CENTRE OF ELECTROCONVULSIVE THERAPY IN QUEBEC

Centre of Excellence in Electroconvulsive therapy Quebec (CEECTQ)

Created in 2012, the Centre of Excellence in Electroconvulsive Therapy Quebec is an electroconvulsive therapy (ECT) expertise and reference centre.

Mission
To contribute to a better understanding about, and to the implementation of best practices for, ECT in Quebec.

Vision
Every person for whom their clinical condition requires ECT should be able to receive prompt and efficient treatment with the least possible risks. At the same time, the recipients of ECT and/or their representatives should be best informed about the risks and benefits of the intervention regarding their rights and dignity.

Challenges
The CEECTQ’s mandate is to favor the Quebec population’s ability to safely access adapted care. To achieve this goal, the CEECTQ chooses a multi-pronged approach:

Treating: The CEECTQ participates as an expert in many regions of Quebec and attends to the standardization and implementation of ECT best practices in the province.

Supervising: The CEECTQ develops measures to evaluate and monitor the quality of ECT practices.

Improving: The CEECTQ operates a clinical research platform for which the main research themes are: clinical indications and effects; pre- and post-treatment quality of life; the best techniques and their short and long-term secondary effects; and the contribution of other neuromodulation techniques.

Teaching: The CEECTQ promotes specialized teaching programs for psychiatrists, nurses, administrators, and user committees.

Demystifying: To demystify the prejudices against ECT, the CEECTQ fosters patient-partner participation in educational and knowledge transfer activities among patients, their families, and the general public.
### Action Areas:

<table>
<thead>
<tr>
<th>Recommendations of the <em>Institut national d’excellence en santé et en service sociaux</em> (see AETMIS, 2002)</th>
<th>Mission of the University Health Centres and university institutes</th>
<th>CEECTQ Provincial action area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a clinical practice guide</td>
<td>Establish a practice guide for the clinical, technical, and legal aspects of ECT.</td>
<td>TREATMENT</td>
</tr>
<tr>
<td>Improve consent procedures</td>
<td>Develop a new consent form.</td>
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</tr>
<tr>
<td>Support and fund pilot projects to experiment with innovative approaches regarding institutional regulation of practices.</td>
<td>Develop information tools about ECT (<a href="#">brochure</a>, <a href="#">Clinical poster 1 and 2</a>, <a href="#">video capsules</a>).</td>
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<td></td>
<td>Coordinate access to a teleconsultation for Quebec psychiatrists.</td>
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<td>Participate as expert in the various regions of Quebec.</td>
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<td>Develop a national register on ECT.</td>
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<td>Evaluate the consent procedures in Quebec with UETMIS (<a href="#">ET27-0708 report</a>).</td>
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<tr>
<td>Acquire the means to inform patients and the public about convincing evidence regarding ECT.</td>
<td>Offer an academic training and an ongoing professional development program for psychiatrists, nurses, administrators, and user committees.</td>
<td>TEACHING</td>
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<td></td>
<td>Participate in the destigmatization of ECT.</td>
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<tr>
<td>Enhance knowledge of the effectiveness and risks of ECT.</td>
<td>Operate a clinical research platform on clinical indications, the best techniques, and the short and long term effects of ECT (<a href="#">Publication</a>).</td>
<td>RESEARCH</td>
</tr>
<tr>
<td>Establish a data collection system for ECT in Quebec.</td>
<td>Develop a follow-up procedures in collaboration with the INSPQ.</td>
<td>EVALUATION</td>
</tr>
<tr>
<td>Devise quality control programs for medical treatment and procedures</td>
<td>Participate in a report on the state of ECT practice in Quebec with the INSPQ.</td>
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</tr>
</tbody>
</table>
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THE STATE OF ELECTROCONVULSIVE THERAPY (ECT) IN QUEBEC

The Bureau d'information et d'études en santé des populations (BIESP) of the Institut national de santé publique du Québec (INSPQ), in collaboration with the CEECTQ, published a brochure on the user profile of ECT in Quebec between 1996 and 2013.

Context

From 1938, ECT was massively used before being disparaged with the advent of psychotropic medication in the 1960s. A constellation of factors, including the influence of public opinion, the discovery of psychotropic medication, and the impacts of the non-regulated use of ECT contributed to ECT’s decline around the world well into the 1980s. Since then, tendencies have varied between countries. In Quebec, data from the Régie d’assurance maladie du Québec (RAMQ, the provincial health insurance register) enabled the Agency for the Agence d'évaluation des technologies et des modes d'interventions en santé (AETMIS), now called the Institut national d’excellence en santé et en services sociaux (INESSS) to produce a first portrait of ECT therapy.

