Electroconvulsive Therapy (ECT) in New Zealand
What you and your family and whānau need to know
Electroconvulsive Therapy (ECT) in New Zealand – What you and your family and whānau need to know

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Statement

Every person for whom electroconvulsive therapy (ECT) is a treatment choice has the right to up-to-date information about ECT in New Zealand.
This consumer information pack provides you and your family and whānau with information and answers to the many questions you are likely to have about ECT.
The words in bold are explained in the glossary at the end of this booklet. When you see the letters ECT, it means electroconvulsive therapy.
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Introduction

This consumer information pack will help you to work with your psychiatrist to identify your treatment goals and to weigh up the risks, benefits and possible outcomes of ECT.

Most District Health Boards in New Zealand offer ECT as a treatment choice.

Why is ECT prescribed?

Most people diagnosed with depression will respond to standard treatments. These treatments include antidepressant medication and psychological therapies (also called ‘talking therapies’).

For a small group of people, these standard treatments do not work. They may not work due to the side effects of some antidepressant medication or for some other reason that is not clearly understood.

At this stage, the doctor may add another standard treatment called a mood stabiliser, like lithium or sodium valproate. The combination of these two standard treatments works for some people.

For an even smaller group of people, none of the above treatments work. At this point, ECT may be considered.

How do I know if ECT is right for me?

It can be hard to make a decision on the best treatment when you are unwell. Right now, you might find that some or all of the following experiences apply to you. If so, then ECT is likely to be an effective treatment for you.

- You may be eating more or less than usual.
- Your sleeping habits may have changed so that you are not sleeping at all.
- You may find it harder to concentrate and pay attention, and you may find it takes a long time to come to a judgement or decision.
- You may find it hard to remember things that happened recently.
- Getting washed, dressed and ready for the day may have become too hard.
- Organising your routine may have become too difficult.
- You may have stopped doing things that interest you.
- Your social life may have stopped.
- You may find it difficult to think clearly.
• Your feelings may have changed so that you feel sad. Any of these symptoms will change the way you behave and communicate. Even the simplest tasks – like getting out of bed or making a cup of tea – may become difficult, if not impossible.

See more on the process of making a decision in the section ‘Making a decision about treatment’.

ECT as a treatment
ECT works well with three mental health disorders: severe depression, catatonia and mania.
The most common reason for prescribing ECT for people in New Zealand is severe depression. In some cases of severe depression ECT is prescribed because the standard treatments have not worked.

Very occasionally, ECT is prescribed for people experiencing mania. In these few cases, it is prescribed when the illness has become life-threatening or dangerous.

For an even smaller group of people, ECT can be a useful treatment for catatonia. When someone is experiencing catatonia, they may look very similar to somebody in a coma.

The criteria for ECT
There are strict criteria for prescribing ECT in New Zealand. The main criteria are listed below.

• You have stayed the same or have not improved after trying two different types of antidepressant medication. This kind of depression is also known as ‘treatment resistant depression’.

• You have experienced side effects on the antidepressant medication that make it unsuitable for you to continue with that treatment.

• Your life is in danger because you are suicidal.

• Your life is in danger because your depression is chronic.

• Your life is in danger because you have stopped eating or drinking.

• You started to make an improvement with antidepressant medication or psychological therapies but did not continue to improve.

• You are unable to move because of catatonia.

• You are unable to slow down because of mania.

• You have become very severely depressed after having a baby.
• You asked for ECT because it has worked for you in the past.
The only reason for prescribing ECT is to help you feel better. ECT works for seven out of 10 people who have it.

How does ECT work?
There are many theories about how ECT works. One of them is the neurotransmitter theory, which is outlined in this section.

Neurotransmitters
Neurotransmitters are chemical messengers that communicate between one brain cell (neuron) and another. They enable us to think, feel, move and act.

SEROTONIN
One of the neurotransmitters you may have heard about is serotonin. Serotonin is an important chemical messenger that helps to regulate and control sleep patterns, appetite and sex drive. Serotonin may also affect a person’s concentration, feelings and energy levels.

ADRENALINE AND NORADRENALINE
Adrenaline and noradrenaline are other important neurotransmitters that help to regulate mood. They are sometimes called catechol or monoamines.

