Queensland
Government

Children's Health Queensland
Hospital and Health Service

Child and Youth Mental Health Service
Children's Health Queensland Hospital and
Health Service Queensland Health

[redacted]

Dr. Bill Kingswell
Executive Director
Mental Health Alcohol and Other Drugs Branch
Clinical Excellence Division
Department of Health
Queensland Government
Level 1, 15 Butterfield Street QLD 4006

Dear Bill

Re: Use of Electroconvulsive Therapy in Children and Adolescents.

Thank you for inviting me to respond to concerns about the use of electroconvulsive therapy (ECT) in children and adolescents.

Psychiatry now generally accepts that ECT is an effective and potentially lifesaving form of treatment in adults with serious, treatment resistant mental illness that does not respond to medication. It may even be preferable to medication in some cases because it works so rapidly and is relatively safe. Unfortunately, the lay public's perception of ECT continues to be shrouded by stigma, particularly when ECT is considered as a treatment for children and adolescents.

Children, adolescent and their families have a right to receive the best mental health care possible. Health care providers have a moral and professional obligation to provide such care. Knowledge and understanding are the first steps towards providing best care and to eradication of stigma associated with mental health care, including the therapeutic use of ECT to treat mental illness.

In the book *Electroconvulsive Therapy in Children and Adolescents* (Oxford University Press, 2013), editors, Neera Ghaziuddin and Garry Walter (University of Sydney, Australia) examine the growing body of literature and new evidence on the use of ECT in children and adolescents with severe psychiatric disorders. The book dispels many of the myths associated with ECT, and builds a comprehensive case that ECT is a safe, painless and highly effective procedure that is not associated with lasting side effects. The book also discusses the stigma associated with ECT, ethical and informed consent issues, a step-by-step guidance about using ECT, use of anaesthesia during ECT and the interaction between ECT and medications.

I have spoken to a number of senior child and adolescent psychiatrist, who between them have decades of experience treating patients in acute child and adolescent mental health inpatient units. All strongly support the use of ECT in minors, with the appropriate guidelines and safeguards. One psychiatrist reported that over the last fifteen years he has only used ECT two or three times for children under fourteen years of age. However, in each case, he believed that the treatment was lifesaving.

Office
Child and Youth Mental Health Service
Level 10, 199 Grey Street
South Brisbane Qld 4101

Postal
PO Box 5494
West End Qld 4101

Phone
(07) 3310 9444

Fax
(07) 3310 9498

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) have published a Position Statement on the use of ECT, which is available on their website. (https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-74-PPP-Electroconvulsive-Therapy.aspx) In the Position Statement, the RANZCP reports that ECT is a "highly effective treatment with a strong evidence base, particularly for the treatment of depressive disorders, and also for other psychiatric disorders such as mania, psychosis, treatment of catatonia and sever melancholic depressive with psychotic features. It should be considered as a therapeutic option alongside other treatments". The Position Statement reports that there appears to be no difference in the effectiveness and safety of ECT in adolescents, compared to adults. The Position Statement recognises that it is exceptionally rare for ECT to be used in preadolescent children. It does not state that treatment should not be considered in children. Rather, it recommends that a second opinion of a child and adolescent psychiatrist should be sort. The Position Statement also recognises that family and carers should be involved in the decision to treat a patient with ECT.

I am not aware that any Australian state of territory has banned the use of ECT in all children and adolescents (minors). New Zealand also allows ECT in minors. All states and territories have regulations that provide protection for minors under their respective Mental Health Acts, when ECT is recommended as a mode of treatment.

New South Wales has published minimum standards for the practice of ECT (https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-74-PPP-Electroconvulsive-Therapy.aspx). In NSW, all children and adolescents must have a comprehensive medical and psychiatric assessment prior to ECT. ECT is not banned in children; there is no age cut-off. A specialist child and adolescent psychiatrist should either conduct the assessment, or be consulted when direct assessment is not possible. Issues of consent are addressed within the document. The document notes that adverse events occurring with ECT in young people are mostly mild and transient, and generally similar in type and frequency to those described in adults, though the rate of prolonged seizures may be higher. The document notes that there have been no fatalities in children or adolescents attributable to ECT.

Victoria's new Mental Health Act has tightened controls on compulsory treatment, including ECT. Increased protection has been provided for children and adolescents requiring ECT. Tribunal permission is required; a range of safeguards are imposed under Victoria's Mental Health Act. The Victorian government backed down on plans to ban ECT for children age 12 and under after the government received advice that while rarely used in children, and that ECT is a valuable option for cases of severe depression when other treatment options had been exhausted. (http://www.theage.com.au/victoria/victorian-act-to-tighten-controls-on-mental-health-treatments-20140214-32rj4.html).

In 2006, Western Australia published guidelines on the use of ECT, including use in children and adolescents (http://www.chiefpsychiatrist.health.wa.gov.au/docs/guides/ECT_Guide.pdf). The document defined an adolescent as a person between the ages of 14 and 17 and a child as a person below the age the 14. The Western Australian government accepted a recommendation that ECT would not be permitted for children under 12 years of age, despite acknowledging ECT has therapeutic benefits in the treatment of severe mental illness. No reason was given why the age of 12. The document allows ECT in children (presumably aged 12 and 13) and adolescents, within strict guidelines.