The AETMIS report (2002) formulated seven recommendations to better oversee ECT in Quebec. In order to better monitor ECT practice, the AETMIS report recommended the establishment of hospital records to collect data relative to ECT use across Quebec. Afterwards, an expertise and reference centre, the Centre of Excellence in Electroconvulsive Therapy Quebec, was created in 2012, thanks to collaboration with and public funding from two major university institutions: the Institut universitaire en santé mentale de Montréal (IUSMM) and the Institut universitaire en santé mentale de Québec (IUSMQ)

In this context, the BIESP of the INSPQ and the CEECTQ developed a feasibility study on ECT monitoring in Quebec based on health administrative databases.

Some facts

- The study of ECT monitoring establishes a detailed portrait of the use of this therapy in Quebec from 1996 to 2013. During that period, an average of 804 people per year received ECT in Quebec.
- In Quebec, ECT is an exceptional treatment in accordance with the norms of clinical practice laid down by international guidelines. For example, of the 900 000 persons treated for mental disorders each year in Quebec, 0.08% will have received ECT.
- Recourse to ECT therapy is in constant decline:
  - The use of ECT shrunk by 30% in the period between 2002-2003 and 2012-2013, as much for men as for women, of all ages;
  - This decrease is especially pronounced in groups for which the prevalence of recourse to ECT is the highest, namely for women and for elderly people over the age of 65.
ECT is more frequently administered to:

- women and elderly people over the age of 65, reflecting the relative incidence of major depression and the complexity of the clinical situation for these specific population segments;
- People suffering from affective disorders, such as major depression, constituting three quarters of the individuals who undergo ECT.

On average, each person received 9.7 ECT sessions per year—7.5 acute sessions and 2.2 supplementary sessions, the latter which are also called maintenance sessions. The administration of ECT in acute session significantly declined during the period of 2002-2013, contrary to maintenance ECT, which increased.

The regional disparities and number of ECT sessions given by psychiatric physicians nonetheless raise several important questions, such as the appropriateness of ECT use and the maintenance of service quality. These issues underline the need to put in place a more sophisticated system to monitor the quality of ECT care and services across the province of Quebec.

Sources

- Institut national de santé publique du Québec (INSPQ). Profil d'utilisation de l'électroconvulsivotherapie au Québec. Authors : Lemasson, Morgane; Patry, Simon; Rochette, Louis; Pelletier, Éric and Lesage, Alain. Montréal. INSPQ, 2016. 18p. [PDF]
CONSENT AND INFORMATION

New consent documents for ECT

Since 2015, the Ministry of Health and Social Services of Quebec (MSSS) proposes new documents for ECT created by the CEECTQ in collaboration with numerous partners:

- A new electroconvulsive therapy and anesthesia consent form-AH 716 (printable, dynamic versions in French and in English)
- Information Brochure: What you need to know about ECT: Brochure for users and their families (version in French, in English, and in spanish)

Clinical posters were created to help clinicians to explain to patients and their families the key elements of ECT during their consultation and during treatment if necessary:

- Figure 1: Illustration of an ECT session
- Figure 2: Illustration of the stimulation electrode positions (yellow circles) during unilateral, bifrontal or bitemporal ECT

For the English and Spanish versions of the clinical posters, contact CEECTQ: 514 251 4000 (3171) or mlemasson.iusmm@ssss.gouv.qc.ca.

The CEECTQ is currently developing video information capsules.

Is the consent for ECT and anesthesia mandatory?

Yes. Written consent for ECT and anesthesia is mandatory. Consent constitutes a key element in the protection of people’s autonomy and dignity. It must be free (i.e. it must be obtained without coercion, threat or pressure) and informed (i.e. after having received all the relevant information). If a user and/or their representative wish(es) to stop the therapy, they may verbally retract their consent at any time.

What should one know and understand about ECT before consenting?

Before giving her consent, the potential recipient and/or representative of ECT must understand:

- Their diagnosis;
- The nature and aims of ECT;
- The interventions to be carried out;
- The anticipated benefits, risks and possible undesirable effects;
- The consequences in case of refusal;
- Other possible treatments.

To help potential recipients in making a decision, they should:
• The consequences in case of refusal; Read the information brochure on ECT entitled *What you need to know about ECT*;

Direct all necessary questions to their doctor or nursing staff;

Be accompanied by a relative or friend or any person who can help potential recipients to make a decision;

Take all the time necessary to make a decision.

Why the new ECT information and consent documents?

The CEECTQ’s wish to improve consent in Quebec is a response to the recommendation to pay special attention to the ECT consent process, formulated in the 2002 report by the Agence d’évaluation des technologies et des modes d’interventions en santé (AETMIS, now called the INESSS).