NEUROTRANSMITTERS AND ANTIDEPRESSANTS
Antidepressant medication works by targeting neurotransmitter systems like the serotonin system or the monoamine system. Some antidepressants, such as fluoxetine, paroxetine and citalopram, increase the levels of serotonin in the brain. Other antidepressants, such as amitriptyline and nortriptyline, act on the monoamine system. Newer antidepressants, such as venlafaxine, target both the serotonin and monoamine systems.

By increasing the level of the neurotransmitters, all these antidepressants work to improve sleep and appetite patterns, energy levels, mood and sex drive.

NEUROTRANSMITTER THEORY AND ECT
Neurotransmitter theory suggests that ECT works in a similar way to antidepressant medication. ECT causes a seizure that increases the amount of neurotransmitters available for communication between neurons. At the same time, it also makes the brain cells more responsive to the neurotransmitters.
Quite quickly, these changes influence the biological systems and can improve appetite, sleep and mood.

ECT works much more quickly than standard treatments. It is more efficient than antidepressant medication and often has fewer side effects.

ECT and theories
The neurotransmitter theory is only one theory of how ECT works. Some people have criticised the neurotransmitter theory for providing an oversimplified explanation of depression and its treatment. There are many other theories that try to explain how ECT works and many different areas of disagreement. What people do agree on, however, is that no one is certain exactly how it works.

Short-acting treatment
The effects of ECT wear off after four to six weeks. To ensure longer-term wellness antidepressant medication may then be prescribed.

Which antidepressant?
Some people may be prescribed the same antidepressant medication that they were taking before having ECT and some people may be prescribed a different antidepressant medication. Your psychiatrist will talk to you about the treatment choices most suitable for you and the reasons for recommending them.

The type of antidepressant prescribed for you will depend on a variety of factors. Your psychiatrist will consider your symptoms, the side effects of the medication, physical disease such as heart or respiratory disease, the medications you are already prescribed, the risk of drug interactions and, if you have had the medication before, your previous response to this medication.

More information about the various steps that follow ECT treatment can be found in the section ‘After your ECT course of treatment is over’.
How is ECT given?
ECT is always given as a course of treatments rather than just once. One course of treatments can involve between six and twelve individual treatments. The exact number of treatments varies from person to person, depending on how the individual responds to the treatment.

Before you have ECT, you will receive a general anaesthetic and a muscle relaxant. This will ensure that you are asleep and relaxed when you have ECT. It is normal to feel nothing during the treatment and remember nothing about it afterwards because of the anaesthetic.

ECT treatment
Once you are in the procedure room ECT monitoring equipment is placed on your head. When you are asleep, a carefully calculated, brief pulse of electricity is delivered to the brain for three to eight seconds. This pulse produces a seizure. Because of the muscle relaxant, however your body will hardly move at all. Within a very short time, the treatment is over and you will wake up.

Research and development into ECT has improved the technology of ECT treatments. It is now possible to specifically tailor ECT for each individual, and measure the effectiveness of the treatment.

The side effects of ECT – memory loss
Knowing the side effects of a treatment can help you decide which treatment choice is best for you. Memory loss is the side effect most strongly associated with ECT.

Memory loss does not happen to everyone who has ECT and most people report it is not a problem. However, memory loss may happen. The memories most affected by ECT are retrograde memories, you may not remember some events in the period leading up to your depression.

Childhood memories
Memories about events more than two years old usually do not change. Therefore even if you do experience memory loss, you usually keep your memories from childhood and your memories from adulthood prior to the period leading up to your depression.
Memory loss does not happen to everyone who undergoes ECT. However you need to consider if memory loss did happen to you whether it would be acceptable for you.

**SUPPORT**
If you do experience memory loss, family and whānau can support you by showing you photograph albums, sharing experiences and reminiscing with you. This can help restore memories.

**THE SENSES**
Your senses (hearing, smell, touch, sight and taste) can trigger memories. Experiencing the sound of a piece of music, the sweet perfume of flowers, the soft touch of silk or velvet, the sight of a person, place or event, can help restore the memories associated with it.

**DEPRESSION AND MEMORY**
Some people experience some memory loss after ECT, but many find that their memory returns within weeks or months. Other people may notice that their memory actually improves after ECT.

The reason why memory may be affected like this is that depression itself can change memory. Depression may make it harder for you to pay attention and to concentrate, which makes forming new memories and recalling them difficult.
Standard assessments

Because ECT can affect both your memory and your mood, it is important for your psychiatrist to assess these before and after a course of ECT. Your psychiatrist will also assess your ability to cope with routine as part of this assessment.

