



**Forensic  
Network**

**Guidance for Transfers from  
Custodial Settings to Mental Health  
Services**

**2025**

## Acknowledgement

The Forensic Network would like to express its thanks to Dr Alan Mackenzie (Consultant Forensic Psychiatrist, NHS Greater Glasgow & Clyde) and Dr Leanne Duthie (ST6, Forensic Psychiatry, NHS Lothian) for their significant input to the development of this guidance.

We appreciate the supportive engagement and feedback from Scottish Prison Service Leads, as well as the healthcare providers and teams in prisons, who offered valuable insights into their team structures and suggestions for improving communication, as well as the referral, assessment, and transfer processes.

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## Introduction

The Forensic Network engaged staff across Scotland involved in the prison pathway programme to explore and address delays in transferring individuals from custodial settings to mental health units.

This work arose from concerns about delayed transfers from HMP Edinburgh, which were escalated directly to the Scottish Government by the Scottish Prison Service (SPS). This led to a ministerial request for a multi-agency discussion. During discussions held on 7 March 2023, it was identified that developing guidance on prison-to-hospital transfers as part of this programme could be beneficial. As a result, the Forensic Network committed to drafting guidance on the referral, assessment, and transfer of prisoners to mental health units, aiming to improve communication between SPS, Health Boards, and Criminal Justice Services.

The guidance has been drafted to support and enhance the management of prison transfers across Scotland in order to:

- set out criteria for identifying a delayed prison transfer
- provide guidance to the assessing clinician
- identify a clear pathway for escalating delayed prison transfers
- produce guidance on the management of delayed transfers within the custodial environment
- improve communication between courts, SPS and NHS teams
- improve availability of data on delayed prison transfers

It is important to ensure a common understanding and shared language when outlining guidance; therefore, the following terms are used within this document:

**Home Health Board:** Many people in prison will be located away from their home area. It is part of a national agreement that prisoners requiring mental health inpatient care are the responsibility of the Health Board area in which they resided prior to imprisonment<sup>1</sup>. This guidance document uses the term ‘home Health Board’ to reflect this.

**Assessing Clinician:** the Assessing Clinician is the healthcare professional responsible for evaluating the mental health needs of the individual. This includes conducting assessments, determining the appropriate level of care, and coordinating with other healthcare providers.

**Link Clinician:** The Link Clinician serves as the primary point of contact between the prison healthcare team and the home Health Board. Their role includes facilitating communication, ensuring continuity of care and identifying an appropriate mental health bed to enable transfer.

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<sup>1</sup> NHS CEL 06 (2013)

## Patient Pathway Mapped Process

The patient journey from referral to admission is illustrated in the accompanying process map, offering a theoretical representation of the transfer of prisoners or individuals involved with the justice system at various points of interface with psychiatric services.

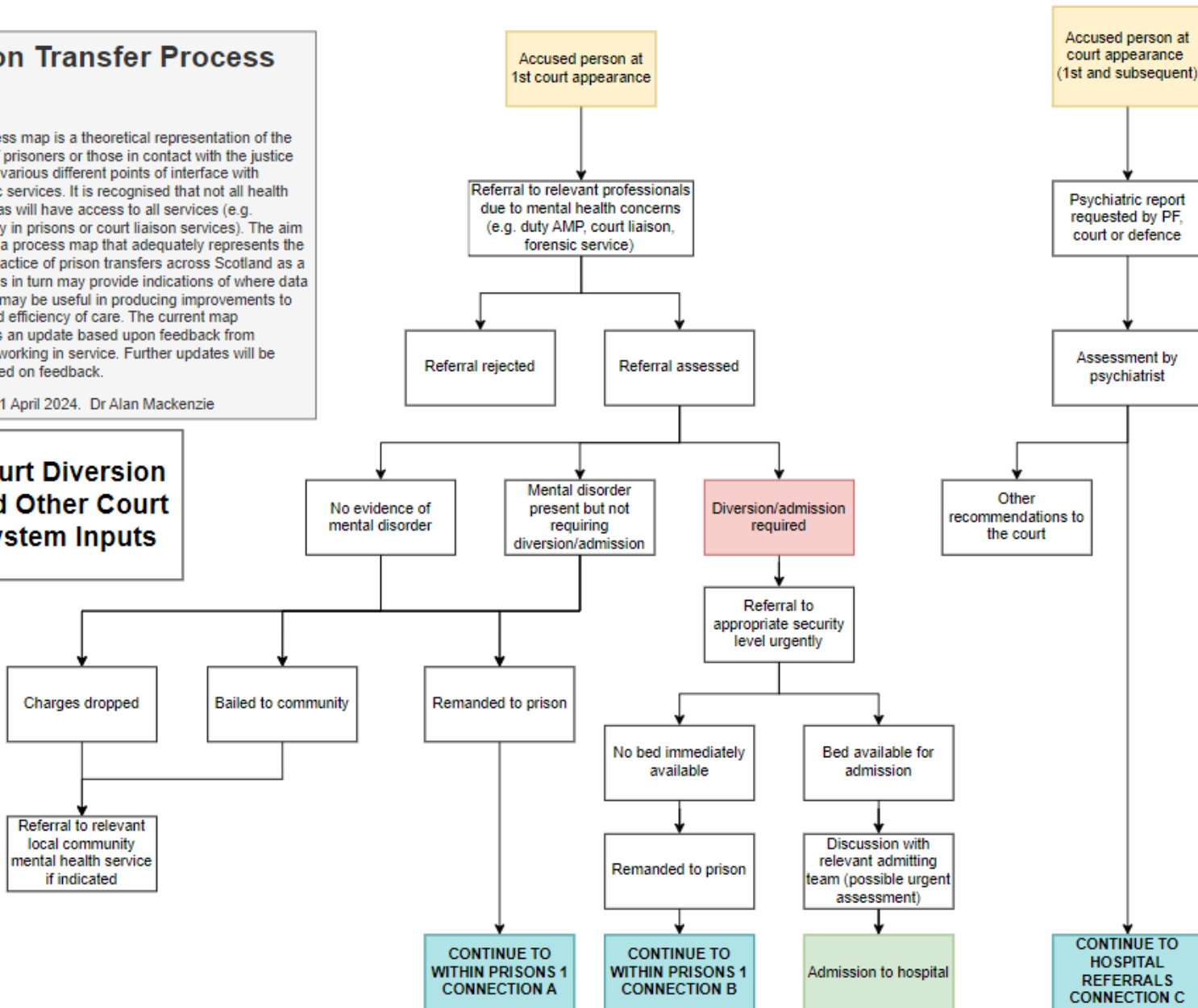
The current map incorporates feedback from clinicians working in these services; however, it is acknowledged that not all Health Board areas have access to the same services (e.g., prison-based psychology or court liaison services). The process map aims to provide a comprehensive overview that adequately reflects the general practices surrounding prison transfers across Scotland as a whole.