To do this, the CEECTQ revised the consent procedures used in Quebec and defined the most appropriate practices to ensure informed consent for ECT, in collaboration with *Unité d’évaluation des technologies et des modes d’intervention en santé* (UETMIS) *(ET27-0708, 2015)*. To optimize the informed consent process, the CEECTQ developed a new consent form and information brochure on ECT for users and their relatives. These documents were created with the help of users, patient partners, peer supporters, relatives, non-profit community organizations, user and family support organizations, government health organizations, as well as numerous experts in the fields of ECT, health technology evaluation, consent, legal affairs, ethics, etc. In total, almost one hundred people—of which 28 were users—read and commented on the information brochure. Today, the new consent form and the new information brochure are ministerial documents in their own right.

Sources


READ MORE ABOUT ECT

To get to know more about electroconvulsive therapy (ECT), please access the following resources:
- **Information brochures**;
- **Information video capsules** about electroconvulsive therapy (ECT);
- **Clinical posters**
- **Guidelines**
- **Testimonials** from former users and their families.

### Information brochure

ECT information brochure from the Ministry of Health and Social Services of Quebec (the Ministère de la Santé et des Services Sociaux du Québec, or MSSS), created in collaboration with the CEECTQ:

- French version - *Ce que vous devez savoir sur l’ECT : brochure destinée aux usagers et à leurs proches.*
- English version - *What you need to know about ECT: Brochure for users and their families.*

### Information video capsules about electroconvulsive therapy (ECT)

- **Charles-Lemoyne Hospital** (Quebec): *video in French* only
- **The Canadian Electroconvulsive Therapy Survey/Standards** (CANECTS, British Columbia)
  The Ministry of Health of British Columbia provided the necessary funds for the production of a 20 minute information video for ECT patients and their families.
- **Electroshock treatment in numbers** (French only: Les Capsules des Éclaireurs, ICI Radio-Canada)

### Clinical posters

- **Figure 1**: Illustration of an ECT session
- **Figure 2**: Illustration of the stimulation electrode positions (yellow circles) during unilateral, bifrontal or bitemporal ECT

For the English and Spanish versions of the clinical posters, contact CEECTQ: 514 251 4000 (3171) or mlemasson.iusmm@ssss.gouv.qc.ca.

### Guidelines

- Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 *Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section 4. Neurostimulation Treatments.* Can J Psychiatry. 2016 Sep;61(9):561-75. ([Pubmed](#))

### Testimonials
Radio interview of users

- Radio FM 93, 11 mai 2017, interview of Myreille Bédard

Video capsule produced by an ECT user

This video capsule shows an ECT session. It was produced by a person who underwent ECT and who wished to destigmatize the treatment.

“Madness has existed for generations, even millennia. Our parents, their parents and ourselves despise the living hell of insanity as a form of cancer of the soul. We turn our backs on lunatics, we avoid their gazes lest we be dragged into their madness. Our indifference and judgment blame us and push us into isolation.

Is madness a crime that requires a life imprisonment? We pardon criminals, but we accuse the victims of madness! Of what are we guilty?

Like all victims of illness, our dearest wish is to heal. The dearest wish of all victims of mental illness is to escape from the humiliation, scorn and indifference that weigh even more heavily on our shoulders than the illness itself.

This disdain is born of false beliefs that have been taken up and exploited by literature, the media and most of all, movies. One Flew Over the Cuckoo’s Nest, Girl Interrupted, Ben X, does that ring a bell?

Because a picture is worth a thousand words and to break the taboos around electroshock, this short capsule, produced in 2012, shows you an electroconvulsive therapy session. So, forget the false images of One Flew Over the Cuckoo’s Nest, a film dating from 1975.

To date, ECT received on a regular basis remains the most effective treatment for me to go about my daily activities without having to worry about the onset of yet another bout of bipolar depression. If I had the chance to return to the past, I would opt for ECT rather than the pills, which were already ineffective for me.

In order to protect myself from scorn and the false ideas about mental illness and electroshock therapy, I decided to make the video anonymous. I apologize to the public for the possible loss of information.” The director (free translation).

Books by former ECT users and their families

TEAM AND PARTNERS

The decision-making committee of the Centre for Excellence in Electroconvulsive Therapy Quebec (CEECTQ) is founded on the concerted action of different actors involved in ECT such as the University Institute of Mental Health of Montreal (l'Institut universitaire en santé mentale de Montréal), the University Institute of Mental Health of Quebec (l'Institut universitaire en santé mentale de Québec), the Research Centre of the University Institute of Mental Health of Montreal (Centre de recherche de l'Institut universitaire en santé mentale de Montréal) and one user of ECT services.