**Memory**

Your psychiatrist will use a number of memory tests, which usually assess the following areas:

- long-term memory
- short-term memory
- concentration
- attention span
- new learning
- knowledge of current events
- the ability to perform simple tasks
- reading
- writing
- having a conversation
- simple maths.

**Mood**

Your psychiatrist will also assess your mood using a number of mood tests, which will usually assess the following areas:

- mood
- feelings
- sleep patterns
- perception
- behaviour.

**Coping with routine**

It is also important to know how you are coping with your day-to-day routine and activities. Your psychiatrist will review the results of all of these tests before and after you have ECT. The results are important because they indicate whether any changes have occurred.
Meeting with your psychiatrist

Reviewing your history
When you visit your psychiatrist, before treatment options can be recommended, your psychiatrist will review your clinical history. This review will usually include what happened when you began feeling unwell.

It may also cover the types of treatments you have already tried and whether or not they have worked for you.

If ECT is an appropriate treatment option for you, your psychiatrist will discuss the advantages and disadvantages of ECT. At the end of the meeting, your psychiatrist may give you some reading material to take home.

Team meeting involving your family and whānau
If you are considering ECT it may be appropriate to organise a meeting between you, your family and whānau, your psychiatrist, registered nurse and the ECT service to discuss and explore the treatment choices.

At the team meeting you and your family and whānau will have the opportunity to ask questions. You might find it useful to write your questions down before the team meeting and bring them with you. You and your family and whānau will be asked about how you are feeling about making the decision to receive ECT.

The time leading up to ECT can be emotionally draining and feelings can change quite quickly. Each person will react differently to the situation. This is normal, there is no right or wrong way to feel.
Giving permission to have ECT (‘giving consent’)

Before a course of ECT can begin you and your family and whānau need to understand the risks, benefits, expected outcomes and treatment goals for receiving ECT.

**Information Sharing**
Your psychiatrist is responsible for making sure that you know everything you need to know about ECT. The information you need to be fully informed includes:

- the advantages and disadvantages of ECT
- the other treatment choices that are available to you
- the number of treatments in a course of ECT
- the risks involved in having a general anaesthetic
- approximately how frequently ECT will be given
- when and where ECT will take place
- how well ECT is expected to work
- how long ECT takes to work
- what happens after you receive a dose of ECT
- how you will know if ECT is working
- why you need to sign two consent forms – one for the ECT and one for the general anaesthetic
- why ECT is only given after a general anaesthetic and muscle relaxant
- whether you can be treated as an outpatient, or an inpatient
- when the best time is to begin a course of ECT.

During this information sharing, you are also encouraged to ask as many questions as you need to understand this treatment choice.

**Deciding for or against ECT**
When you feel confident that you understand what is involved in choosing a course of ECT and your psychiatrist has answered all your questions, your psychiatrist will ask if you have made a decision about whether to proceed with ECT.

If you decide to have ECT, the psychiatrist will ask you to sign an ECT consent form. Signing the ECT consent form means that you are agreeing to have a specific number of ECT treatments. It also means that you understand the risks, benefits, expected outcomes and treatment goals of choosing ECT.
Signing the consent form is an important part of the ECT consent process as ECT will not go ahead without your written consent.

You can withdraw your consent for ECT at any time – even just before the ECT treatments begin or midway through a course of ECT.

**CAN A FAMILY OR WHĀNAU MEMBER CONSENT FOR ME?**
The simple answer is ‘no’. Only you can give your consent for ECT.

**WHAT HAPPENS IF I AM NOT WELL ENOUGH TO GIVE CONSENT?**
A small group of people for whom ECT is recommended, will be unable to understand the risks, benefits, expected outcomes and treatment goals of ECT. This is because their illness is particularly severe. In these cases, a second independent psychiatrist will be asked to assess and review the person’s situation (also called ‘a second opinion’).

If the second independent psychiatrist agrees that ECT is the most appropriate treatment choice at this time, then it is possible that ECT may be ordered under the provisions of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

After each ECT treatment, the patient’s ability to understand the risks, benefits, expected outcomes and treatment goals of ECT will be reviewed. If the patient’s ability to understand is confirmed, the patient will be asked for consent to continue with ECT. If at this stage the patient decides not to have any further ECT treatments, ECT stops.
Health and fitness check
As ECT is given under a general anaesthetic you will need a health and fitness check before you start a course of ECT. The types of tests that may be included in a health and fitness check are detailed below. All the tests are usually completed within a few days.

