

Fitness for detention and interview

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Confidential - Patient Identifiable Information

Note: This form has been designed by Prof Ian Wall on behalf of the Faculty of Forensic & Legal Medicine for use by Forensic Physicians (also known as Forensic Medical Officers in N. Ireland) and Healthcare Professionals. The form is provided to assist Forensic Physicians and Healthcare Professionals in determining whether a person is fit to detain and interview. It is to be regarded as an aide-mémoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor/Healthcare Professional.



1. General Details

Name _____
 Address _____

 Date of birth _____
 Gender/ethnicity _____
 Occupation _____
 Reason for arrest _____
 Relevant property _____
 PNC Warning _____
 Police station _____
 Custody record No _____
 Arrest date _____
 Arrest time _____
 Date called _____
 Time called _____
 Time arrived _____
 Time examination started _____
 Time examination completed _____
 Time case completed _____
 GP _____

2. Visit requested by

Detainee Police
 Other _____

3. Reason for assessment

Detention Interview Need for appropriate adult
 Injuries Charge Transfer
 Other _____

4. Place of examination

Medical room Cell
 Other _____
 Anyone else present _____

5. Information provided upon referral

Information from arresting officer (PC _____)

 Information from custody officer/police risk assessment/restraint etc. (PS _____)

6. Consent

Verbal consent obtained YES NO

Special features _____

"I consent to a medical examination, including taking of samples if appropriate,

on myself or my _____

as explained to me by _____.

I understand that Dr/HCP _____

may have to produce a report based on the examination and that details of the examination may have to be revealed in court."

Signed _____

Witnessed _____

Relationship of witness _____



7. History

First time in custody: YES NO
 Awareness of reason for arrest: YES NO
 Awareness of rights:
 Someone informed: YES NO
 Solicitor: YES NO
 Codes of Practice: YES NO

History of recent events/causation of injuries _____

Current medical problems _____

Social history (*Please see safeguarding note on page 5**)

Relevant educational history (to assess if learning disability etc.)

Specific enquiry

Sickle-cell disease Trait
 Hearing Vision Asthma Diabetes
 Epilepsy Renal Hepatic Cardiac

Allergies _____

Tetanus status _____

R/L handed _____

Alcohol intake and times in last 24 hours _____

Weekly alcohol intake _____ Units per week

Time last ate _____

Time last slept _____

Smoker YES NO

8. Past medical history (inc. psychiatric history and deliberate self-harm)

9. Medication & substance use/misuse

Medication	Dose	Frequency	Route	Last Taken
Prescribed				
Other non-prescribed/illicit/recreational**				
Heroin				
Methadone				
Crack/cocaine				
Cannabis				
Benzodiazepines				
Other				

** Identify any drugs where there is evidence of dependence



11. Mental state examination

A. Appearance and behaviour

Self-care/appearance e.g. clothing, facial

Behaviour, e.g. disinhibited, withdrawn, aggressive, compulsions

Motor e.g. retardation, over activity, Parkinsonian

Attitude towards examiner e.g. co-operative, friendly, hostile

B. Mood and affect (anxiety, depression, irritability, euphoria/elation)

Subjective _____

Objective _____

Appropriateness _____

C. Form of talk (form, rate, quantity e.g. hesitancy, delay, pressure of speech, flight of ideas, thought blocking)

D. Content of thought (preoccupations, overvalued ideas, obsessions, suicidal or homicidal thoughts etc.)

E. Abnormal beliefs and perceptions

Delusions _____

Hallucinations e.g. auditory, visual, tactile, olfactory, gustatory

F. Cognition

Alertness and level of consciousness _____

Orientation _____

Memory e.g. short/long term _____

Concentration and attention _____

Intellectual disability including capacity to read and write

Visuospatial ability _____

Abstract thinking _____

Fund of information and intelligence _____

G. Judgement and insight

H. Reaction to the patient (reliability, clinical plausibility)



12. Conclusions

Diagnosis _____

Is the person fit to be detained? YES NO

If **NO**, make note of reasons and subsequent action _____

Is the person vulnerable (see list in appendix 1)?

