



# 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-memoire 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 \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender/ethnicity \_\_\_\_\_

Occupation/School/College \_\_\_\_\_

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

Parent  Appropriate Adult

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

If under 16 are they competent? 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 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### 9. Medication & substance use/misuse

Medication	Dose	Frequency	Route	Last Taken
<b>Prescribed</b>				
<b>Other non-prescribed/illicit/recreational**</b>				
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 YES  NO

medical notes been arranged?

#### 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	<a href="https://www.gov.uk/government/publications/pace-code-c-2019">https://www.gov.uk/government/publications/pace-code-c-2019</a> 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) <a href="https://www.gov.uk/government/publications/pace-code-d-2017">https://www.gov.uk/government/publications/pace-code-d-2017</a>
PACE Code H 2019	<a href="https://www.gov.uk/government/publications/pace-code-h-2019">https://www.gov.uk/government/publications/pace-code-h-2019</a> Covers the detention, treatment and questioning by police officers under the Terrorism Act 2000.
Mental Capacity Act 2005	<a href="https://www.legislation.gov.uk/ukpga/2005/9/contents">https://www.legislation.gov.uk/ukpga/2005/9/contents</a> Code of Practice (2013) <a href="https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice">https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice</a>
Mental Health Act 1983 as amended in 2007	<a href="https://www.legislation.gov.uk/ukpga/2007/12/contents">https://www.legislation.gov.uk/ukpga/2007/12/contents</a> Code of Practice: Mental Health Act 1983 <a href="https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983">https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983</a>

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

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



## AIDE-MÉMOIRE

### Fitness to be interviewed<sup>1</sup>

#### PHIT

In assessing fitness to be interviewed by the police consider PHIT<sup>2</sup>:

- 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 FTI<sup>3</sup>

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) <sup>4</sup>	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, delirium tremens</i>	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 Energy Devices</i>	

#### Functional Assessment

Functional Assessment includes an assessment as to whether the detainee<sup>5</sup>:

- 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 identified<sup>6</sup>:

- 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 Charged<sup>7</sup>

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