**Blood test**
A sample of your blood is taken to see how well your liver, kidneys and heart are working.

**X-rays**
You may have a chest X-ray to see how well your lungs are working.

**CT Scan**
You may have an X-ray of your head. This is called a Computerised Tomography Scan (or a ‘CT Scan’). The CT Scan will help to rule out other diseases that could be causing your symptoms or illness.

**ECG**
You may have an Electro Cardio Graph or ECG. An ECG takes a recording of your heart and measures the rhythm of your heart.

**Medication**
All of your medications, including herbal supplements, will be reviewed to see if they are helping you.

**Physical examination**
You will be checked for other physical illnesses such as heart and respiratory disease. Your blood pressure will also be checked.

**Review**
When all the tests and checks have been completed your psychiatrist will review them and let you know the results.
General anaesthetic assessment

ECT in New Zealand is always given after a general anaesthetic and muscle relaxant.

Meeting the anaesthetist

The anaesthetist will try to ease any fears and anxieties you have about having a general anaesthetic by explaining what will happen. This meeting may take place on the day of your first ECT treatment.

The anaesthetic assessment

The anaesthetist will check that you are fit for a general anaesthetic by asking you about:
• your heart, chest and blood pressure
• any allergies you may have
• any general anaesthetic you may have had previously
• whether you have a cold, cough or high temperature
• whether you have had any sickness or diarrhoea over the last few days.

The anaesthetist will also check your mouth for any obstructions or jewellery. At this stage, you should mention if you have any false teeth, bridges, caps or plates.

The anaesthetist will tell you that their job is to give you medication to put you to sleep and a muscle relaxant to relax all your muscles. Under the general anaesthetic, you will be asleep for five to ten minutes.

If you have not been eating or drinking for a while due to your depression, you may be dehydrated. If so, the anaesthetist may put a drip in your arm to give you some intravenous fluids that will re-hydrate you.

The ECT procedure

The anaesthetist will tell you that when you are asleep and relaxed, the psychiatrist will give you your ECT treatment.

Side effects of a general anaesthetic

Before you receive the anaesthetic the anaesthetist will talk to you about possible side effects of having a general anaesthetic. After receiving a general anaesthetic some people feel sick, have a headache or experience muscle aches and pains. You may need pain relief or medication to help stop you feeling sick. You may also feel confused and not know where you are or what has happened. These are all completely normal responses to a general anaesthetic.

As any of these side effects are possible, a plan will be put in place to help manage them.
While we do not know who will experience these side effects, what we do know is that for most people, things return to normal quickly – within a few hours.

**SAFETY**

The anaesthetist will tell you that ECT is a safe procedure but, as with any procedure that includes a general anaesthetic, there is a small risk of death. However, the risk is very low, involving approximately one death in every 50,000 procedures.

**CONSENT FOR A GENERAL ANAESTHETIC**

When you feel that the anaesthetist has answered all of your questions, the anaesthetist will ask if you are ready to sign the anaesthetic consent form.

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**What can I do to prepare for my ECT?**

**SUPPORT**

Many ECT services in New Zealand allow a support person to be with you on the day of your ECT treatment. This person can usually stay with you until you fall asleep. This also means that they will be there when you wake up which can be reassuring for both of you.

Ask your psychiatrist if your ECT service will allow a support person to be with you for your ECT. Not everybody wants a support person with them, so do what is right for you.

**PREPARING FOR ECT TREATMENTS AS AN OUTPATIENT**

Some preparation the night before you are scheduled to receive ECT is required.

You must not eat any food or have anything to drink after midnight on the day you have an ECT treatment scheduled. If you do, for safety reasons the treatment can not go ahead. This includes lollies and chewing gum.

When you wake up on the day of your ECT, get ready for the day in your usual way. Select some warm, loose and comfortable clothing. Bring a book to read or some music to listen to. If you wish, bring make-up and hair
products with you to use later in the day but do not put them on before your ECT. Leave any jewellery at home and remove any nail varnish. Bring your regular medication and inhalers with you.

It is important to plan to have a responsible adult with you for the 24 hours following your ECT. In addition, you must not drive, operate machinery or make life-changing decisions. You must take these precautions because small amounts of anaesthetic medication may remain in your body for a while. Just remember to take the day easy and rest as much as you can.

Preparing for ECT treatments as an inpatient
A registered nurse on your ward will help you to prepare for ECT. On the day of your ECT treatment, a registered nurse will escort you to the designated area for your ECT and remain with you throughout.