The Board of Directors of the CEECTQ

- Psychiatrists
- Nurses
- Medical and clinical affairs
- The Evaluation Unit of Health, Technology and Intervention Modes
- Patient partners
- Clinical researchers
- Peer supporters

CEECTQ organizational chart (PDF file)

Our partners

The CEECTQ works in close collaboration with different partners representing medical staff, patients and their families, medical monitoring services and clinical research.

Provincial advisory committee (in June 2015)

- Ministère de la Santé et des Services Sociaux (Ministry of Health and Social Services)
- Curateur public du Québec (Public Curator of Quebec)
- Centre of Excellence in Electroconvulsive Therapy Quebec
- L'institut universitaire en santé mentale de Québec (Mental Health University Institute of Quebec)
- L'institut universitaire en santé mentale de Montréal (Mental Health University Institute of Montreal)
- Douglas Mental Health University Institute
- Institut national d'excellence en santé et en services sociaux (The National Institute for Excellence in Health and Social Services)
- Unité d'évaluation des technologies et des modes d'intervention en santé (Evaluation Unit for Health, Technologies and Intervention Modes)
• Unité de surveillance des maladies chroniques et de leurs déterminants de l’Institut national de santé publique du Québec (Monitoring Unit of Chronic Illness and their Determinants of the National Institute of Public Health of Quebec)
• Collège des médecins du Québec (Quebec College of Doctors)
• Association des médecins psychiatres du Québec (Association of Medical Psychiatrists of Quebec)
• Ordre des infirmières et infirmiers du Québec (Order of Nurses of Quebec)
• REVIVRE (Quebecois Association for the support of sufferers of anxiety, depressive, and bipolar disorders)
• Fédération des familles et amis de la personne atteinte de maladie mentale (Federation of Families and Friends of people Affected by Mental Illness)
• Care and physical rehabilitation of the Institut universitaire en santé mentale de Montréal

Partners – Project consent

The ECT and anesthesia consent form (AH 716) and the brochure “What you need to know about ECT” were developed by the CEECTQ, thanks to the collaboration of the following Mental Health University Institutes: Quebec (IUSMQ-CIUSSS of the Capitale-Nationale), Montreal (IUSMM-CIUSSS of the Est-de-l’Île-de-Montréal), the Douglas (CIUSSS de l’Ouest-de-l’Île-de-Montréal), as well as the Charles LeMoyne Hospital (CISSS de la Montérégie-Centre) and numerous other partners.

Acknowledgements

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• One patient partner
• One representative of the Collèges des médecins du Québec (CMQ)

The Reading Group
The ECT brochure was also read and commented on by:
• 28 users
• 4 family caregivers
• 50 health professionals (psychiatrists, psychiatric residents, anesthesiologists, respiratory therapists, electrophysiologists, nurses, researchers, and ethicists)
• 3 community health organizations
• 4 health associations

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IN THE MEDIA

- Radio FM 93, 11 mai 2017
  Entrevue avec Myreille Bédard
  Les électrochocs pour traiter des cas graves de troubles mentaux
- Martineau, Radio X, June 15th, 2016
  Électrochocs : un traitement encore actuel
- La Presse+, June 15th, 2016
  Traitements par électrochocs
- Le 15-18, Radio-Canada, June 14th, 2016
  Entrevue avec le Dr. Simon Patry
  L'électroconusivothérapie: au-delà du tabou
- La Presse+, June 3rd, 2014
  Dix questions pour comprendre
  Après 200 électrochocs, toujours l'espoir
  La vie qui revient
  Quelques chiffres
- Le Soleil, Traitement aux électrochocs: loin d'un Vol au-dessus d'un nid de coucou, May 16th, 2014
- Découvrir, the magazine of Acfas, Électrochocs : vieux préjugés, nouvelles approches, April 2014
- Radio interview with Morgane Lemasson, host of Futur Simple (CKRL, 89.1), and Dr. Simon Patry, president of CEECTQ. Listen to or download the audio file
PUBLICATIONS

Documents:
- Consent form for Electroconvulsive therapy and anesthesia AH 716 (printable, dynamic versions in French and in English)
- What you need to know about ECT: Brochure about electroconvulsive therapy for users and their families (version in French, in English and in Spanish)
- Clinical poster (in French; for English and Spanish versions, contact CEECTQ: 514 251 4000 (3171) or mlemasson.iusmm@ssss.gouv.qc.ca):
  - Figure 1: Illustration of an ECT session
  - Figure 2: Illustration of the stimulation electrode positions (yellow circles) during unilateral, bifrontal or bitemporal ECT

Reports:
- Institut national de santé publique du Québec (INSPQ). Profil d’utilisation de l’électroconvulsiotherapy au Québec. Authors: Lemasson, Morgane; Patry, Simon; Rochette, Louis; Pelletier, Éric and Lesage, Alain. Montréal. INSPQ, 2016. 18p. (PDF)

Scientific Articles: