

Electroconvulsive therapy (ECT)

Electroconvulsive therapy (ECT) is a treatment for severe symptoms of depression, mania and catatonia. This factsheet explains what ECT is, when it is used and your rights to refuse this treatment.



KEY POINTS

- ECT uses an electrical current which passes through your brain, and causes a fit or seizure.
- Health professionals use ECT to treat conditions such as severe depression, catatonia or mania.
- Doctors may offer you ECT if other treatments do not work or your symptoms are very severe.
- You have to agree to have ECT, even if you are in hospital under the Mental Health Act 1983 (MHA).
- Doctors can only give you ECT without your agreement in very strict situations.
- If you lack mental capacity and your doctor wants to give you ECT they need a Second Opinion Appointed Doctor (SOAD) to agree.
- You can make an advance decision about treatment you might have in the future. If you make an advance decision refusing ECT doctors have to follow this, unless it is an emergency.

This factsheet covers:

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1. What is ECT?

ECT is a treatment for some mental illnesses. ECT is when electrical currents are passed through your brain to cause seizures or fits. There are 2 types of ECT.¹

- Bilateral ECT - when the current is passed through both sides of your head.
- Unilateral ECT - when the current is on only one side.

Before you get ECT, doctors will give you muscle-relaxing medicine. You will have a general anaesthetic. This means you will be asleep during the treatment.²

Doctors are not sure how ECT works, but they think that ECT changes the way your 'chemical messengers' work in the brain.³ It is thought that ECT can make these chemicals work better in your brain. ECT may cause new cells and nerve pathways to grow in your brain.⁴ This can sometimes help treat symptoms of severe depression.

You often get short courses of ECT treatment of about 6-12 sessions.⁵

2. What is ECT used for?

Doctors might offer you ECT if you do not respond to other treatments. ECT can be used to treat these mental health conditions.⁶

- Depression
- Schizophrenia
- Catatonia – this is when someone seems to be awake but does not respond to anyone or anything.
- Mania

Doctors should offer you medication and talking treatments before ECT. The National Institute of Health and Clinical Excellence (NICE) recommends that ECT should only be used when:^{7,8}

- all other treatments have not worked, or
- your illness may be life-threatening.

Doctors can offer you ECT to treat schizophrenia⁹ but this is not common, and it is not recommended by NICE.

For some people, ECT and medication may help,¹⁰ but the evidence is not conclusive. ECT should not be used as the standard way to manage schizophrenia or depression.¹¹

If your doctor is thinking about ECT, you can talk to them about any concerns you might have. ECT is a quicker treatment than medication or talking treatments when your symptoms are severe¹². You and your doctor should also talk about the risks of not having ECT¹³. Risks might be:

- your mental health deteriorates,
- you are a serious risk to yourself, or
- you are a serious risk to other people.

What if I have had ECT before?

If you have had ECT in the past and it did not work, doctors should only use it again if they have tried everything else.¹⁴

Your doctor might think more ECT will help. Doctors should talk to you, your carer, advocate or relatives to help you decide if you want more ECT.¹⁵ [Top](#)

3. Are there side effects?

Like all treatments there are some side effects from ECT. There are short-term side effects and long-term side effects. Doctors must be cautious if you are:¹⁶

- pregnant,
- elderly, or
- under 18 years old.

This is because you may be more likely to get side effects.

Short-term

Some side effects you may get right after treatment are:^{17, 18, 19}

- headache,
- sore muscles,
- feeling sick,
- confusion,
- memory loss,
- issues with the heart and blood pressure,
- persistent seizure,
- laryngospasm – this is when muscles in your throat tighten which makes it harder to breath, and
- peripheral nerve palsy – this is nerve damage which affects movement of muscles.

Long-term

A long-term side effect may be memory problems, such as:

- memory loss, or
- difficulty making new memories.²⁰

Researchers do not know if memory problems are because of ECT or long term mental illness.²¹

Healthcare professionals will assess you before and after each session of ECT. This assessment will check if you have any side effects. If you have any serious side effects doctors should stop the treatment immediately.²²

Allergies to general anaesthetic

There is no evidence that having ECT is more dangerous than any other procedure needing a general anaesthetic.²³ . An anaesthetist will assess you and a doctor will explain the risks of general anaesthetic before they give you ECT.

Death or serious injury occurs in about 1 in 80,000 treatments. This is about the same as if you have an anaesthetic for dental treatment.²⁴

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4. Do I have to agree to have ECT?

In most cases you have to agree to ECT. Doctors should not pressure you to agree to ECT. If you want to stop ECT at any time, you usually can.

Health professionals should make sure you understand the treatment before you agree to it.²⁵

Sometimes doctors can give you ECT without you agreeing to it. This is only in very limited circumstances. These circumstances are:

- if you need emergency treatment, or
- if you lack the mental capacity to consent.

If you need emergency treatment

If you are in hospital under the Mental Health Act 1983 (MHA) you can have ECT without your consent if:

- there is a real risk to your life,
- to stop you from becoming seriously unwell, or
- to stop you becoming seriously unwell and a risk to yourself or others.²⁶

You can find out more about 'The Mental Health Act' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

If you lack the mental capacity to consent

Doctors can give you ECT if you lack the mental capacity to agree. You would normally need to be in hospital under The Mental Health Act for this to happen. You could be given ECT under The Mental Capacity Act if you lack capacity. But this is very rare.²⁷

Under The Mental Health Act a Second Opinion Appointed Doctor (SOAD) must agree that you should have ECT if you lack capacity.²⁸

The SOAD must:²⁹

- interview you,
- talk about your treatment with the doctor in charge of your care, and
- talk to a registered nurse and a non-medical practitioner who are involved in your treatment.

