

21 November 2016

Clarification of ECT in Queensland

On 20 November 2016 News Limited published a story about Electroconvulsive Therapy (ECT) in Queensland, titled *Alarming spike in risky therapy for kids*.

The **data** related to this media enquiry was published by Queensland Health in response to a Right to Information request: <https://www.health.qld.gov.au/publications/system-governance/contact-us/dohdl1617004.pdf>

The article requires clarification of both the statements of the Commissioner and the data.

- The headline *Alarming spike in risky therapy for kids* is **incorrect**. The data available shows nine people under 18 were treated with ECT in both 2013/14 and 2014/15. The total number of treatments decreased.
- The Commissioner's statement emphasised that: "... **ECT for minors is a rare occurrence**...". This is reinforced by the evidence.
- The article attributes to the Commissioner a statement that ECT under an involuntary legal status was "among the highest in Australia." She did note however that based on published data, ECT treatment rates in Queensland are higher than reported rates in NSW and Victoria, noting that each state has different legislation and **data might not be directly comparable**.
- The article erroneously says that the Commissioner "denied suggestions ECT was being used as a profiteering practice". The statement provided says:

"Comment on treatment trends or the efficacy of the treatment would require analysis of the circumstances. **The Commission does not have this information.**"

- The Commissioner further emphasised **significant new patient rights protections** under Queensland's new *Mental Health Act 2016*:

"I believe ECT is a treatment that should be available – but only with clear patient rights protections."

Under the new Act these include:

- All ECT for children to be reviewed by the Mental Health Review Tribunal, and a lawyer must be provided to represent the child
- All involuntary treatment for adults to be reviewed by the Mental Health Review Tribunal
- Taking into account patient views
- Right to a second opinion
- Views of family and support persons also to be considered.

www.qmhc.qld.gov.au

Media statement

18 October 2016

ECT in Queensland

PLEASE QUOTE DR LESLEY VAN SCHOUBROECK, QUEENSLAND MENTAL HEALTH COMMISSIONER

ECT context in Queensland

“In my experience there are at least two sides to the ECT story.

“In 2011 through to 2013 I encountered deeply held views on ECT as part of a review of Western Australia’s mental health legislation.

“During that time, I met too many people and read too many letters begging me not to let government ban ECT, and at the same time, was inundated with stories of the horrors of ECT. For some people, it is their preferred therapy.

“Too many people, either through exposure to stories from days when ECT was given without proper oversight or anaesthetic, or through the media, personal or family experience, fear ECT.

“I’ve spoken to psychiatrists who believe it is a last resort for people who are catatonic, and others who believe it should be an available treatment, but only if a patient agrees.

“I believe ECT is a treatment that should be available – but only with clear patient rights protections.

“In short, I support the position in Queensland’s new *Mental Health Act 2016*, as long as the Act is implemented consistent with its intent.

“The Act emphasises stronger patient rights with regard their own care and treatment, and the right to a second opinion. It requires the views of family and support persons to be considered.

“Of particular importance in relation to ECT, is the requirement under s740 of the new *Mental Health Act 2016* for free legal representation for patients subject to an ECT application at the Mental Health Review Tribunal.

“Any involuntary treatment (and this includes forensic patients) must be reviewed by the Tribunal, patients should have a right to legal representation and a second medical opinion, and their views taken into account.

“This is a significant change, as representation before the MHRT either by lawyers or lay advocates in Queensland is currently among the lowest in Australia.

“I think it is also important for MHRT hearings to be recorded in full.

“As outlined in our submission on the Mental Health Bill in 2015¹, this is standard practice in most other jurisdictions and provides the necessary information for individuals who want to contest the outcomes of the hearing.”

¹ <https://www.qmhc.qld.gov.au/wp-content/uploads/2015/06/Submission-to-Parliamentary-Committee-mental-health-legislation-October-2015.pdf>

Rates of ECT approval

Data from the Queensland Mental Health Review Tribunal shows that there were 559 approvals for ECT among involuntary patients in Queensland in the 2014/15 year.

“This equates to about 11.8 approvals per 100,000 people, compared to about 9.4 and 8.6 approvals per 100 000 people in Victoria and NSW respectively.

“On the face of it, ECT for involuntary patients appears to be more common in Queensland, while data regarding voluntary ECT treatment or treatment of minors is not publicly available at this time.

“It is important to note however that each State has different legislation and this data might not be directly comparable.

“It will be interesting to see if the additional requirements under the new Act lower either the number of applications, or the proportion of applications refused.”

Minors

In relation to minors, the Act has additional safeguards for ECT:

- All ECT, whether voluntarily or involuntary, is to be approved by the Tribunal
- A lawyer must be provided for all hearings where the person is a minor
- For a proceeding in relation to a minor, if the tribunal is required to be constituted by at least 1 member who is a psychiatrist, the psychiatrist must have relevant knowledge and expertise in child and adolescent psychiatry (s719),
- Evidence that supports the effectiveness of the therapy for persons of the minor’s age must be considered.

“Most child and adolescent psychiatrists I have spoken are of the view that any ECT for minors is a rare occurrence and express surprise that it would be used on someone as young as ten.

“As the individual circumstances are not known, it would be inappropriate to comment on a single instance.

“Some jurisdictions (e.g. WA) prohibit ECT on people under 14, whether voluntarily or involuntarily.”

ENDS

About QMHC: The Queensland Mental Health Commission was established to improve the mental health and wellbeing of all Queenslanders by driving ongoing reform.

Media statement

28 October 2016

Response to Sunday Mail query regarding ECT

Q1: Does the Commissioner believe profiteering is behind the increase in treatments?

Q2: What does the Commissioner believe is behind the increase?

Response from Queensland Mental Health Commissioner, Dr Lesley van Schoubroeck:

Most ECT is provided to patients who being treated voluntarily. The treatment option is a considered decision by patients in consultation with their treating psychiatrist.

Comment on treatment trends or the efficacy of the treatment would require analysis of the circumstances. The Commission does not have this information.

ENDS

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