The waiting area
A registered nurse will greet you and check that you have prepared appropriately to receive ECT. The registered nurse will ask how you slept and how you are feeling.

Final preparation
The registered nurse will then tell you about the day and go through the final preparations. The final preparations include allocating you an identification wristband or checking the one you are already wearing. You will also have their blood pressure, respiratory rate, oxygen level, pulse rate and weight checked.

The ECT treatment room
When everything is ready the registered nurse will show you to the treatment room. There is usually a bed in the middle of the room. You will be asked to slip off your shoes, lie down on the bed and make yourself comfortable. You will not need to take off your clothes.

There is usually a lot of equipment around the bed. It is there because the room is used for other treatments and procedures as well as ECT.
Staff and the ECT treatment

The room may seem busy with staff and everybody in the room will have a job to do.

Anaesthetic technician

The anaesthetic technician’s job is to support the anaesthetist by monitoring your vital signs. They will place a blood pressure cuff on your arm, oxygen monitoring equipment on one of your fingers, and heart monitoring dots on your chest. They will ask you to take some deep breaths of oxygen from an oxygen mask which they will place over your mouth. The monitoring equipment allows the anaesthetist and the technician to take good care of you throughout the ECT treatment.

If you do not like someone else holding an oxygen mask over your mouth, ask if you can hold it yourself.

The anaesthetist

The anaesthetist will give you medication to put you to sleep. When you are asleep, your support person will leave the treatment room. You are then given a muscle relaxant, which relaxes all your muscles. You will be asleep for five to ten minutes.

Mental health staff

There will also be a psychiatrist who will be treating you with ECT and a registered nurse. The psychiatrist will place ECT monitoring dots on your forehead above your eyebrows and behind your ears. When you are asleep and relaxed, the psychiatrist selects the ECT treatment that is right for you and gives your ECT treatment.

After receiving ECT

You will wake up within minutes of having an ECT treatment. However, it can take 30 to 45 minutes before you feel fully awake. During this time, you will remain in bed.

The registered nurses will monitor you closely to make sure that you are fully awake. They will ask you if you have any headache, muscle aches or pains or nausea. If you are experiencing any of these side effects, they can give you some medication for them. Side effects like these are normal.

If you have a support person, the registered nurse will go and get them from the waiting area.
**If you are an outpatient**
Most outpatients stay in the hospital for four hours after ECT. The reason you need to stay is to make sure that you are fully recovered before you return home. You will also continue to be monitored for side effects.

**If you are an inpatient**
Your registered nurse escort will be informed when you can return to the ward.

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**Important considerations for older people**
Older adults, koroua and kuia are people older than 60 years of age. As people age, they can develop mental and physical illnesses that alter their quality of life. Older adults often need a number of medications to slow the progression of physical illnesses or to manage medical problems brought on by ageing.

It can be very difficult to find the right balance of medication for a person with both a severe or chronic depression and a chronic physical illness like heart disease or diabetes. The medications required to manage a physical illness may interact with the medications needed to treat a mental health disorder, changing either medication’s effectiveness, or creating adverse effects.

Prescribing any medications for older adults, koroua or kuia requires extra care. Usually medications are started at a low dose and slowly increased over a longer time period. This cautious approach is taken because of the risk of adverse effects.

For severely depressed older adults it may be unsuitable for them to continue taking medication for
a mental health disorder. For these people, ECT may be considered as an alternative treatment option.

**Important considerations for Māori**

Starting any form of treatment to maintain wellbeing and manage mental health signals a positive turning point on what can be a lengthy journey. Having your clinician working in partnership with you and your whānau is essential to the success of your treatment and your path to recovery.

It will be important for the ECT service in your area to create an environment that respects and acknowledges the different parts of your wellbeing – wairua (spiritual), hinengaro (psychological) and tinana (physical) – as well as your relationships with your whānau.

Sensitivity to cultural and spiritual beliefs, in particular the customs and rituals that you may want to observe, is important. It is essential that treatment staff understand your needs and work with you in partnership to ensure these needs are respected.

ECT involves placing ECT monitoring equipment on the māhunga or upoko (the head; for Māori the most sacred part of the body). To protect this sacred area staff will hold a hui with you and your whānau about how best to proceed. It will be essential to establish effective communication so that this step of the journey is an experience based on mutual respect.