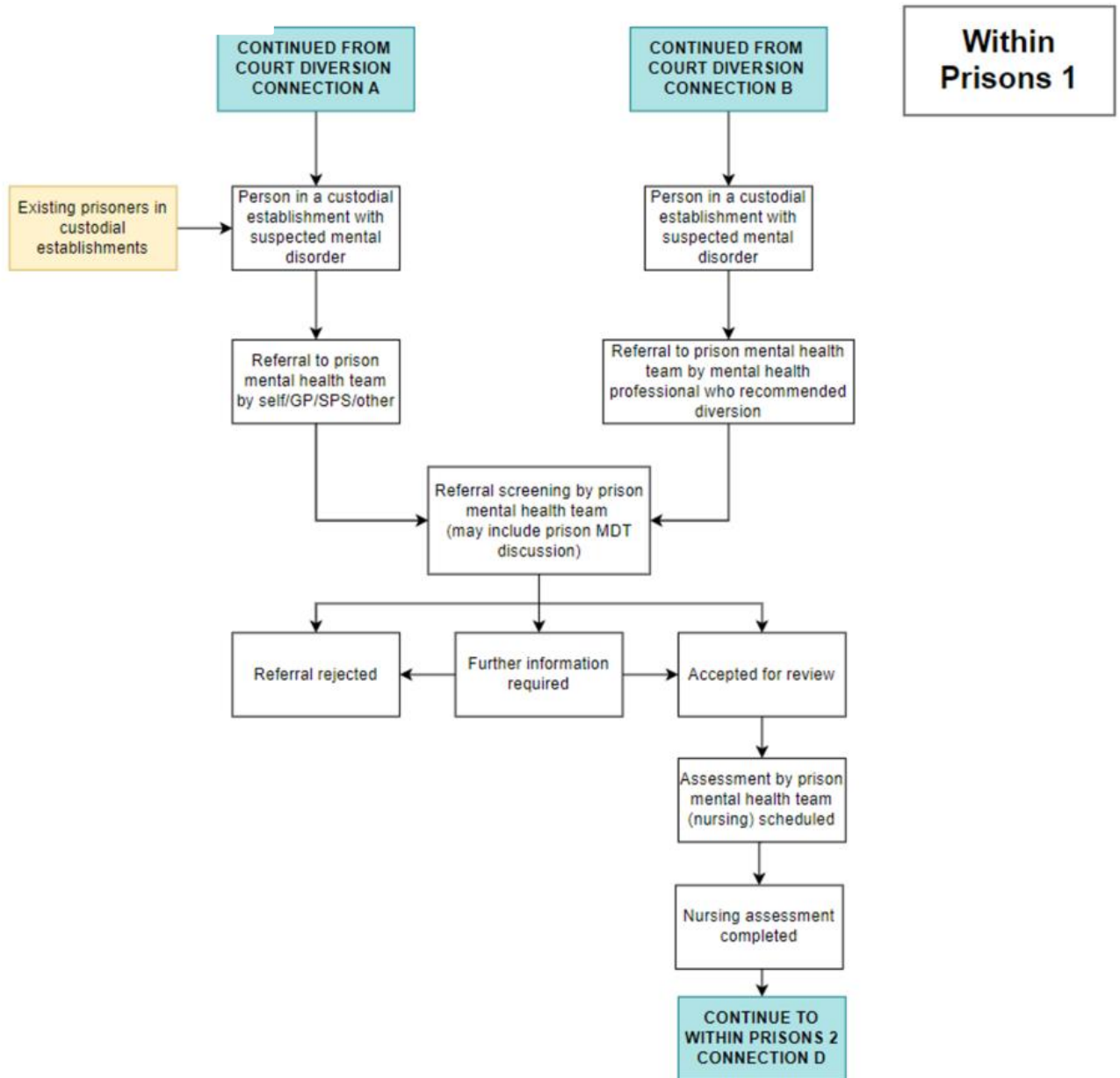
**Prison Transfer Process Map**

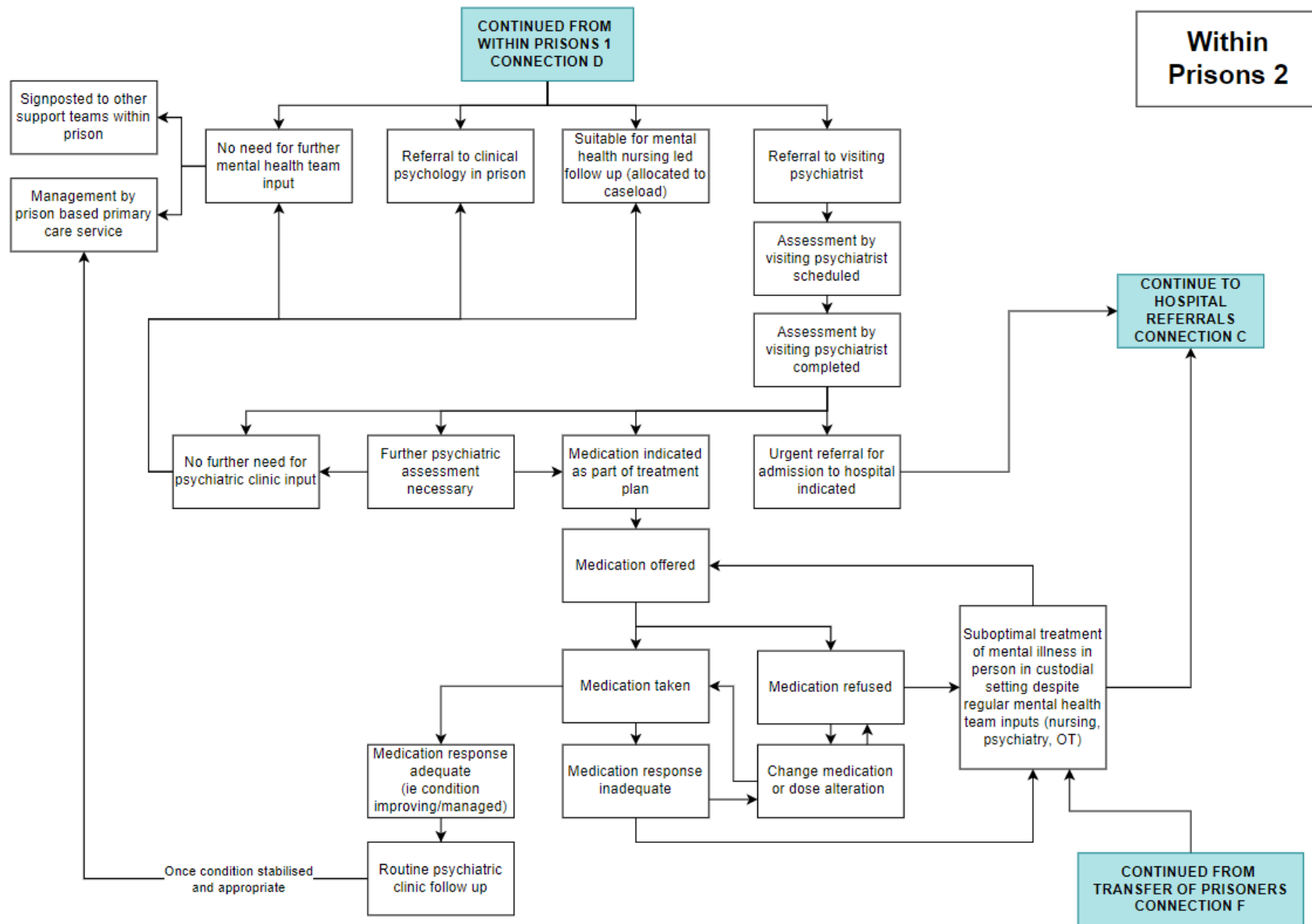
This process map is a theoretical representation of the transfer of prisoners or those in contact with the justice system at various different points of interface with psychiatric services. It is recognised that not all health board areas will have access to all services (e.g. psychology in prisons or court liaison services). The aim is to have a process map that adequately represents the general practice of prison transfers across Scotland as a whole. This in turn may provide indications of where data gathering may be useful in producing improvements to quality and efficiency of care. The current map represents an update based upon feedback from clinicians working in service. Further updates will be made based on feedback.

