This Report is for psychiatrists to use for Electroconvulsive Treatment (‘ECT’) applications relating to what the *Mental Health Act 2014* refers to as an ‘Other Applicable Person’, hereafter referred to as a voluntary adult.

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| **Voluntary adult’s name:** Click here to enter text. | |
| **Voluntary adult’s address:** Click here to enter text. | |
| **Name of mental health service:** Click here to enter text. | |
| **Date of admission (where relevant):** Click here to enter text. | |
| **Consultant Psychiatrist:** Click here to enter text. | **Duration known voluntary adult:** Click here to enter text. |
| **Medical Officer:** Click here to enter text. | **Duration known voluntary adult:** Click here to enter text. |
| **Case Manager (or equivalent):** Click here to enter text. | **Duration known voluntary adult:** Click here to enter text. |
| **Tribunal hearing date:** Click here to enter a date. | |

**Please read the instructions and guidelines to preparing Tribunal reports available** [**online**](https://www.mht.vic.gov.au/forms-and-publication/tribunal-forms/) **before completing this report.**

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| **Part 1: Urgent applications for compulsory ECT**  ***Only complete Part One if you are making an Urgent Application (to be heard within 48 hours) for ECT.*** | |
| **1.1 Select one or more of the following reasons why urgent ECT is required.** | |
| **ECT is necessary to save the life of the voluntary adult** | Choose an item. |
| **ECT is necessary to prevent serious damage to the health of the voluntary adult** | Choose an item. |
| **ECT is necessary to prevent the voluntary adult from suffering or continuing to suffer significant pain or distress** | Choose an item. |

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| **1.2 Give reasons why you selected the above criteria.** |
| Click here to enter text. |

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| **Part 2: Voluntary adult’s details** |

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| **2.1 List the names and relationship to the voluntary adult of key support people including any medical treatment decision maker, support person, carer(s), family, friend/s, guardian, or nominated person. If known please confirm whether they will or won’t be attending the hearing.** |
| Click here to enter text. |

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| **2.2 Give a summary of the voluntary adult’s current social circumstances including: relevant family history, accommodation, employment, financial circumstances (e.g. Disability Support Pension), substance use issues, social stressors, interests, activities, abilities and skills (including activities of daily living).** |
| Click here to enter text. |

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| **2.3 What is the voluntary adult’s current diagnosis?** |
| Click here to enter text. |

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| **2.4 Describe the voluntary adult’s current clinical presentation and, if applicable, outline the circumstances leading to the voluntary adult’s current admission.** |
| Click here to enter text. |

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| **2.5 Briefly describe the voluntary adult’s psychiatric history (in chronological order).** |
| Click here to enter text. |

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| **2.6 Has the voluntary adult previously been treated with ECT? If yes, provide details as to the type of ECT (unilateral/ bilateral/ ultra-brief), when and how often the voluntary adult received ECT, and the outcome of the previous ECT including beneficial and adverse effects.** |
| Click here to enter text. |

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| **2.7 List current medications and dosages (psychotropic and general).** |
| Click here to enter text. |

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| **2.8 Give a description of the voluntary adult’s physical health.** |
| Click here to enter text. |

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| **2.9 Are there any medical and/or anaesthetic risks?** |
| Click here to enter text. |

**Part 3: Voluntary adult’s capacity to provide informed consent to ECT**

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| **3.1 Summarise the discussions you have had with the voluntary adult about the proposal to use ECT as part of their treatment, including the information that was provided, when the discussions occurred, who was involved and how much time the voluntary adult has been given to consider the information provided.** |
| Click here to enter text. |

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| **3.2 Summarise any *separate* discussions you have had with the voluntary adult’s medical treatment decision maker, support person, nominated person, carer, family members or guardian about the proposal to use ECT as part of the person’s treatment.** |
| Click here to enter text. |

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| **3.3 Have the different forms of ECT been discussed with the voluntary adult and those supporting them? If not, why not?** |
| Click here to enter text. |

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| **3.4** | **Is the voluntary adult able to understand the relevant information?** | Choose an item. |
| **Is the voluntary adult able to remember the relevant information?** | Choose an item. |
| **Is the voluntary adult able to use or weigh the relevant information?** | Choose an item. |
| **Is the voluntary adult able to communicate their decision?** | Choose an item. |

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| **3.5 If you answered ‘No’ to any of the questions at 3.4, you must provide specific details in support of your response.** |
| Click here to enter text. |