If you need additional cultural and spiritual support at any time during the ECT process, inform your ECT service, clinical teams, cultural advisors or kaumātua of the hospital. They can help you get the support you need for this journey.

**Important considerations for Pacific peoples**

Starting any form of treatment to maintain wellbeing and manage mental health signals a positive turning point on what can be a lengthy journey. Having your clinician working in partnership with you and your family is essential to the success of your treatment and your path to recovery.

It will be important for the ECT service in your area to create an environment that respects and acknowledges the values of Pacific peoples. The support provided should consider the spiritual, physical and psychological needs of a person. These may include the, gender, sexuality and age, of you and your family.
This kind of support is demonstrated in the Fonofale model.

The Fale is contained in a cocoon that includes the dimensions of environment, time, context and sensitivity. All these dimensions have a direct or indirect influence on one another.

It is essential that staff understand your needs and work with you in partnership to respect these cultural practices and protocols.

ECT involves placing ECT monitoring equipment on the head. To protect this sacred area, staff will need to ensure there is good communication with you in the appropriate Pacific language for you and your family. It is essential to recognise the fundamental bond that exists between you, your family, the mental health service, your religion and your community. With the appropriate recognition this step of the journey can be an experience based on mutual respect and understanding.

If you need additional cultural and spiritual support during the ECT process, inform your ECT service, clinical teams, the cultural advisors or Matua of the hospital. They can help you get the support you need for this journey.

**Important considerations for Asian people**

Starting any form of treatment to maintain wellbeing and manage mental health can signal a turning point in a lengthy journey. Establishing a collaborative partnership that acknowledges your cultural background and needs is essential to the treatment’s success, and your path to recovery.

To help you consider the risks, benefits and expected outcomes of having ECT, your ECT service may need to make additional preparations so that you and your family clearly understand every aspect of ECT. It is essential that you understand the purpose of ECT as a treatment and how it may help you.

Language barriers may prevent you from understanding what is happening. The ECT service may ask a person to translate for you so that we can understand each other.

It is also important that the treating staff understand how you and your family perceive your mental health, as well as any customs and beliefs related to your illness. With this understanding your treatment can proceed in an appropriate way for you.
If you need additional cultural and spiritual support at any time during the ECT process, tell the ECT service, clinical teams or the cultural advisors of the hospital. They can then help you get the support you need on this journey.

**Alternative treatments to ECT**

Before you go ahead with ECT, your psychiatrist will talk with you, your family and whānau about each of the alternative standard treatments in more detail. You may ask questions about anything you do not understand and ask for written information about the treatment choices that are presented to you.

This section gives a brief overview of the standard treatment alternatives that may work as well as, or better than, ECT.

**ANTIDEPRESSANT MEDICATION**

Antidepressants are often used to treat depression as they are effective for most people. Antidepressants can also be helpful in treating other conditions such as anxiety, sleep problems, panic, obsessive compulsive disorder and social phobia.

The key points about antidepressant medication are that:

- it works slowly – over weeks rather than days
- different symptoms get better at different rates
- most people feel noticeably better after two to three weeks
- the full effects can take four to six weeks
- the full effects can take longer for older people, koroua and kuia
- you may have some side effects before your mood gets better
- most side effects go away after a week or so
- some people do not experience side effects.
## Types of Antidepressants

<table>
<thead>
<tr>
<th>Antidepressant</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selective Serotonin Reuptake Inhibitors (SSRIs)</strong></td>
<td>Weight loss, headache, anxiety, nausea and vomiting, diarrhoea, insomnia and sexual dysfunction with little or no interest in sex. When first starting on an SSRI, symptoms of anxiety may increase.</td>
</tr>
<tr>
<td>Examples: fluoxetine, paroxetine, citalopram</td>
<td></td>
</tr>
</tbody>
</table>
The type of antidepressant recommended for you will depend on your symptoms, the side effects of the medication, whether you have any physical illnesses like heart or respiratory disease, the medications you are already being prescribed, the risk of drug interactions and whether you have had the medication before, and your previous response to this medication.

**Changing or stopping antidepressant medication**
Antidepressants are not addictive. However, some people get ‘discontinuation’ effects if they stop their medication suddenly. These effects include anxiety, dizziness, nausea and insomnia. Some people can feel confused or ‘out of sorts’. If you want to change the dose or stop taking your medication, first discuss it with your psychiatrist or registered nurse.