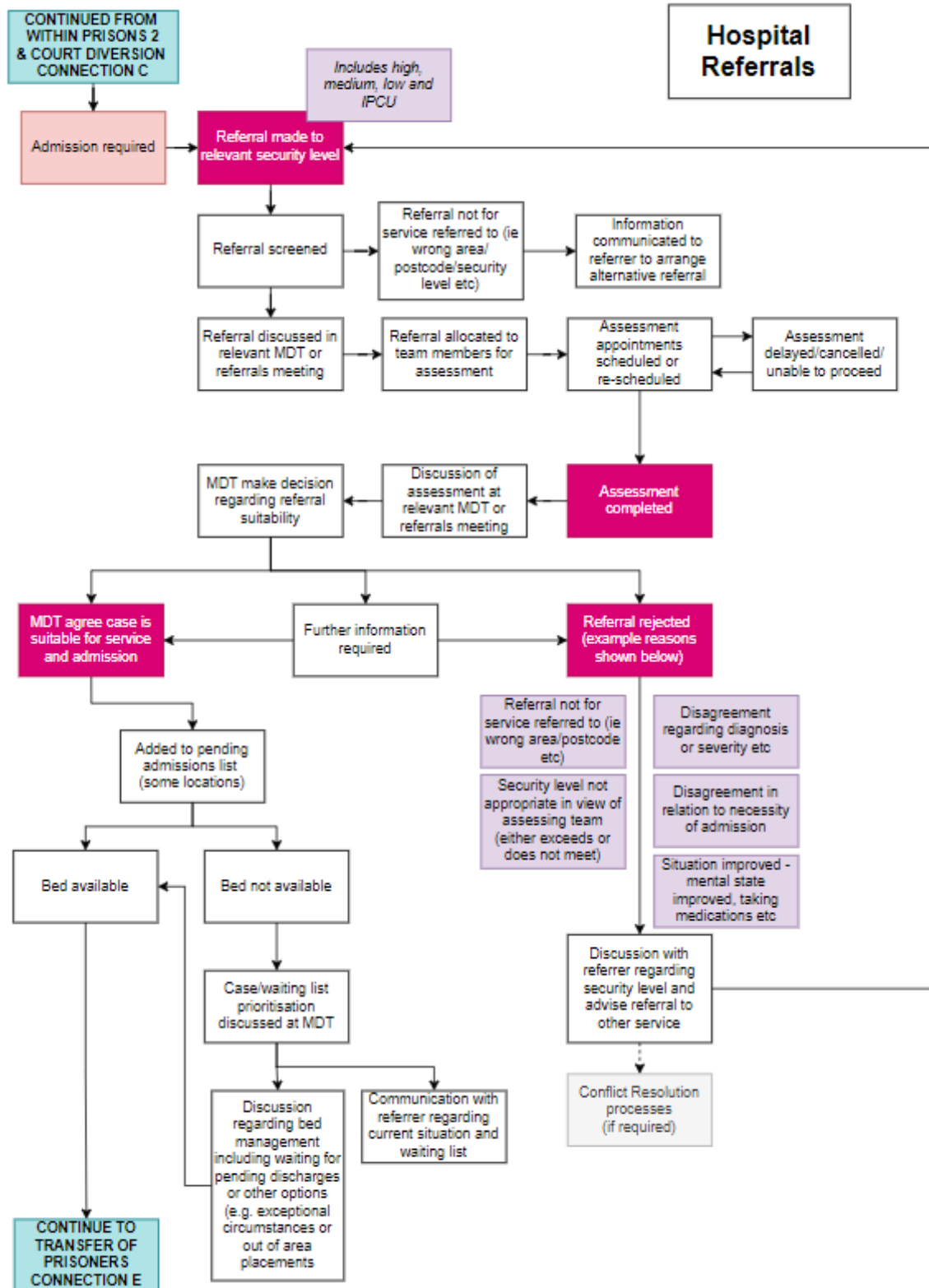
Version 4.1 April 2024. Dr Alan Mackenzie