N/A YES NO

If YES, make note of the reasons _____

Is the person fit to be interviewed? N/A YES NO

If **NO**, make note of the reasons _____

Is an Appropriate Adult required? N/A YES NO

If **YES**, make note of the reasons _____

Is a specialist opinion required? N/A YES NO

What are the risks of unreliability (see Appendix 1):

Definite YES NO

Major risk YES NO

Some risk YES NO

No discernible risk YES NO

Is the person:

Fit to be charged? N/A YES NO

Fit to be transferred/released? N/A YES NO

Liaison and Diversion services recommended?

N/A YES NO

Assessment of suicide risk? Standard High

Level of observations:

Half-hourly Hourly CCTV

Constant supervision Rouse Other

Medical review required? YES NO

If **YES**, when _____

Has confidential access to the medical notes been arranged? YES NO

Examination

Completed Refused Observation only

Body Samples

Taken Refused

Body diagrams completed YES NO

Medication	Dose	Duration	Route	Expiry	Batch no

***Please address any child safeguarding issues: either because the detained person (DP) is a child, or because the DP being in custody has or may have an impact on the care, safety or welfare of children.**



Appendix 1

LEGISLATION

England & Wales – Custody	
PACE Code C 2019	https://www.gov.uk/government/publications/pace-code-c-2019 Covers the detention, treatment and questioning of persons by police officers
Vulnerability	PACE Code C Section 1.13 (d) and Notes for guidance 1G and 1GA Annex E Summary of provisions relating to vulnerable persons
Care & Treatment of Detained Persons	PACE Code C Section 9 Annex G Fitness to be interviewed Annex H Detained Person: Observation list
Intimate & Non-intimate samples	PACE Code D Section 6 B (a) & (b) https://www.gov.uk/government/publications/pace-code-d-2017
PACE Code H 2019	https://www.gov.uk/government/publications/pace-code-h-2019 Covers the detention, treatment and questioning by police officers under the Terrorism Act 2000.
Mental Capacity Act 2005	https://www.legislation.gov.uk/ukpga/2005/9/contents Code of Practice (2013) https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
Mental Health Act 1983 as amended in 2007	https://www.legislation.gov.uk/ukpga/2007/12/contents Code of Practice: Mental Health Act 1983 https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

Northern Ireland	
PACE Codes of Practice 2015	https://www.justice-ni.gov.uk/news/new-pace-codes-practice-published
Mental Health (Northern Ireland) Order 1986	https://www.legislation.gov.uk/nisi/1986/595/contents
Mental Capacity Act (Northern Ireland) 2016	https://www.legislation.gov.uk/nia/2016/18/contents/enacted
Mental Capacity Act Code of Practice	https://www.health-ni.gov.uk/mca-codes-practice

Scotland	
Criminal Procedure (Scotland) Act 1995	https://www.legislation.gov.uk/ukpga/1995/46/contents
Mental Health (Care and Treatment) (Scotland) Act 2003	https://www.legislation.gov.uk/asp/2003/13/contents
Mental Health (Care and Treatment) (Scotland) Act 2003: Code of Practice Volume 1	https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/pages/2/
Adults with Incapacity (Scotland) Act 2000	https://www.legislation.gov.uk/asp/2000/4/contents



AIDE-MÉMOIRE

Fitness to be interviewed¹

PHIT

In assessing fitness to be interviewed by the police consider PHIT²:

- Personality factors - suggestibility, compliance, acquiescence
- Health - mental and physical (including substance misuse)
- Interview – demands and characteristics of the interview
- Totality of the circumstances – all other relevant circumstances of the arrest and custody