If you stop taking antidepressant medication too early, your original symptoms may return. To reduce the risk of becoming depressed again, you may need to stay on your antidepressant medication for at least one year after you feel better. Some people need to continue for as long as two years after they feel better.

**Mood stabilisers**
Mood stabilisers are used to treat mood swings. They help stabilise your mood by trying to reduce the ‘highs and lows’. Mood stabilisers are prescribed with antidepressants to increase their effect and provide some stability to your mood. How they do this is not clear.

For people with **severe depression**, it is quite common for mood stabilisers to be prescribed in addition to antidepressants.

**Blood tests**
Before starting on a mood stabiliser you will need to have a number of blood tests. Once your psychiatrist reviews the results of your blood tests they will let you know if it is safe for you to start on a mood stabiliser.

If you are prescribed a mood stabiliser, you will continue to have regular blood tests for the first few weeks or months. These tests are done to make sure that you are on the right dose.

Before beginning ECT you must stop taking your mood stabiliser.
### Types of Mood Stabilisers

<table>
<thead>
<tr>
<th>Mood Stabiliser</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Valproate</td>
<td>Feeling sick. Occasionally increased appetite and weight gain.</td>
</tr>
</tbody>
</table>

### Changing or Stopping Mood Stabiliser Medication

If you stop taking your mood stabiliser medication, your original symptoms may return. If you want to change the dose or stop taking the medication, first discuss it with your psychiatrist or registered nurse. Most people are prescribed a mood stabiliser for a long time, sometimes years.

Whether or not a mood stabiliser is added to your antidepressant medication will depend on your symptoms and the side effects of the medication. In addition, your psychiatrist will consider whether you have any other physical diseases like heart or respiratory disease, the medications you are already prescribed, the risk of drug interactions and, if you have had the medication before, your previous response to this medication.

Your psychiatrist will want to make sure that there is no risk of drug interactions that could have adverse effects.

### Psychological Therapies

Psychological therapies are also called ‘talking therapies’ because the therapies involve lots of talking.

#### Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) involves a structured approach to identify the relationship between thoughts and behaviours and how they affect feelings. It helps to develop skills and coping strategies to manage better.

#### Counselling

Counselling can take a structured or unstructured approach. Both approaches aim to develop a healing relationship that will address the problems and issues raised.

#### Interpersonal Therapy

Interpersonal therapy takes a structured approach focusing on problems and issues. During the session, you may discuss topics such as grief and loss, conflicts and relationships in relation to their impact on
feelings. This kind of therapy helps to develop skills to cope with, or resolve, problem areas.

**Psychodynamic therapy**
Psychodynamic therapy seeks to understand how conscious and unconscious conflicts from the past impact on feelings and issues in the present. It seeks to help you understand your past.

**Problem-solving therapy**
The structured approach of problem-solving therapy focuses on specific problems in order to find specific solutions to them.

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**Making a decision about treatment**
It is difficult making a decision about what you think is the right treatment for you. It may feel as if you have reached the point of having made a decision too quickly. You may feel overwhelmed by too much information, or you may feel as if you have not had enough information. It may be difficult to take everything in, so write things down and ask questions.

It may help to write down your thoughts about each of the treatment choices available to you. Weigh them up against your own treatment goals, using the risks, the benefits and the expected outcomes of each option.

Think and talk about your mental health illness and the treatments you have tried along this journey.

Consider the impact of each of the treatment choices on your quality of life. Having your clinician working in partnership with you and your whānau is essential to the success of your treatment and your path to recovery.

Think about which treatment choice will give you the best possible quality of life.

If one type of treatment has been recommended for you, think about why it has been recommended. If you
are unsure why this treatment has been recommended, ask your psychiatrist.

If you understand your illness and the treatment choices available to you, making a decision can be easier. If you are unsure about your illness, ask your psychiatrist.

Another useful step may be to talk with family and whànau, registered nurses, friends, spiritual and cultural advisors, or other people who have had ECT. Talking with them may help you make a decision about the best treatment choice for you.

**Finishing a course of ECT**

**Check-ups**

Follow-up is critical to maintaining the progress you have made. Check-ups are organised with you and your clinical team. Your check-ups may include assessments of your memory, thinking, mood, activities of daily living, social life, sleep and appetite.

**Antidepressant medication**

You may need to remain on antidepressant medication for a year or longer after you finish a course of ECT. During this time you may continue to need blood tests to check that you are on the correct dose. Your psychiatrist or registered nurse may also want to check your blood pressure from time to time. This is normal. The dose of your medication may change, or your medication may change. Your psychiatrist or registered nurse will talk to you about changes before they happen.