I am not aware of any limitation in the use of ECT for minors in New Zealand. In 2004, the Ministry of Health published a document on the use of ECT in New Zealand (http://www.supportingfamilies.org.nz/Libraries/Documents/Use_of_Electroconvulsive_Therapy_ECT_in_New_Zealand.sflb.ashx). The document states that ECT should be considered carefully, and according to protocols and guidelines, for children and adolescents with a mental illness that is: resistant to or intolerant of pharmacotherapy, and where psychotherapy is not indicated or considered inappropriate; or is associated with mental and/or physical suffering severe enough to warrant a treatment with a rapid onset of therapeutic action.

The World Health Organisation (WHO) has published two documents that comment on the use of ECT in minors. In *Promoting Rights and Community Living for Children Living with Psychosocial Difficulties* (http://apps.who.int/iris/bitstream/10665/184033/1/9789241565004_eng.pdf?ua=1), WHO noted that harmful and inhuman treatment practices are frequently inflicted on minors. The document reports that medications, including psychotropic medications, are used inappropriately on children with psychosocial disabilities, often as a means of dealing with behavioural issues. The document provided examples of children who had been chemically restrained by the use of dangerously heavy doses of antipsychotic medications. In addition, it was reported that children with psychosocial disabilities in institutions around the world are subjected to other severe forms of inappropriate treatment such as ECT. The United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has remarked that ECT is often use without anaesthesia, muscle relaxant or oxygenation, which amounts to torture. In my view, it is in this context that WHO made the statement prohibiting ECT (see below).

The *WHO resource book on mental health, human rights and legislation states* that there are no indications for the use of ECT on minors, and hence should be prohibited. *(http://www.who.int/mental_health/policy/legislation/en/ ; accessed 22 October 2015).* Harvey Whiteford is listed as providing 'technical contribution and critique' to this document. The document discusses at length the need for judicial or quasi-judicial independent review bodies or tribunals to monitor and assess the involuntary treatment of people with mental illness. Interestingly, the New South Wales Mental Health Review Tribunal was raised as an example of such an independent review tribunal. Ironically, NSW allows ECT to be used on minors, with strict guidelines and safeguards. Indeed, to deny a minor access to a safe and effective medical treatment such as ECT solely on the basis of their age is discriminatory, and a breach of their human rights.

In 2000, the Mental Health Legal Centre published a Position Paper on the Law and ECT (http://www.communitylaw.org.au/clc_mentalhealth/cb_pages/images/11_7_1_1_ECT.pdf) . The Position Paper recognised it should be a requirement that any amendments to a Mental Health Act state that "a patient receives an independent review of the decision to perform ECT", and the process "complies the UN Principles". It was proposed that at a minimum, a second written psychiatric opinion was required. It should be noted that the Position Paper neither recommended nor discouraged ECT, but focused on matters of legal process. The Position Paper detailed at length consumer views, current laws on informed consent, and compared jurisdictional models on ECT in most states and territories across Australia. Children and adolescents were not considered separately. However, it was recommended that Mental Health Review Board approval must be given for ECT without informed consent, which may be presumed to include minors. A number of safeguards were also recommended.

I understand that it is proposed that under Queensland new Mental Health Act, ECT will be permitted on children and adolescents (minors). Unlike Western Australia, no age cut-off is proposed. To safeguard minors, it will be assumed that all children and adolescents are unable to consent to treatment with ECT. Parents are also unable to consent for ECT on their child. If a psychiatrist wishes to give ECT to a minor, a second opinion will be required, and the case will need to be heard by the Mental Health Review Tribunal. Free legal representation will be provided to the minor. On reviewing the literature, I believe these safeguards rank amongst the most comprehensive under any Mental Health Act in Australia or New Zealand.

In summary:

- ECT is a safe and effective form of treatment in children and adolescents, with a growing evidence base.
- ECT is endorsed in a Position Statement by the RANZCP
- ECT in children and adolescents is permitted, with safeguards, in every state and territory in Australia and New Zealand, though Western Australia prohibits ECT in children younger than 12 years of age. No reason was been given for that age cut-off.
- The safeguards for the use of ECT in children and adolescents proposed in Queensland's new Mental Health Act rank amongst the most comprehensive in Australia.

- Although the WHO has stated that there is in indication for ECT in minors, this statement was made in the context of children and adolescent who have not afforded even the most basic of human rights. This is not the case in Queensland.
- To deny a minor access to a safe and effective medical treatment such as ECT solely on the basis of their age is discriminatory, and a breach of their human rights.

I therefore support the use of ECT in children and adolescents, as proposed in Queensland's new Mental Health Act.

Please do not hesitate to contact me if you have any questions.

Kind regards.

Yours sincerely

Associate Professor Stephen Stathis

Medical Director
Child and Youth Mental Health Service
Children's Health Queensland, Hospital and Health Service

22/10/2015