**Court Diversion and Other Court System Inputs**



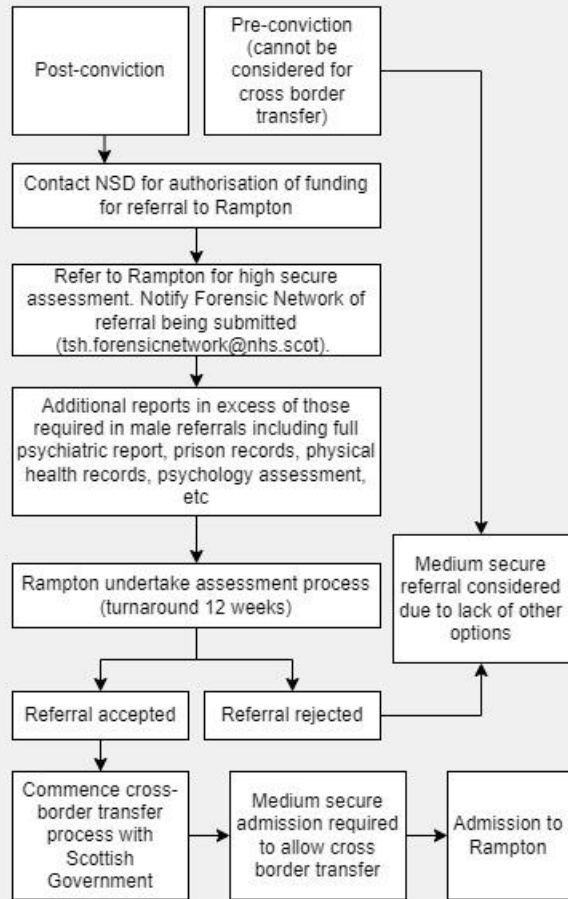






## Female High Security Referrals

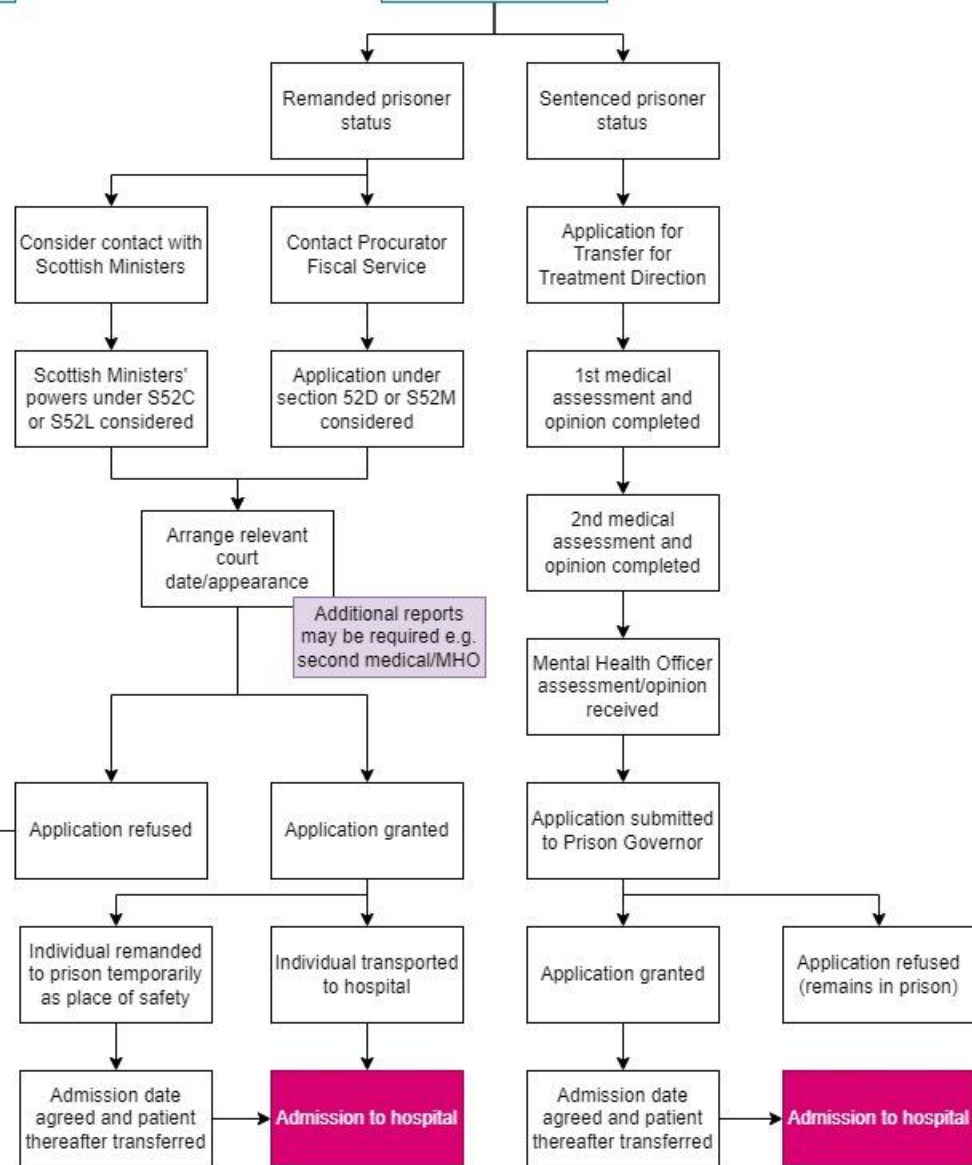
Please note, as there is no current provision of female high secure beds within Scotland, there are different processes than are outlined on this process map for patients requiring this service. The information here aligns with the Forensic Network Protocol for Referral, Cross Border Transfer and Post Transfer Arrangements for Women in Scotland (June 2014).



CONTINUE TO WITHIN PRISONS 2 CONNECTION F

CONTINUED FROM HOSPITAL REFERRALS CONNECTION E

Transfer of prisoners to hospital



Assessment of the process has identified opportunities on the referral pathway for data gathering.

## Points for Data and Data Collection

(as per Forensic Network Prison to Hospital Monitoring Form)

<b>Referral made to relevant security level</b>	<ol style="list-style-type: none"> <li>1. Year of Birth</li> <li>2. CHI</li> <li>3. Gender</li> <li>4. Date Referred</li> <li>5. Referred By (Name of Clinician)</li> <li>6. Current Prison Establishment</li> <li>7. Health Board Referred To</li> <li>8. Patients Home Health Board</li> <li>9. Security Level Referred To</li> <li>10. Urgent or Routine Referral</li> <li>11. Tried or Untried</li> <li>12. Type of Order for Transfer (Predicted)</li> </ol>
<b>Assessment completed</b>	<ol style="list-style-type: none"> <li>1. Date of Assessment</li> <li>2. Assessor Details</li> </ol>
<b>MDT agree case is suitable for service and admission</b>	<ol style="list-style-type: none"> <li>1. Outcome of Assessment</li> <li>2. Reasons for rejection of referral</li> </ol>
<b>Referral rejected (example reasons shown below)</b>	
<b>Admission to hospital</b>	<ol style="list-style-type: none"> <li>1. Transfer Date</li> </ol>
<p style="text-align: center;"><b>Reasons for delay can be recorded at any point in the process - such reasons could include:</b></p> <ul style="list-style-type: none"> <li>• Lack of bed availability</li> <li>• Additional time needed for assessor to make final decision</li> <li>• Discussions with out of area provider or exceptional circumstances</li> <li>• Conflict resolution processes</li> <li>• Other/Staffing/Covid</li> </ul>	

## Prison Monitoring Requests

The Forensic Network requests an update at each stage of the referral to transfer pathway. Requests are directed to a named data contact in each prison healthcare team on the 19<sup>th</sup> of each month. Following a grace period of 10 days, the request is re-circulated to the Prison Healthcare Manager to ensure that all data is available before the end of each calendar month. Data contributes to collation, analysis and interpretation of national information. The Health Board lead would be contacted to resolve gaps in prison transfer information in the first week of the new month, with escalation being part of the process to provide reliable data.