Vulnerabilities

Vulnerabilities to consider in the assessment of FTI³

Physical vulnerability	Mental vulnerability
Medication, e.g. concern re access/pain relief	Schizophrenia
<i>Epilepsy</i> : post ictal state; pre-ictal aura	Bipolar disorder
<i>Diabetes</i> : hypoglycemia (ideally the blood glucose should be over 6 mmol/l) ⁴	Psychotic episode, e.g. drug-related
Asthma	Depressive disorder (spectrum from severe to mild)
Cardiac disease	Attention deficit hyperactivity disorder (ADHD)/Attention deficit disorder (ADD)
Cerebrovascular disease	Acquired brain injury (ABI)
<i>Alcohol intoxication, withdrawal</i> , delirium tremens	Alcohol dependence, Korsakoff's syndrome, Wernicke's encephalopathy
<i>Substance misuse/dependence including intoxication or withdrawal</i>	Substance misuse/dependence including intoxication or withdrawal
Sleep deprivation	Intellectual disability
Injuries, e.g. <i>head injury</i> , fractures	Post-traumatic stress disorder (PTSD)
<i>Pregnancy</i>	
<i>Conducted Electrical Devices</i>	

Functional Assessment

Functional Assessment includes an assessment as to whether the detainee⁵:

- is aware of the reason for arrest
- understands the caution and can explain it
- understands their legal rights
 - their right to consult privately with a solicitor and that free, independent legal advice is available ('Do you need money in order to have a solicitor help you at the police station?' 'If you don't want a solicitor to help you now, can you change your mind later?')
 - their right to have someone informed of their arrest
 - their right to consult the Codes of Practice
 - if applicable, their right to interpretation and translation and their right to communicate with their High Commission, Embassy or Consulate
- is capable of making a rational decision (able to choose between relevant courses of action) and of carrying out the chosen course of action.



HCP Advice Required

The HCP should provide advice on

- the need for an appropriate adult (concept of vulnerability)
- whether reassessment of the person's fitness for interview is required at a later date
- whether a (further) specialist opinion may be required
- the risks of unreliability and attempt to quantify those risks (see below).

Risk Categories

Four categories of risk have been identified⁶:

- Definite – unlikely to be fit for interview at any stage e.g. severe dementia
- Major risk - unfit at present. Needs re-assessment or review at a later stage to establish FTI, e.g. intoxication with alcohol and/or drugs
- Some risk - precautions advised e.g. presence of AA or referral for other medical or psychiatric advice e.g. schizophrenia, depression, mild intellectual disability
- No discernible risk

Fitness to be Charged⁷

A person will be fit to be charged if he/she is capable of:

- understanding the meaning of the written notice detailing the particulars of the offence (which should be stated in simple terms as well as following the precise wording of the offence in law);

and

- understanding the meaning of the statutory warning that precedes the details of the charge.

References

1. Stark, M.M. & Rix, K.J.B. 'Fitness to be interviewed and fitness to be charged' Chapter 11 in Clinical Forensic Medicine: A Physician's Guide (4th edn), Springer, Switzerland, 2020
2. Norfolk GA. (2001) Fit to be interviewed by the police – An aid to assessment. *Medicine Science and the Law* 41: 1-12.
3. Stark, M.M. & Rix, K.J.B. 'Fitness to be interviewed and fitness to be charged' Chapter 11 in Clinical Forensic Medicine: A Physician's Guide (4th edn), Springer, Switzerland, 2020, p405
4. Levy D (1996) Management of diabetes in clinical forensic practice. *J Clin Forensic Med* 3:31–36
5. Stark, M.M. & Rix, K.J.B. 'Fitness to be interviewed and fitness to be charged' Chapter 11 in Clinical Forensic Medicine: A Physician's Guide (4th edn), Springer, Switzerland, 2020, p 406
6. Home Office. Police Leadership and Powers Unit. (2001) Report of the Home Office Working Group on Police Surgeons
7. Stark, M.M. & Rix, K.J.B. 'Fitness to be interviewed and fitness to be charged' Chapter 11 in Clinical Forensic Medicine: A Physician's Guide (4th edn), Springer, Switzerland, 2020, p 414