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| **File Number****MH**  / | **ACT CIVIL AND ADMINISTRATIVE TRIBUNAL****ELECTROCONVULSIVE THERAPY (ECT)****APPLICATION FORM** |  |
|  | **For use by professional person*Mental Health Act 2015*** |  |

1. **This application is about:**

**Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DOB:** **\_\_\_\_\_\_\_\_\_\_ (You must complete and attach the information sheet for further details)**

1. **The application is made by:**

Name:

Phone: Email:

Position held:

1. **The person is already subject to a Psychiatric Treatment Order or Forensic Psychiatric Treatment Order. Yes No\***

**Expiry date of order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*If the person refuses or resists ECT you must also complete an application for a PTO or FPTO***

1. **I wish to apply for an Emergency ECT Order. Yes No**

**ASSESSMENT OF ILLNESS**

1. **The ACAT must be satisfied that the person has a mental illness. Set out the details of your assessment of the person by reference to the definition of mental illness set out in the glossary at the end of this form.**

**Current presentation:**

**Mental State Examination including dates conducted:**

**Relevant past history:**

1. **DECISION-MAKING CAPACITY**

Does the person, or can the person (with assistance if needed):

1. Understand when a decision about treatment, care or support needs to be made?

Yes No

1. Understand the facts that relate to the decision? Yes No
2. Understand the main choices? Yes No
3. Weigh up the consequences of the main choices? Yes No
4. Understand how the consequences affect the person? Yes No
5. On the basis of (a)-(e) make the decision? Yes No
6. Communicate the decision in whatever way the person can? Yes No

Describe and explain your overall assessment referring to the factors above and to the principles of decision-making capacity set out in section 8 (see Glossary):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does the person have an advanced consent direction refusing consent to ECT?**

Yes No

1. **Does the person refuse or resist treatment?** Yes No

**If yes, describe what the person does or says that constitutes refusal or resistance**

1. **What benefits will administration of ECT likely provide to the person?**
2. **What treatment has been tried to date?**
3. **What has the effect of the treatment been?**
4. **Is ECT the most appropriate form of treatment at this time?**

1. **Are there any other treatments, care or support reasonably available? Yes No**
2. **If the person is under 18, is the opinion supported by a child and adolescent psychiatrist? Please attach opinion.**
3. **EMERGENCY ECT (complete only if applying for an emergency ECT order)**

**Is emergency ECT necessary to save the person’s life? Yes No**

**If yes, why?**

**OR Is emergency ECT necessary to prevent the likely onset of a risk to the person’s life within 3 days? Yes No**

**If yes, why?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Full name of doctor**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second opinion attached**

**Information Sheet attached**

**GLOSSARY**

**Section 10 Meaning of *mental illness***

In this Act:

***mental illness*** means a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person in1 or more areas of thought, mood, volition, perception, orientation or memory, and is characterised by—

(a) the presence of at least 1 of the following symptoms:

(i) delusions;

(ii) hallucinations;

(iii) serious disorders of streams of thought;

(iv) serious disorders of thought form;

(v) serious disturbance of mood; or

(b) sustained or repeated irrational behaviour that may be taken to indicate the presence of at least 1 of the symptoms mentioned in paragraph (a).

**Section 7 Meaning of *decision-making capacity***

For this Act, a person has capacity to make a decision in relation to the person’s treatment, care or support for a mental disorder or mental illness (decision-making capacity) if the person can, with assistance if needed—

(a) understand when a decision about treatment, care or support for the person needs to be made; and

(b) understand the facts that relate to the decision; and

(c) understand the main choices available to the person in relation to the decision; and

(d) weigh up the consequences of the main choices; and

(e) understand how the consequences affect the person; and

(f) on the basis of paragraphs (a) to (e), make the decision; and

(g) communicate the decision in whatever way the person can.

**Section 8 Principles of decision-making capacity**

(1) In considering a person’s decision-making capacity under this Act, the following principles must be taken into account:

(a) a person’s decision-making capacity is particular to the decision that the person is to make;

(b) a person must be assumed to have decision-making capacity, unless it is established that the person does not have decision-making capacity;

(c) a person who does not have decision-making capacity must always be supported to make decisions about the person’s treatment, care or support to the best of the person’s ability;

(d) a person must not be treated as not having decision-making capacity unless all practicable steps to assist the person to make decisions have been taken;

(e) a person must not be treated as not having decision-making capacity only because—

(i) the person makes an unwise decision; or

(ii) the person has impaired decision-making capacity under another Act, or in relation to another decision;

(f) a person must not be treated as having decision-making capacity to consent to the provision of treatment, care or support only because the person complies with the provision of the treatment, care or support;

(g) a person who moves between having and not having decision-making capacity must, if reasonably practicable, be given the opportunity to consider matters requiring a decision at a time when the person has decision-making capacity.

(2) A person’s decision-making capacity must always be taken into account in deciding treatment, care or support, unless this Act expressly provides otherwise.

(3) An act done, or decision made, under this Act for a person who does not have decision-making capacity must be done in the person’s best interests.

(4) In considering a person’s decision-making capacity under this Act, any approved code of practice under section 198 must be taken into account.