## Registering Problematic Cases

Anyone involved in a case who has concerns about delays in assessment or transfer should notify the Forensic Network. This includes practitioners and staff working in prison establishments, forensic mental health services, as well as representatives from court services and COPFS.

Concerns may relate to:

- Delays in assessment or transfer
- Bed availability
- Disagreements between home Health Board areas and an assessing clinician's opinion regarding the need for hospital admission, or the proposed level of security required

Cases can be reported by telephone (01555 842 018) or email [tsh.forensicnetwork@nhs.scot](mailto:tsh.forensicnetwork@nhs.scot). Once a case is reported, the Forensic Network administrator will add it to the Problematic Case Register and escalate concerns to the Forensic Network Director through the Forensic Network Manager. It is acknowledged that not all cases will follow the same pathway, and there may be instances where cases need to be brought to the attention of the Forensic Network at an earlier stage due to unusual circumstances.

Additions to the Problematic Case Register will be managed in a systematic way to address the urgency, response, advice and escalation to the relevant Health Board. All problematic cases and escalations will be monitored and advice provided will be shared with the Forensic Network Inter Regional Group and Scottish Government.

Where there is disagreement about the level of security required, the matter may be referred to the Forensic Network Conflict Resolution<sup>2</sup> process for support and resolution.

A Key Decision Maker has been designated in each Health Board area and will be engaged as part of the escalation process, when necessary, to explore potential solutions in cases where alternative actions have not resolved the issue. For cases escalated to this level, progress updates, including likely timescales for resolution, will be shared with the Scottish Prison Service and COPFS.

**Individuals with urgent and life-threatening conditions must be managed by their relevant NHS service and necessary treatment provided in an appropriate location.**

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<sup>2</sup> Forensic Network (2005) [Conflict Resolution Process](#)

## Referral Guide and Documents

It is recognised that each Health Board will have differences in service design and provision. It is expected that these guidelines and attached forms will be adapted by each service to account for this. Of particular importance is the consideration of which clinician would be responsible for managing and communicating information regarding delayed transfers (e.g. Consultant/Clinical Director).

These guidelines are designed to complement the current referral to transfer pathway mapped by the Forensic Network to cover the following four areas:

1. Definition of a delayed prison transfer ([Section 1](#))
2. Persons identified as requiring diversion in court/police custody or on remand ([Section 2](#)) ([Assessment Orders or Treatment Orders](#))
3. Management of those in prison awaiting transfer ([Section 3](#))
4. Escalation of delayed prison transfers ([Section 4](#))

The second area ([2](#)) refers only to those patients being transferred on Assessment or Treatment Orders.

### [Section 1:](#)

#### Definition of a Delayed Transfer

A delayed prison transfer is defined as any prisoner identified as requiring a mental health bed, where one or more of the following criteria is met:

- There is no forensic bed available at the appropriate level of security where transfer from prison to mental health services has been agreed with the relevant service.
- Transfer to forensic mental health services would have been recommended to court under an Assessment Order or Treatment Order had a bed been available in seven days.
- It is agreed that the patient requires transfer but there is disagreement in relation to the appropriate level of security.

### [Section 2:](#)

#### Persons Identified as Requiring Diversion in Police Custody or on Remand

(1) When a patient is identified as meeting criteria for an Assessment Order/ Treatment Order (section 52D/52M of the Criminal Procedure (Scotland) Act 1995) the assessing clinician should discuss the case with their supervising Consultant Psychiatrist as necessary. The Consultant will advise on referral to the most appropriate level of security.

(2) Where a suitable bed is available within seven days, standard forms available (for assessment or treatment orders) on Scottish Government website, can be completed by the assessing clinician - [Mental Health law: forms - gov.scot \(www.gov.scot\)](#).

(3) Where a suitable bed is not available within seven days, this needs to be communicated to the court by the assessing clinician. Example documents are attached to be used for:

An Assessment Order when a bed is not available within seven days at the first examination of a person **who is not in** prison custody prior to an application for assessment order being made in court [Form 1](#)

(Appendix A) is completed. For a person **who is in** prison custody awaiting trial or sentence prior to an application for an Assessment Order being made to the court [Form 2](#) (Appendix A) is completed.

A Treatment Order recommendation when a bed is not available within seven days for a person **who is not** in prison custody, prior to an application for a Treatment Order being made to the court [Form 3](#) (Appendix A) is completed and for a person **who is in** custody awaiting trial or sentence [Form 4](#) (Appendix A).

Section 61 (1A) of the Criminal Procedure (Scotland) Act 1995 requires that one of the two reports required for a Treatment Order, Interim Compulsion Order, Compulsion Order or Hospital Direction must be from a medical practitioner employed by the receiving hospital. In all cases, report authors **must** confirm with receiving services that a bed is available and that they are in agreement that admission is required, when recommending an assessment order or treatment order.

