

Supplement File S1. The survey instrument

Demographics

1. What is your role?

A clinical director of ECT is the person who holds clinical responsibility for the ECT service.

- ☐ Clinical director of ECT
☐ Delegate of clinical director of ECT
☐ Anaesthetist involved in ECT delivery

2. How are you involved in ECT treatment? *Select all that apply.*

- ☐ Provider
☐ Prescriber
☐ Other:

Service Details

3. Is your service a public (governmental funding) or a private (privately funded) health service?

- ☐ Public
☐ Private
☐ Other:

4. Which region is your service based?

- ☐ Australia and New Zealand
☐ South East Asia
☐ United States of America
☐ United Kingdom
☐ South America
☐ Africa
☐ Middle East
☐ Pacific Islands
☐ Other:

5. [OPTIONAL] -- Which city/state/territory/province/municipality is your service in?

6. Where is your service based?

- ☐ Metropolitan
- ☐ Regional
- ☐ Remote and/or rural

7. Was there any community transmission of SARS-CoV-2 (COVID-19) in your local area/catchment area at any time?

- ☐ Yes
- ☐ No

8. Was your district considered AT THE STRICTEST TIME POINT:

- ☐ Low risk
- ☐ Moderate risk
- ☐ High risk/hot-spot

9. Did your region experience a lockdown at any point in time across the pandemic?

- ☐ Yes
- ☐ No

Provision of ECT Services – 1

Anaesthetists do not need to complete this section. Please skip to Question 14.

Mental Health Doctors, please respond to these questions in relation to at any time since the COVID-19 pandemic started.

10. Did you change electrode placement? *Select all that apply.*

- ☐ Used more bitemporal placement
- ☐ Used more bifrontal placement
- ☐ Continued as usual
- ☐ Other:

11. Did you change pulse width?

- ☐ Used more pulse width of 1.0 or greater
- ☐ Used more 0.5 pulse width
- ☐ Used more ultra brief ECT (≤ 0.3)
- ☐ Continued as usual
- ☐ Other:

12. Did you change dosing?

- ☐ Used more titration
- ☐ Used more age-based treatment
- ☐ Used fixed high dose treatment
- ☐ Used higher dose level relative to seizure threshold that was different to normal
- ☐ Continued as usual
- ☐ Other:

13. Did you change frequency of treatments?

- ☐ More frequent compared to usual practice
- ☐ Less frequent compared to usual practice
- ☐ No change

Provision of ECT Services – 2

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

14. Were you required to cease ECT at any point in time during the pandemic?

- ☐ Yes, ECT was ceased at a point in time
- ☐ No, ECT continued throughout

15. Did you change anaesthetic technique (e.g. bag/mask technique, intubation)?

- ☐ Yes
- ☐ No

16. If so, in what way?

17. Did you change the order of your list to group patients by:

- ☐ Age
- ☐ Co-morbidities
- ☐ Ward
- ☐ Inpatient vs community/outpatient
- ☐ Other:

18. Did you reduce the number of staff in the ECT suite? *Select all that apply.*

- ☐ Yes, because of limited PPE
- ☐ Yes, for staff safety
- ☐ Yes, because of limited availability of staff
- ☐ Yes, for patient safety
- ☐ No

Access to ECT

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

19. Did you receive instructions at the hospital executive level to change ECT practices?

- ☐ Yes
- ☐ No

20. If so, what were the formal instructions at the executive level? *Select all that apply.*

- ☐ Reduce list numbers
- ☐ Change location of ECT
- ☐ Change PPE
- ☐ Screening questions for COVID-19 risks/symptoms

21. Were there any restrictions on entering the hospital, including patients in the community attending the hospital for ECT on an outpatient/ambulatory basis?

