

ONLINE SUPPLEMENT DS1

Online survey

Demographics

1. What grade are you? *Consultant/Associate Specialist/Staff Grade/ST 1–3/ST 4–6*
2. Which area do you work in? *Greater Glasgow/Lothian/Tayside/Grampian*
3. What is your gender? *Male/Female*
4. In which country did you graduate?

5. In which year did you graduate?

6. How many years have you practised in psychiatry?

7. Which specialties have you worked in, in the past 5 years, or since you began practising in psychiatry? (whichever is shorter) (select all that apply) *Learning Disabilities/General Adult Psychiatry/Old Age Psychiatry/Child and Adolescent Psychiatry/Substance Misuse Psychiatry/Psychotherapy/Liaison Psychiatry/Rehabilitation Psychiatry*

Training

8. Have you undergone supervised training in ECT delivery? *Yes/No*

Current practice

9. How many times in the past 2 years have you prescribed a course of ECT? (approximate if unsure) (do not include multiple courses for the same patient) _____
10. How have your rates of ECT prescribing changed over the past 5 years or since you began prescribing ECT? (whichever is shorter) *Increased/Stayed the same/Decreased*
11. If you feel your rates of prescribing ECT have decreased, which of the following do you feel to be relevant to that? (select all that apply) *More effective medication/More tolerable medication/Better availability of psychotherapies/Public perception of ECT/Patient perception of ECT/NICE guidelines*
12. In which of the following situations would you consider prescribing ECT:
A patient with moderate to severe depression who is refusing food and fluids? *Yes/Maybe/No*
A patient with moderate to severe depression who is actively suicidal? *Yes/Maybe/No*
A patient with moderate to severe depression who does not pose a risk to themselves or others, who is not responding to range of treatment options including antidepressant monotherapy, psychological therapies, but who has not been tried on antidepressant polytherapy? *Yes/Maybe/No*

A patient with moderate to severe depression who is not responding to all treatment options including antidepressant polytherapy but does not pose a risk to themselves or others? *Yes/Maybe/No*

A patient with moderate to severe depression who had had ECT previously with good effect and who wished to have it again despite not trying all other treatment options? *Yes/Maybe/No*

A patient with schizophrenia unresponsive to all anti-psychotics including clozapine? *Yes/Maybe/No*

A patient for whom you thought ECT would benefit, who is unable to consent for ECT, and who is actively refusing? *Yes/Maybe/No*

NICE guidelines

13. Are you aware of NICE guidelines on ECT? *Yes/No/Partially*
14. How have the NICE guidelines influenced your practice on:
Depression? *I prescribe out with NICE guidelines/I have moderated my practice in response to them/My practice was in line with NICE guidelines prior to their introduction/I am not familiar with the NICE guidelines*
Schizophrenia? *As above*
Mania? *As above*
Catatonia? *As above*

Attitudes

15. Would you be willing to receive ECT yourself if it was clinically indicated? *Yes/No/Maybe*
16. Do you believe that ECT has long-term effects on memory? *Yes/No/Maybe*
17. Do you believe that ECT has a place in current psychiatric practice? *Yes/No/Maybe*
18. Do you believe that ECT is . . . *Underprescribed/Prescribed at a reasonable rate/Overprescribed*
19. We would be grateful for any comments you might have on your own ECT practice or ECT in general.