

## 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 ( $\leq 0.3$ )
- 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...

- Redeployment
  - Self-quarantine (due to interstate/overseas travel)
  - Illness
  - Concern due to working in ECT
  - Isolating (after a COVID-19 test)
  - Other:
- 

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?