- ☐ Cessation of outpatient ECT
- ☐ Prevention of nursing home patients attending ECT
- ☐ Reduction of outpatient ECT
- ☐ Other:

22. At what level were clinical decisions on triaging made? *Select all that apply.*

- ☐ Consultation with hospital executive (non-medical)
- ☐ Consultation with hospital executive (medical)
- ☐ Consultation with director of ECT
- ☐ Consultation with treating doctor
- ☐ Multidisciplinary team discussion
- ☐ Other:

23. Were there any changes in triaging patients as suitable for ECT? *Select all that apply.*

- ☐ Outpatients were ceased at any time

- ☐ Less acute patients were ceased
- ☐ Only most severely ill patients were treated
- ☐ Patients categorised as elective, essential, and urgent/emergency
- ☐ Patients from nursing homes ceased at any time
- ☐ Carried on as usual

24. Did any patients miss ECT treatment due to SARS-CoV-2 (COVID-19) testing or quarantining?

- ☐ Yes
- ☐ No

25. Were there any shortages with access to theatre rooms to perform ECT?

- ☐ Yes
- ☐ No

Access to Anaesthetic Medications

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

26. Which of the following drugs and anaesthesia medications could you NOT access?
Select all that apply.

- ☐ Propofol
- ☐ Suxamethonium
- ☐ Ketamine
- ☐ Thiopentone
- ☐ Alfentanil
- ☐ Remifentanil
- ☐ Other:

27. Did shortages of anaesthetic staff affect capacity to perform ECT?

- ☐ Yes
- ☐ No

Staffing

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

28. Were there any shortages of ECT staff due to...

<input type="checkbox"/>	Redeployment
<input type="checkbox"/>	Self-quarantine (due to interstate/overseas travel)
<input type="checkbox"/>	Illness
<input type="checkbox"/>	Concern due to working in ECT
<input type="checkbox"/>	Isolating (after a COVID-19 test)
<input type="checkbox"/>	Other:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

29. Did ECT or anaesthetic staff shortages affect capacity to perform ECT?

☐ Yes
☐ No

30. Did the restrictions affect doctors in training?

☐ Yes
☐ No

31. How concerned were YOU during the peak of COVID-19 about contracting COVID-19 due to patient contact when delivering ECT?

0	1	2	3	4	5	6	7	8	9	10
Not concerned at all					Extremely concerned					

32. How concerned overall were YOUR STAFF during the peak of COVID-19 about contracting COVID-19 due to patient contact when delivering ECT?

0	1	2	3	4	5	6	7	8	9	10
Not concerned at all					Extremely concerned					

Personal Protective Equipment (PPE)

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

33. Did you reduce the numbers of patients due to shortages in PPE?

☐ Yes
☐ No

34. Did you feel like you had adequate PPE to conduct ECT safely?

☐ Yes
☐ No

35. Did you have adequate PPE training for donning/doffing?

- ☐ Yes
☐ No

36. Did you have access to PPE fit CHECKING?

- ☐ Yes
☐ No

37. Did you have access to PPE fit TESTING?

- ☐ Yes
☐ No

Clinical Impact on Mental Health

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

Anaesthetists do not need to complete this section. Please Skip to Recommendations, Question 41.

38. What percentage of patients who would normally be eligible could not access ECT?

- ☐ <5%
☐ 5 – 25%
☐ 25 – 50%
☐ 50 – 75%
☐ 75 – 99%
☐ 100%

39. What percentage of patients relapsed due to inability to access ECT?

- ☐ <5%
☐ 5 – 25%
☐ 25 – 50%
☐ 50 – 75%
☐ 75 – 99%
☐ 100%

40. Were there patients who committed suicide due to inability to access ECT?

- ☐ Yes
☐ No

41. [OPTIONAL] -- What percentage of patients died due to suicide or other means (including misadventure and medical deterioration) as a result of not being able to access ECT?

- ☐ <5%
- ☐ 5 – 25%
- ☐ 25 – 50%
- ☐ 50 – 75%
- ☐ 75 – 99%
- ☐ 100%

Recommendations

Please respond to these questions in relation to at any time since the COVID-19 pandemic started.

42. Should there be a SARS-CoV-2 (COVID-19) loading payment (e.g. Medicare payment), given it took longer to perform ECT and turnover time was lengthened?

- ☐ Yes
- ☐ No

43. Would you have done things differently, or have any recommendations for future pandemics?

44. Any other comments?