

To Whom It May Concern:

In this year's budget, a trend is likely to continue which places a greater emphasis on the funding of Mental Health facilities.

While this is admirable in its humanitarian objective, there are some elements of mental health treatment which have come under considerable scrutiny for a lack of adequate results, and even for causing harm.

I am referring in particular to ECT or Electro Convulsive Therapy.

ECT has considerable side effects and questionable efficacy.

Side effects can include: cardiovascular complications, brain damage, severe and permanent memory loss, suicide, intellectual impairment and even death.ⁱ

Dr. John Breeding, a psychologist, is quoted as saying, *"It is prima-facie common sense obvious that ECT causes brain damage. After all the rest of medicine, as well as the building trades, do their best to prevent people from being hurt or killed by electrical shock. People with epilepsy are given anticonvulsant drugs to prevent seizures because they are known to cause brain damage."*ⁱⁱ

In the USA, the FDA's Neurological Devices Committee recommended that ECT machines remain as a Class III (high-risk) item. This is the category for the most dangerous of medical devices.ⁱⁱⁱ

So it is clearly a device that has some potentially heavy side effects. But does it work?

A 2010 study involving the literature review of ECT Studies concluded that there is not evidence to support ECT preventing suicide. It found there have been new findings confirming brain damage from these treatments, which results in significant memory dysfunction. It also stated that the memory dysfunction was in fact related to the ECT treatments rather than to the depression the patients were suffering. Further it stated, *"The continued use of ECT therefore represents a failure to introduce the ideals of evidence based medicine into psychiatry."*^{iv}

ECT is funded by Medicare. During 2016 Medicare funded \$5,345,794 of ECT treatments (including anaesthetic).^v

But should the government be funding a technique that is unreliable and even potentially fatal?

I believe that public money should be invested in proven methodologies that do not have such a high rate of risk. It is astonishing to think that the government funds treatments that could possibly result in severe memory loss, cardiovascular problems or even death when the literature does not support ECT as a viable treatment for depression. As stated above – *"ECT... represents a failure to introduce the ideal of evidence based medicine into psychiatry."*

This is not something the public should be funding.

Thank you for your time and consideration.

Regards,

Oliver Shead

ⁱ “Consent form for electroconvulsive therapy (ECT),” Office of the WA Chief Psychiatrist, see under “Forms,” and then “ECT Consent Form,” <http://www.chiefpsychiatrist.health.wa.gov.au/publications/index.cfm#forms>

ⁱⁱ Dr. John Breeding, author of *Wildest Colts Make the Best Horses*, “Think They Don’t Electroshock People Anymore? Think Again—Even toddlers and pregnant women are being shocked,” 24 Jan, 2010.

ⁱⁱⁱ Fran Lowry, “Is Electroconvulsive Therapy on Its Way Out?,” *Medscape Medical News*, 1 February 2011.

^{iv} John Reed and Richard Bentall, “The effectiveness of electroconvulsive therapy: A literature review,” *Epidemiologia e Psichiatria Sociale*, 19 April, 2010, pages 333 to 347.

^v Statistics generated on Medicare Australia website using MBS item codes: 14224 for electroconvulsive therapy and 20104 for anaesthetic, https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml ; Right to Information Request requested and received by CCHR from Queensland Government Department of Health, Ref: RTI 3272, Document No.1 & No.2, 28 September 2016.