Continuing to provide ECT during the COVID-19 pandemic

Electro Convulsive Therapy (ECT) is a NICE approved evidence-based intervention for life threatening and/or severe depression. The delivery of ECT usually takes place on a sessional basis with oversight from mental health trusts, with additional input and support from a senior anaesthetist. It can be delivered from dedicated ECT suites within mental health trusts, or from theatre space in acute general hospitals.

The threshold for the requirement of ECT is relatively high and the number of individuals are low, however, the individuals who require the intervention are likely to have a life-threatening mental health condition including severe depression, severe depression with high suicidal risk, a severe eating disorder with secondary depression, depressive stupor, postpartum psychosis, catatonia or severe intractable mania.

Evidence of impact of COVID-19 on ECT provision

As the COVID-19 pandemic has progressed there has been concerns raised by mental health trusts about the potential for the provision to be limited or curtailed due to the reduction in availability of staff including anaesthetists, lack of theatre space for patient with comorbid physical health problems, lack of adequate PPE supply, the suitability of ECT suites in relation to space available for donning and doffing of PPE, the ventilation requirements to carry out the procedure with the enhanced IPC measures required. Delay or lack of provision of ECT in such urgent cases with severe mental illness can result in further deterioration in mental state with very high risk of self harm, prolonged admission and compromise medical comorbidity if any. In response to this, the MH/LDA COVID-19 cell has worked with regional mental health leads, the Royal College of Psychiatrists ECT Accreditation Service (ECTAS) and our clinical leads to understand the extent of the issues across England.

ECTAS completed an audit of all of their accredited services in the week beginning 31st March. The data returned indicated that many services had had their provision impacted in some way by COVID-19. Services all reported to have prioritised ECT services for the most urgent cases and taken steps to ensure that those in most need are able to access ECT treatment.

Alongside the ECTAS audit, regional heads of mental health were approached to clarify the impact of COVID-19 on the ECT provision by each service in their region. The returns have been considered from both a regional and national perspective, with the key findings listed below:

- Most services have restricted their provision to those patients with the highest clinical need
- Trusts with more than one ECT site have consolidated their delivery to one site
- Clinic capacity has been reduced in most areas to allow for IPC measures and PPE requirements
- Where services are challenged due to availability of resources to deliver the ECT intervention, mutual support arrangements have been established with neighbouring services to support each other and offer a level of provision
- If there are significant concerns about provision, providers are also involving the regional commissioners to support decision making and negotiations as required
- Clinicians are taking balancing the risk in providing ECT to those urgent cases with medical comorbidity by providing ECT in ECT suites rather than in theatres.
Many services also stated that clinicians are exploring whether there might be alternatives to ECT such as switching to antidepressant treatments, consideration of high dose antidepressant medications, augmentation with mood stabilising medication, Lithium or Thyroxine, or exploration of neuromodulation techniques such as Ketamine.

**Recommendations**

Further to the findings above the recommendations in relation to continued ECT provision during the COVID-19 pandemic are:

- ECT is regarded as a critical service and should be regarded with the same parity as a life-saving intervention in physical health care
- ECT services to continue to prioritise ECT for those patients who present with a significant clinical need
- ECT services to continue to consider mutual aid with neighbouring services to ensure provision for a local but wider footprint
- ECT services to maintain a log of patients who are deemed urgent for ECT but are either delayed or treatment not given and the impact of this.
- Providers to continue to monitor those patients who have had their maintenance course of ECT curtailed and to record the impact of this, with further ECT to be offered as required based upon clinical thresholds
- Regional teams to be kept informed of any issues as they arise, with escalation within the regional incident management response, and subsequently to national escalation if required
- ECTAS to provide “ECT during COVID guidance” to help Trusts/commissioners to plan/organise ECT services either locally or regionally. This needs to be updated regularly as COVID-19 evolves and with changing guidance from PHE. (This will help acute Trusts to support ECT services)

**MH/LDA COVID-19 Cell**