The SOAD should tell you the reasons for treatment. They do not have to do this if they think it would cause mental or physical harm to you or anyone else.³⁰

There are two situations when the SOAD will not be able to agree that you need ECT.³¹

- You have a valid advance decision refusing ECT.
- Someone has the right to make treatment decisions for you and they refuse it on your behalf.

You can find out more about mental capacity in our factsheet '**Mental capacity and mental illness**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Advance decision³²

An advance decision is a legal decision that you make about your wishes if you lose mental capacity.

You can make an advance decision if you do not want to get ECT. You can explain what treatment you do not want and when this would apply.

If you make a valid advance decision refusing ECT then doctors can only give you ECT in emergency situations under the Mental Health Act (see above).

To make a valid advance decision you have to:

- be over 18,
- have mental capacity to make the decision, and
- give details in writing about what treatment you do not want and what situations this applies to.

You can find out more about mental capacity in our factsheet '**Planning your care - advance statements**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

5. What should my doctor tell me about ECT?

Your doctor should tell you about the risks of treatment and what it involves.

Your doctor should do a risk–benefit assessment with you. This assessment will include:³³

- the risks of having an anaesthetic,
- whether you have other illnesses,
- the possible side effects of ECT, and
- the risks of not having the treatment.

NICE recommends that your doctor should give you information leaflets to help you decide if you want ECT. ³⁴ If your doctor has not given you this information ask them for it before making your decision. Leaflets should be available in different languages and formats, so tell your doctor what you need.

NICE (National Institute of Health and Clinical Excellence)

NICE writes guidance for the NHS and patients on clinical and surgical treatments. This guidance explains when and how these treatments should be used.

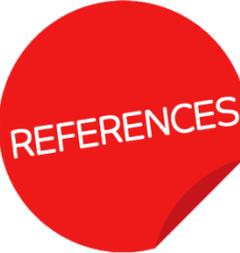
NICE has written a booklet on ECT for patients, carers, advocates and the general public. You can get this booklet from:

<https://www.nice.org.uk/guidance/ta59/resources/electroconvulsive-therapy-ect-371522989>; .

You can read the full NICE Guidance on the use of electroconvulsive therapy here: www.nice.org.uk/guidance/ta59.

They have written a separate booklet for using ECT to treat depression which you can get here: www.nice.org.uk/guidance/cg90.





REFERENCES

- ¹ Royal College of Psychiatrists. *Information about ECT (Electro-convulsive therapy)*. www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/ect.aspx (accessed 2nd December 2016).
- ² As note 1.
- ³ National Institute for Health and Care Excellence. *Guidance on the use of electroconvulsive therapy*. Technical Appraisal 59. London: National Institute for Health and Care Excellence; 2003. Section 3.2.
- ⁴ As note 1.
- ⁵ As note 1.
- ⁶ National Institute of Health and Care Excellence. *The use of electroconvulsive therapy: understanding NICE guidance – information for service users, their advocates and carers, and the public*. www.nice.org.uk/guidance/ta59/resources/electroconvulsive-therapy-ect-371522989 (accessed 14th December, 2016).
- ⁷ As note 3, at para 1.1.
- ⁸ National Institute of Health and Care Excellence. *Depression: the treatment and management of depression in adults (update)*. Clinical Guidance 90. London: National Institute of Health and Care Excellence; 2009. Para 1.10.4.1.
- ⁹ As note 1.
- ¹⁰ As note 3, at para 4.1.4.
- ¹¹ As note 3, at para 1.9.
- ¹² As note 6.
- ¹³ As note 3, at [para 1.2] [para 1.4].
- ¹⁴ As note 3, at para 1.7.
- ¹⁵ As note 3, at para 1.5.
- ¹⁶ As note 3, at para 1.3.
- ¹⁷ As note 1.
- ¹⁸ As note 6.
- ¹⁹ Rull G. *Electroconvulsive therapy*. www.patient.co.uk/doctor/Electroconvulsive-Therapy.htm (accessed 9th December 2016).
- ²⁰ As note 3, at para 3.5.
- ²¹ As note 1.
- ²² As note 3, at para 1.6.
- ²³ As note 3, Section 4.1.8.
- ²⁴ As note 1.
- ²⁵ As note 3, at para 1.4.
- ²⁶ Mental Health Act 1983 c.20. section 62(1).
- ²⁷ As note 1.
- ²⁸ As note 26, (MHA 1983), s58.
- ²⁹ Department of Health. *Mental Health Act 1983: Code of Practice*. London: The Stationery Office; 2015, sections 25.47 and 25.53.
- ³⁰ As note 29, Para 25.65.
- ³¹ As note 26 (MHA 1983), s58a(5) (i).
- ³² NHS Choices: *End of Life Care – Advanced Decision (Living Will)* www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx (Accessed 17th January, 2017).
- ³³ As note 3, at para 1.2.
- ³⁴ As note 3, at para 1.10.

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