Escalation of concerns: the Forensic Network should be informed of all cases where a bed is not available in seven days. These forms have been adapted specifically to accompany this guidance. Individual Health Boards should consider making adaptations to these templates with appropriate contact details for the court.

In addition to this, the assessing clinician should:

- Communicate directly with the Procurator Fiscal and highlight the risks to the health, safety and welfare of the patient or safety of others should the person be released from court.
- Request the court prioritise the individual's transfer to prison to prevent arrival out of hours when no mental health team is available.
- Inform the prison mental health team to ensure the patient is reviewed in prison and managed as a delayed transfer. The prison psychiatrist should ensure that the delay for the patient is provided in the Forensic Network Prison Monitoring Form.

Link clinicians within the home Health Board of the patient are responsible for updating assessing psychiatrists, COPFS and the Forensic Network regarding bed availability.

(4) Where forms 1- 4 are not used, for example if a psychiatric report is being prepared, the practitioner completing the report should ensure recommendations specify:

- A statement that the patient should be remanded to prison/ remain on remand whilst awaiting a mental health bed
- Clear details on whom the court should contact for updates on bed availability (e.g. link clinician contact details)
- Contact details for the Mental Welfare Commission (MWC) should the court have concerns
- Confirmation that, if an assessment order or treatment order is being recommended, the practitioner has discussed the case with the receiving service, secured agreement on the need for admission and confirmed that a bed is available.

In addition to this the clinician completing the report should inform the bodies specified in [\(3\)](#).

(5) It is recommended that all court diversion teams have medical cover to allow assessment orders to be made and prevent those at risk to themselves or others being released from court.

(6) It is recognised that in some cases, a referral may be made for an opinion on suitability for hospital admission where there is some uncertainty. These cases would not be considered delayed transfers until

it is confirmed that they require diversion. It is the duty of the assessing clinician to communicate this to the court.

### Section 3:

#### Management Of Those in Prison Awaiting Transfer to a Mental Health Unit

1. When a patient is referred for admission to a psychiatric unit it is the referring clinician's responsibility to inform the prison mental health team. Prison mental health teams have a responsibility for care of the individual whilst they are in custody and will require to liaise with the Scottish Prison Service regarding the need for any application for an Assessment Order or Treatment Order.
2. The referring clinician should inform the Forensic Network of any referrals which are causing concern and in which there may be delays in either assessment or transfer. These can be notified to the Forensic Network by telephone or email at any time (Telephone 01555 842018 or [tsh.forensicnetwork@nhs.scot](mailto:tsh.forensicnetwork@nhs.scot)).

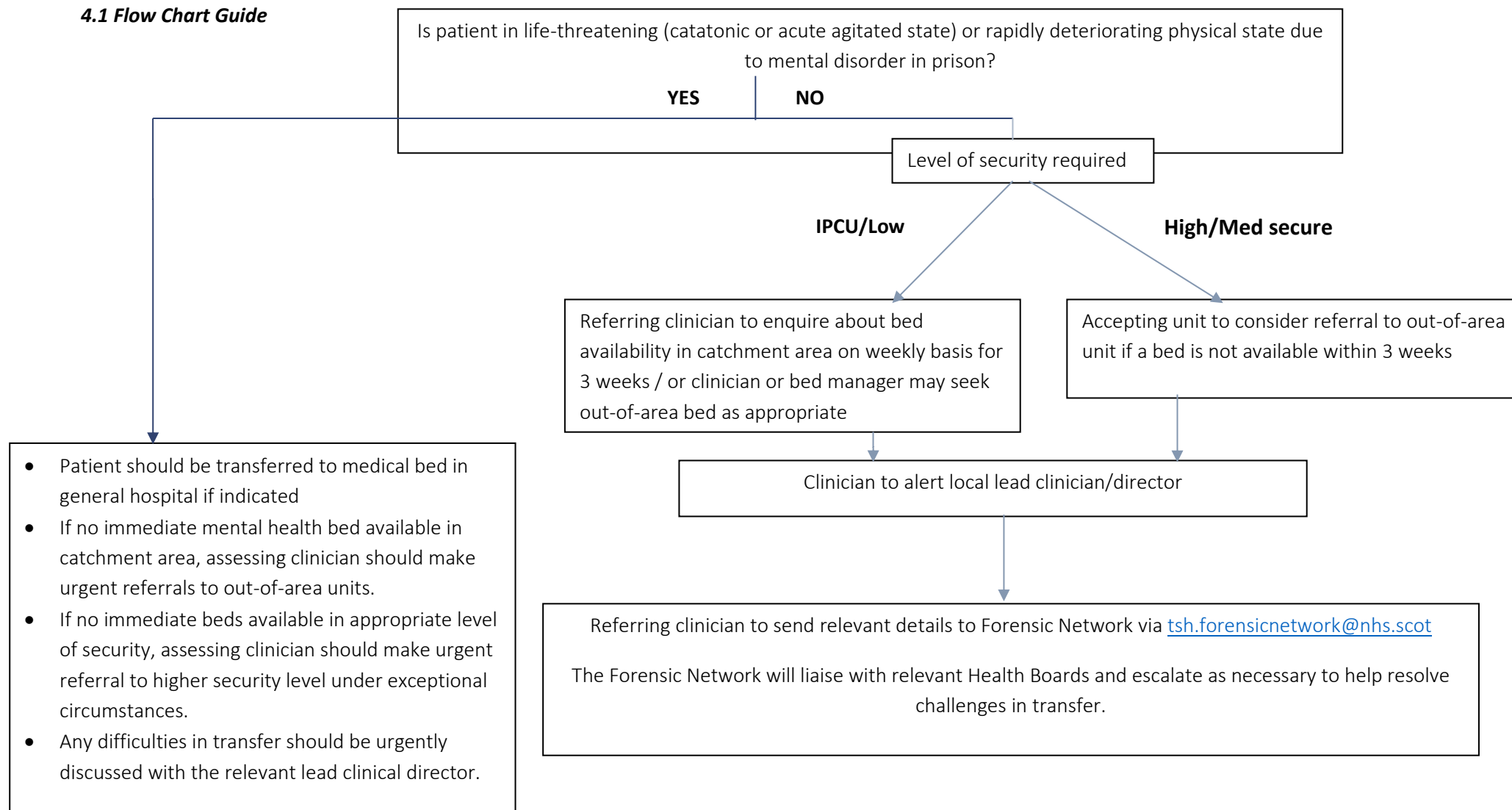
Prison mental health teams should keep a record of all prisoners referred for or awaiting transfer to mental health units. This should include dates of referrals and assessments and transfer and be updated in the "Prison Monitoring Form" and sent to the Forensic Network as requested, at the point of referral - [tsh.forensicnetwork@nhs.scot](mailto:tsh.forensicnetwork@nhs.scot).