**Part 4: Does the voluntary adult have an instructional directive giving informed consent to ECT OR has the medical treatment decision maker given informed consent in writing?**

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| **4.1 Does the voluntary adult have an instructional directive giving informed consent to the performance of ECT on himself or herself? (If so, please attach the person’s advance care directive which contains the relevant instructional directive.)** |
| Click here to enter text. |

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| **4.2 If the voluntary adult does not have an instructional directive giving informed consent to ECT, who is the voluntary adult’s medical treatment decision maker? On what basis have you satisfied yourself that this person is the medical treatment decision maker? Has the medical treatment decision maker given informed consent in writing to the proposed course of ECT? (If so, please attach the medical treatment decision maker’s written consent).** |
| Click here to enter text. |

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| **Part 5: Is ECT the least restrictive treatment?** |
| **5.1 What are the voluntary adult’s views and preferences on the proposed ECT treatment? Where possible, set out the voluntary adult’s reasons for those views or preferences, including any recovery outcomes the voluntary adult would like to achieve.** |
| Click here to enter text. |

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| **5.2 Describe any alternative treatments to ECT that are reasonably available. In relation to the medications currently being used to treat the voluntary adult’s mental illness, have there been any recent changes, for how long have they been administered, how have the voluntary adult’s symptoms responded?** |
| Click here to enter text. |

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| **5.3 What are the voluntary adult’s views about alternative treatments to ECT and when did they express these views / preferences?** |
| Click here to enter text. |

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| **5.4 If the voluntary adult has a values directive in their advance care directive, what does it say about the person’s preferences and values as to the basis on which they would like any medical treatment decisions to be made on their behalf?** |
| Click here to enter text. |

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| **5.5 If the voluntary adult has a medical treatment decision maker, a support person and/or a carer, what are their views and preferences on the proposed ECT treatment? Have they expressed their views about alternative treatments to ECT?** |
| Click here to enter text. |

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| **5.6 What are the likely consequences for the voluntary adult if ECT is not performed? How quickly will the anticipated consequences occur?** |
| Click here to enter text. |

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| **5.7 Describe the anticipated outcomes (both beneficial and adverse) with ECT, including the measures that will be taken to reduce, monitor or review any risks.** |
| Click here to enter text. |

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| **5.8 Attach any second opinion that has been obtained. If the treating psychiatrist does not agree with the second opinion, give details as to why.** |
| Click here to enter text. |

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| **5.9 Taking into consideration all of the above and the mental health principles, explain why the psychiatrist is satisfied that ECT is the least restrictive treatment for the voluntary adult.** |
| Click here to enter text. |

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| **Part 6: Proposed course of ECT** |
| **6.1 How many treatments (up to a maximum of 12) do you propose to perform during the course of ECT?** |
| Click here to enter text. |

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| **6.2 Why is the psychiatrist proposing this number of treatments?** |
| Click here to enter text. |

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| **6.3 What is the proposed timeframe (the maximum is 26 weeks) for the ECT course?** |
| Click here to enter text. |

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| **6.4 Give details as to why the psychiatrist is proposing this timeframe.** |
| Click here to enter text. |

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| **AUTHOR OF REPORT** | | | | | |
| **Signed:** |  | | | | |
| **Print name:** | Click here to enter text. | **Date:** | | Click here to enter a date. |
| **Date you last assessed the voluntary adult:** Click here to enter a date. | | | | |
| **Date the voluntary adult was given a copy of the report:** Click here to enter a date. | | | | | |
| **If more than one person has authored the Report, please list their names and positions:** Click here to enter text. | | | | | |
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| **CONFIRMATION OF REPORT BY PSYCHIATRIST** | | | | | |
| I confirm the accuracy of this Report. | | | | | |
| **Signed:** | Psychiatrist | | | |
| **Print name:** | Click here to enter text. | **Date:** | Click here to enter a date. | |
| **Date you last reviewed the voluntary adult:** | | Click here to enter a date. | | |
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| **VOLUNTARY ADULT RECEIPT OF REPORT** | | | | | |
| If possible, please ask the voluntary adult to sign below **to indicate they have** **received and read this Report**.  **NOTE: You have a right to access any documents in the mental health service’s possession that are in connection with the hearing at least 48 hours before the Tribunal hearing. If you would like access to those documents, please discuss this with your treating team.** | | | | | |
| **Signed:** |  | **Date:** | Click here to enter a date. | |