

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery		
Title:	Electroconvulsive Therapy (ECT)		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date:	Related Policies:
Procedure: <input checked="" type="checkbox"/>	Author: Chief Medical Officer	Review Date: 11.12.2024	
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Purpose:

This procedure was developed to describe the criteria and processes associated with providing adults, children and adolescents with Electroconvulsive Therapy (ECT) when such procedures are warranted.

Procedure:

Mid-State Health Network (MSHN) recognizes that short term/maintenance ECT is a long established, effective treatment option that is given to decrease the symptoms of severe major depression, bipolar, acute mania, severe intractable catatonia, and some forms of schizophrenia.

Clinical justification for ECT will include:

- Individual is currently experiencing an intractable form of severe major depression, serious delusional depression, or acute mania, emergent treatment of catatonia and/or psychosis, even in the absence of mood symptoms, if the individual is unable to take in sufficient water and food due to psychiatric symptoms and
- A clinically reasonable trial of treatments has been attempted unsuccessfully and
- Includes a psychiatric evaluation supporting the clinical rationale for ECT, if person served is 18 years of age or older and their own guardian.
- If a guardian consents to ECT, the procedure shall not be initiated until two psychiatrists have examined the individual and documented in the individual’s medical record their concurrence with the decision to administer the procedure.
- If a parent or guardian of a minor consents to a procedure described in this section, the procedure shall not be initiated until two child and adolescent psychiatrists, neither of whom may be the treating psychiatrist, have examined the minor and documented in the minor's medical record their concurrence with the decision to administer the procedure.

The following must be in place prior to consideration of ECT:

- The facility/provider must also obtain a copy of the informed consent.
- The administering facility/provider must obtain authorization for payment from the Community Mental Health Service Provider (CMHSP).
- The request for prior authorization must be accompanied by:
 - o Clinical justification for ECT including a description of the treatment interventions (pharmacological and psychotherapeutic) that have been attempted unsuccessfully, explanation of the need for rapid/short term/maintenance ECT and consent for referral.

- o Two psychiatrists have examined the person served and documented in the person's medical record, their concurrence with the decision to administer the procedure

The information will be forwarded to the appropriate designee of the CMHSP. The material will be reviewed to determine whether the referral packet is complete. Any questions or details missing will be gathered at that time. The CMHSP designee will forward appropriate documentation and secure authorization for the procedure.

If the request is approved, the CMHSP designee will forward appropriate documentation and secure authorization for the procedure. He/she will contact the referring practitioner's office to notify them of the authorization and the contact person at the individual CMHSP who will work with them to arrange the procedure.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Provider

ECT: Electro-Convulsive Therapy: According to the American Psychiatric Association (APA), ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. It is typically administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.

MSHN: Mid-State Health Network

Other Related Materials:

N/A

References/Legal Authority:

Michigan Mental Health Code 330.1717

Change Log:

Date of Change	Description of Change	Responsible Party
11.2018	New procedure	Chief Medical Officer
07.2020	Regular Review	Chief Medical Officer
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer

Appendix A:

Obtaining consent for the procedure is the responsibility of the facility/physician administering ECT. Such consent should be consistent with the Michigan Mental Health Code:

- a) The recipient, if he or she is 18 years of age or older and does not have a guardian for medical purposes.
- b) The recipient's parent who has legal and physical custody of the recipient if the recipient is less than 18 years of age.
- c) The recipient's guardian, if the guardian has power to execute legal consent to procedures described in this section.
- d) The recipient's designated representative, if a durable power of attorney or other advance directive grants the representative authority to consent to procedures described in this section.
- e) Two psychiatrists have examined the recipient and documented in the recipient's medical record their concurrence with the decision to administer the procedure.
- f) If a parent or guardian of a minor consents to a procedure described in this section, the procedure shall not be initiated until 2 child and adolescent psychiatrists, neither of whom may be the treating psychiatrist, have examined the minor and documented in the minor's medical record their concurrence with the decision to administer the procedure.
- (g) A minor or an advocate designated by the minor may object to the administration of a procedure described in this section. The objection shall be made either orally or in writing to the probate court.
The procedure shall not be initiated before a court hearing on the minor's or advocate's objection.
- (h) At least 72 hours, excluding Sundays or holidays, before the initiation of a procedure described in this section, a minor shall be informed that he or she has a right to object to the procedure.
- (i) If a procedure described in this section is considered advisable for a recipient and an individual eligible to give consent for the procedure is not located after diligent effort, a probate court may, upon petition and after a hearing, consent to administration of the procedure in lieu of the individual eligible to give consent.