dd/mm/yyyy

Patients name

Patients address 1

Patients address 2

SUBURB VIC Postcode

Statewide UR number:

Date of birth:

Preferred pronouns:

Dear [Patients name]

**Your treating team’s report for your Tribunal hearing about ECT**

This report is for your Mental Health Tribunal hearing on dd/mm/yyyy. It explains why we are applying for electroconvulsive treatment (ECT) to be part of your treatment.

We will give the Tribunal a copy of this report and information from your clinical file, including any advance statement of preferences you have made. You can ask to see that information.

The Tribunal members who will attend your hearing are independent of our health service. They will:

* read this report and information from your clinical file
* have a discussion with you, members of your treating team and your support people who attend the hearing, and
* decide whether or not to make an order allowing ECT to be performed as part of your treatment.

The Tribunal can only approve ECT if you are on a treatment order and:

* you do not have the capacity to give informed consent to ECT, and
* there is no less restrictive way for you to be treated.

If you can give informed consent or there is a less restrictive way you can be treated, the Tribunal will refuse to approve ECT.

**Your treating team**

Consultant psychiatrist:

Medical officer:

Case manager:

**Background information for the Tribunal**

**Your strengths, support in the community and things that help you stay well**

*[Outline the patient’s strengths including their interests, activities and skills, their significant relationships, their support in the community (such as psychological support and the NDIS) and things that have helped them stay well* ***- delete this prompt****]*

**Your culture, family and housing**

*[Provide a short statement about the patient’s culture, family background and housing situation* ***- delete this prompt****]*

**Your education and work history**

*[Provide a short statement about the patient’s education and employment and how they are financially supported* ***- delete this prompt****]*

**What you have told us about your hopes and goals**

*[Summarise the patient’s hopes and goals for their recovery.* ***- delete this prompt****]*

**Your views and preferences about ECT and other treatment options**

*[Summarise the conversations the treating team has had with the patient about ECT and what the patient has said about their treatment preferences (including the reasons for those views and preferences). Mention whether the patient has made an advance statement of preferences and whether it includes views or preferences about ECT. Ensure the advance statement of preferences is provided for the hearing.* ***- delete this prompt****]*

**Views of your family, friends and carers about ECT and your treatment options**

*[Identify the patient’s support people and summarise what they have said about the patient’s treatment options including ECT -* ***delete this prompt****]*

**What led to us applying for ECT to be part of your treatment**

*[Provide the patient with a short summary of what led to their current engagement with your health service, what other treatment has been provided, the patients response to that treatment and why you are applying to give them ECT. Provide copies of any second opinions obtained. If you include a diagnosis, include the patient’s views about it* ***- delete this prompt****]*

**How we assessed whether you have the capacity to give informed consent to ECT**

A person has the capacity to give informed consent to ECT if they are able to:

* understand information given to them relevant to deciding whether to have ECT
* remember information given to them relevant to deciding whether to have ECT
* use or weigh that information to make a decision, and
* communicate their decision by words, gestures or any other means.

**How and when we gave you information relevant to deciding whether to have ECT**

*[Describe the information you gave the patient about ECT. Including how and when you gave the patient the information and how you communicated it (e.g. verbally, in writing, by video, through a tour of the ECT suite etc.)?* ***-delete this prompt****]*

**How we assessed whether you are able to understand that information**

*[Describe for the patient how they responded to the information given to them about ECT, and whether you believe they understood that information (or would be able to understand the information if they chose to engage in the discussions) and why?* ***-delete this prompt****]*

**How we assessed whether you are able to remember that information**

*[Explain to the patient whether you believe they can remember information relevant to deciding whether to have ECT and why?* ***-delete this prompt****]*

**How we assessed whether you are able to use or weigh that information**

*[Explain to the patient whether you believe they are able to use or weigh information relevant to deciding whether to have ECT and why? Include examples from your treating team’s interactions with the patient.* ***-delete this prompt****]*

**How we assessed whether you are able to communicate your decision**

*[Explain to the patient whether you believe they are able to communicate their decision whether to have ECT by speech, gestures or other means and why (by describing your observations of the patient)?* ***-delete this prompt****]*

**How we assessed whether ECT is your least restrictive treatment option**

**Your past experience of ECT and other treatments including their benefits and side effects**

*[Summarise the patient’s past experience of ECT and other mental health treatments including medication. Include the benefits and side effects of each treatment and mention how many times they have had ECT* ***- delete this prompt****]*

**Why we think ECT is appropriate for you considering your physical health, medications and any medical and anaesthetic risks**

*[Describe the patient’s physical health, list all their medications and dosages and explain any related risks of providing ECT under general anaesthetic including likely side effects* ***- delete this prompt****]*

**Why we think ECT is your least restrictive treatment option**

*[Explain what other treatment options (including medical treatment and psychosocial support) have been tried and considered and the extent to which those treatments could meet the patient’s needs and align with the patient’s preferences. Explain what the treating team is concerned may happen if ECT is not used as part of the patient’s treatment* ***- delete this prompt****]*

**Is ECT urgent and when we could provide it**

*[Explain to the patient whether ECT is urgent, why, and when you could provide it* ***- delete this prompt****]*

**Our recommendation to the Tribunal**

If the Tribunal decides to make an order allowing ECT to be used as part of your treatment it will decide the maximum number of treatments allowed (up to 12) and the amount of time those treatments can be provided in.

You are currently on a *[insert the type of order the patient is currently on (e.g. treatment order, secure treatment order)* ***- delete this prompt****]* due to end on *[insert the order expiry date* ***- delete this prompt****]*.

We recommend that the Tribunal make an ECT order for up to *[insert number* ***- delete this prompt***] treatments within *[insert number* ***- delete this prompt****]* weeks. We think this number of treatments over this period of time is needed because *[explain why you are seeking approval for this amount of treatment* ***- delete this prompt****]*. If your symptoms respond to treatment sooner the full amount of time and treatments may not be needed.

We hope you can participate in your Tribunal hearing. Please let us know if you want more support to prepare for your hearing.

Yours sincerely

Dr

Consultant Psychiatrist