Psychological (‘talking’) therapies and social support may also be important to your recovery.

Staying in touch with clinical teams can be critical to your wellbeing and recovery.
**Recurrence**
Many people worry that their illness will come back. Knowing what to expect may help you recognise your ‘early warning signs’. Symptoms are important but they need to be seen in the context of what is going on in your life. This is where staying in touch with your clinical team can be critical to your recovery.

**Relapse**
Your clinical team will work with you to put plans in place in case you experience relapse. They will provide an invaluable support to you, your family and whānau on your journey of recovery.

**Discrimination and stigma**
Mental illness does not discriminate; it can affect anyone at any time. Most people who experience mental illness will recover. Despite this, individuals who have experienced mental illness are often stigmatised and discriminated against.

Discrimination can prevent you from becoming involved in day-to-day life with your family and whānau, friends and work colleagues. It may also be difficult to become involved in local community activities. These difficulties can be made worse because of the misconceptions and misinformation about mental illness and ECT.

**Being prepared**
If you know that stigma and discrimination may make your recovery more difficult, being prepared can mean that you are more able to deal with it.

Learning about mental illness and the way that it can impact on you, your family and whānau may provide those around you with the courage, strength and resilience to ‘be there’ with you on your road to recovery.
Glossary

Depression is a disorder that seriously affects all aspects of a person’s being. It is characterised by serious changes in mood, thinking, behaviour, appetite, sleep, energy levels, communication and physical activities. It affects all aspects of day-to-day life. Depression is more than just feeling ‘down’.

Severe depression seriously affects all aspects of a person’s being. It is characterised by persistent symptoms of depression with serious suicidal intentions, profound hopelessness, feelings of worthlessness and guilt, bizarre thinking and self-neglect. This is a life-threatening condition that requires urgent medical attention.

Mania is a state of extreme euphoria. It is much more than just ‘being high’. It is a persistent state whereby the need for sleep, food, drink and rest becomes secondary to an elevated or euphoric mood. People with mania can become very entertaining and are great fun to be around but they may also become irritable and impatient. People in a manic state may spend lots of money that they do not have. They may get into risky behaviours such as using drugs, having indiscriminate sex, giving away assets or expensive gifts, driving dangerously and even starting up a business without thinking things through.

People in a manic state have an incredible amount of energy. They can talk about everything and anything and move from one topic of conversation to another in the same sentence.

Mania is physically and mentally exhausting and can become life-threatening as energy levels get lower and behaviour becomes excessively risky and dangerous.

Catatonia is a set of symptoms that produce extreme changes in activity.

There are two types of catatonia.

1. ‘Catatonic stupor’ means that movement and activity stop and the person withdraws from all aspects of life. Time is often spent in one position, such as lying down. As the person does not eat or drink enough to support life, this can become a life-threatening condition that needs urgent medical attention. The person can look as if they are in a coma.

2. ‘Catatonic excitement’ is the opposite of a catatonic stupor. Activities increase dramatically and they are prolonged, excessive and dangerously uncontrolled. This is also a life-threatening condition that needs urgent medical attention.
Notes:
Helpful organisations

**Citizens Advice Bureaux**
Freephone: 0800 367 222

**Health and Disability Commissioner**
Level 10, Tower Centre, 45 Queen St
P O Box 1791, Auckland
Freephone: 0800 11 22 33
Email: hdc@hdc.org.nz

**Information about Depression**
www.depression.org.nz

**Information about Stigma and Discrimination**
www.likeminds.org.nz

**Mental Health Commission**
Prime Finance Tower,
142 Lambton Quay, Wellington
P O Box 12 479, Thorndon, Wellington
Tel: (04) 474 8900
www.mhc.govt.nz

**Mental Health Foundation of New Zealand**
81 New North Road
Eden Terrace, Auckland
Tel: (09) 300 7010
Fax: (09) 300 8020
www.mentalhealth.org.nz

**New Zealand Guidelines Group**
Consumer resources for mental health
www.nzgg.org.nz

**Privacy Commissioner**
Level 4, Gen-i Tower
109-111 Featherston Street
PO Box 10-094, Wellington 6143
Tel: (04) 474 7590
Fax: (04) 474 7595
www.privacy.org.nz
Email: enquiries@privacy.org.nz