Mental Health and Wellbeing Act 2022	Local Patient Identifier	
Section 104	FAMILY NAME	
MHWA 132A		
Application for ECT- voluntary adult	GIVEN NAMES	
without capacity to consent		
	DATE OF BIRTH SEX GENDER	
Mental Health Statewide UR Number	Place patient identification label above	
Instructions to complete this form		
 This form is used to apply to the Mental Health Tribuna (ECT) on an adult who is receiving treatment on a volu This form must be completed by a psychiatrist. Please cross	al for authority to perform a course of electroconvulsive treatment ntary basis.	
GIVEN NAMES FA	MILY NAME (BLOCK LETTERS) of person	
treated at:		
	Ith Service or private mental health service	
postal address: po	ostcode:	
· · · · · ·	CD-10 code:	
-0		
Specify person's diagnosis for which electroconvulsive treatment is being pro To the Mental Health Tribunal		
Part A: Details of person		
 a Designated Mental Health Service; or a private mental health service. I am satisfied that the above-named person does no less restrictive way for the person to be treated has an instructional directive giving informed of 	consent to ECT (see notes over page); or e and the person's medical treatment decision maker has	
1. I apply to the Mental Health Tribunal for authority	to perform a course of ECT on the person.	
 The proposed number of treatments in the course 		
3. The proposed duration of the course of ECT is:	weeks. (maximum duration is 6 months)	
4. The proposed course of ECT is:		
 not urgent urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to: save the life of the person; or prevent serious damage to the health of the person; or prevent the person from suffering or continuing to suffer significant pain or distress. 5. I request the application be		
heard within:	reflect the urgency of the application.)	
Part C: Principles		
6. I have given proper consideration to the decision-	making principles for treatment and interventions.	
Signature: signature of psychiatrist	Date:	
Given Names:	Family Name:	
Business Address:	Telephone:	

Mental Health and Wellbeing Act 2022 Section 104	Local Patient Identifier Family NAME		
MHWA 132A Application for ECT-voluntary adult without capacity to consent		GIVEN NAMES	
		DATE OF BIRTH SEX GENDER	
Mental Health Statewic		Place patient identification label above	
To the Mental Health Tribun			
2016 (if applicable)	reatment decision m	aker under the Medical Treatment Planning Decisions <i>A</i>	
Given names:	Family nam	9:	
Postal Address:			
Suburb:	State:	Postcode:	
Email:	Telephone:	()	
Preferred language:	□ interprete	r required	
	erson appointed und	er the Medical Treatment Planning Decisions Act 2016	
applicable) Given names:	Family nam	ے۔ م	
Postal Address:			
Suburb:	State:	Postcode:	
Email:	Telephone:		
Preferred language:	□ interprete		
Part F(1): Details of other po			
Given names:	Family nam	ə:	
Postal Address:			
Suburb:	State:	Postcode:	
Email:	Telephone:	()	
Preferred language:	□ interprete	r required	
 □ a guardian of the person. □ a carer of the person. 	son as defined in secti	ection 62 of the <i>Mental Health and Wellbeing Act 2022.</i> on 3(1) of the <i>Guardianship and Administration Act 2019</i> .	
Part F(2): Details of other pe Given names:	erson (if applicable) Family nam	a.	
Postal Address:		-	
Suburb:	State:	Postcode:	
Email:	Telephone:		
Preferred language:	□ interprete		

JULY 2023

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Application for electroconvulsive treatment (ECT)

NEXT STEPS

- 1. **Send** a hearing request to the Mental Health Tribunal by submitting the application through CMI/ODS. Update the compulsory notifications tab on CMI/ODS.
- 2. If the application is urgent call the Mental Health Tribunal to notify them of the application and send copies of this form to the Mental Health Tribunal at:
 - Ph: 9032 3200
 - ➢ Fax: 9032 3223
- 3. **Explain** to the person that you have made this application and that the Mental Health Tribunal will invite them to a Tribunal hearing. Offer the patient support to prepare for their Tribunal hearing.
- 4. **Prepare** the Mental Health Tribunal *report on electroconvulsive treatment* and any other supporting information to be presented at the hearing. You can get copies of the template at <u>www.mht.vic.gov.au</u>.
- 5. **Give** a copy of the *report on electroconvulsive treatment* and access to the supporting information to the person and the Tribunal **at least 2 business days** before the hearing. You should also share this report with the person's family, carers or supporters if the person consents or if otherwise allowed under the *Mental Health and Wellbeing Act 2022*.
- 6. Ensure appropriate supports are provided to assist the person to understand this information.
- 7. Offer the person help to submit the What I want to tell the Tribunal form if they would like to do so

Notes

- 1. An instructional directive is a formal document made in accordance with the requirements of the **Medical Treatment Planning and Decisions Act 2016** that expressly consents to or refuses specific medical treatment. An advance statement of preferences is not an instructional directive.
- 2. If the person has an instructional directive consenting to ECT, ensure a copy of the instructional directive is in the person's clinical record and is available to the Mental Health Tribunal at the hearing.

Decision-making principles for treatment and interventions

You **must give proper consideration to the decision-making principles** for treatment and interventions in making this decision.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.

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