of proposed course of ECT

1. I apply to the Mental Health Tribunal to perform a course of ECT on the person.
2. The proposed number of treatments in the course of ECT is: treatments.
(maximum number is 12 treatments)
3. The proposed duration of the course of ECT is: weeks.
(maximum duration is 6 months)
4. The course of ECT is:
 not urgent
 urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to:
 save the life of the person; or
 prevent serious damage to the health of the person; or
 prevent the person from suffering or continuing to suffer significant pain or distress
5. I request the application be heard within: business days. (select between 1-5 business days. The number selected must reflect the urgency of the application.)

Part D: Principles

6. I have given proper consideration to the decision-making principles for treatment and interventions.

Signature:

Date:

signature of Authorised Psychiatrist or delegate / psychiatrist

Given Names:

Family Name:

Business Address:

Telephone:



MHWA132

ROLLS AUSTRALIA 1300 600 192

JULY
2023

Application for electroconvulsive treatment (ECT)

MHWA 132

NEXT STEPS

1. **Send** a hearing request to the Mental Health Tribunal by submitting the application through CMI/ODS. Update the compulsory notifications section of CMI/ODS.
2. If the application is urgent call the Mental Health Tribunal to notify them of the application and send copies of this form to the Mental Health Tribunal at:
 - Ph: 9032 3200
 - Fax: 9032 3223
3. **Explain** to the person that you have made this application and that the Mental Health Tribunal will invite them to a Tribunal hearing. Offer the person support to prepare for their Tribunal hearing.
4. **Prepare** the Mental Health Tribunal **report on electroconvulsive treatment** and any other supporting information to be presented at the hearing. You can get copies of the template at www.mht.vic.gov.au.
5. **Give** a copy of the **report on electroconvulsive treatment** and access to the supporting information to the person and the Tribunal **at least 2 business days** before the hearing. You should also share this report with the person's family, carers or supporters if the person consents or if otherwise allowed under the *Mental Health and Wellbeing Act 2022*.
6. **Ensure** appropriate supports are provided to assist the person to understand this information.
7. **Offer** the person help to submit the **What I want to tell the Tribunal** form if they would like to do so.

NOTES

Adults receiving voluntary mental health treatment who do not have capacity to consent

If an application for ECT relates to a person 18 years or older, who is receiving voluntary mental health treatment and who does not have capacity to consent to ECT you must use the following application form: *MHWA 132A – Application for ECT – voluntary adult without capacity to consent*.

Decision-making principles for treatment and interventions

You **must give proper consideration to the decision-making principles** for treatment and interventions in making this decision.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.

Definitions:

Compulsory patient means a person on an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order.