

**Royal College of Psychiatrists
Committee on ECT and related treatments**

Lecture on Electroconvulsive Therapy (ECT)

General Points

1. In response to the perceived negative attitudes to ECT, not only within the public domain but evident also within health professionals generally, it was considered appropriate by the Committee on ECT and Related Treatments, to support the creation of a lecture to address this situation.
2. The primary aim of this project is educational, aiming to educate and promote ECT as an effective treatment for Depressive Illness.
3. The TARGET GROUP is that group of health professionals with specialist knowledge of ECT who lack lecturing experience but with appropriate support could contribute positively.
4. The TARGET AUDIENCE would include Trust Boards, Clinical Commissioners, medical psychiatric trainees and associated health professionals new to psychiatry, general hospital staff, general practitioners, medical students, patient and interested public groups.
5. It must be stressed that this suggested lecture is not a specialist lecture on ECT. It is intended to be delivered to the 'interested but uninformed'. The presented lecture must not be seen as competing with, or needing to replace any pre-existing lecture used at the educational interface. It must also be stressed that a basic and sound 'knowledge base' concerning ECT is a prerequisite as this lecture will not provide such information.
6. The lecture has already been delivered to a variety of audience types and feedback has been positive. It is quite long; it takes over an hour moving quickly, but then sections can be omitted as necessary.
7. It must be stressed that this package is for guidance and suggestion only and is not to be considered a definitive College ECT lecture.
8. There is no attempt to provide the narrative but suggestions for 'slide linkage' are offered in some places, as I personally feel a slide should not be shown without any introduction or a link from the previous slide. It is expected that slides may be omitted or others introduced as necessary to accommodate any specific educational needs of the target audience.

9. There are two specific points, with regard to the content that I commend as they 'work for me'. Firstly, there is no reference to the history or past use of ECT. Such a mention, in my experience, engenders a negative mind-set in the audience from the start. Secondly, ECT as a treatment, is not approached until 'serious depression' or 'depressive illness' has been explained and the small subset of potential ECT patients identified. The main issue is to maintain structure to the lecture which keeps you in control and removes the risk of 'derailment' by interjections from the floor.

There are two presentations.

The first is more of a 'route map' rather than a formal lesson plan. It suggests how the lecture may be structured and ordered and contains lists of points that might usefully be presented at each stage.

A power point of the lecture can be obtained from the College by contact Stella Galea, Committee Manager stella.galea@rcpsych.ac.uk

The power point is best converted to 'Handout Master' format, perhaps four/six to a sheet and used as a prompt during the lecture.

The second presentation is the lecture slides and can be seen as being in several stages:

1. Stage one is the most difficult. The objective is to make sense of the myriad of terms associated with depression, explore the concept of depression and depressive illness, the clinical picture of depressive illness, the underpinning theories of causation and the associated dysfunctional brain regions. Evidence is briefly presented. At the end of this stage the audience should be able to identify the 'potential ECT patient subset' within the 'depressed patient population' and appreciate the specificity of ECT.
2. Stage two introduces ECT with a shortened video clip, I suggest this is tightly limited to the **treatment component only** (3mins 30 secs to 6 mins only) of the BBC ECT Video produced by Professor Reid. This video clip will either need recording or open access to the internet is available at the lecture.
3. Stage three then emphasises the efficacy and speed of response and the mode of action of ECT.
4. Stage four covers present-day protocols, general issues, such as stimulus dosing, the risks and consenting issues.

5. Stage five allows for mention of the future of ECT and TMS, for example.
6. Q&A
7. If time or interest exists I end with the offer of showing the entire video clip, followed by discussion.

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