3. The referring clinician must update the prison mental health team regarding the status of referrals (e.g. if the patient is declined or placed on a waiting list).
4. The prison mental health team should inform the Duty Governor and hall Unit Manager of all those awaiting admission and should provide regular updates regarding bed availability.
5. All patients identified as requiring admission to a mental health unit by a psychiatrist should have a care plan, regular reviews by the mental health team and regular case conferences between NHS and Scottish Prison Service until the patient is admitted, or admission is considered no longer necessary. Timescales between reviews should be agreed by the prison mental health team.
6. When a patient is awaiting a bed it is the role of the prison mental health team to provide updates to the receiving unit (or local clinical director and Forensic Network, if unit not identified) on a patient's treatment and presentation. This includes any deterioration requiring more urgent admission and any improvements to allow appropriate triage to occur.
7. The patient's home Health Board is **responsible** for ensuring assessment, following-up referrals, and identifying an appropriate bed for the patient. However, it is acknowledged that the receiving unit may often be located in another Health Board area. Therefore, Health Boards may need to collaborate to ensure resources are used effectively and that access to services is provided in a timely manner.

8. The prison psychiatrist and/or the prison mental health team should make enquiries about bed availability on a weekly basis.
9. All delayed transfers should be regularly reviewed by the prison psychiatrist.
10. Relevant agencies (e.g. Court, Procurator Fiscal, SPS and NHS) should have appropriate contact details to discuss those awaiting transfer, where relevant, and COPFS should be kept updated on progress with the case via an identified Link Clinician within the patients' home Health Board area.
11. It is recommended that prison mental health teams and SPS hold regular forums for discussion of patients causing concern and use case conferencing to optimise patient care.
12. SPS should inform the Mental Welfare Commission (MWC) of any concerns (tel: 0132 313 8777).

## Section 4: Escalation of Delayed Prison Transfers

### 4.1 Flow Chart Guide



Clinicians should be mindful of timescales in cases where the patient is remanded to custody and is charged with an offence in summary proceedings:

- where an accused is charged with an offence in summary proceedings, and is remanded in custody, the first calling can be continued **without plea** for a **maximum of 21 days**, with no period of adjournment exceeding 7 days.
- a person charged with an offence in summary proceedings can be detained for a **maximum total of 40 days** before trial commences, subject to extension on cause shown.
- for an accused tried on indictment, the **maximum total period of detention is 80 days** unless an indictment is served within those 80 days; **110 days unless a preliminary hearing takes place** within those 110 days; and then **140 days unless the trial is commenced** within that 140 days, subject to extension on cause shown.

(Criminal Procedure (Scotland) Act, 1995)

Earlier escalation of such cases should be made on assessment of clinical need.

Should it be likely that an individual may be released from custody prior to an assessment or transfer to hospital taking place, a contingency plan should be developed if it is considered that hospital assessment may be required.

#### **4.2 Out-of-Area Referrals**

**Many people in prison will be located away from their home area. It is part of a national agreement that prisoners requiring mental health inpatient care are the responsibility of the Health Board area in which they resided prior to imprisonment<sup>3</sup>. Others will be in their local prison.**

It is recognised that for many of these patients, it may be preferable to remain on a waiting list for their home Health Board rather than to be admitted to the next available out-of-area bed. However, in some circumstances, out-of-area admission may be necessary.

These include:

- When a bed is unlikely to become available in the home Health Board in the near future
- If the patient's mental or physical state is deteriorating in prison
- If only a short admission is likely to be required e.g. brief admission to re-establish medication
- A patient under a Transfer for Treatment Direction (TTD) who will return to prison i.e. will not be discharged through healthcare route
- If patient has no particular ties to Health Board area

It is the responsibility of the relevant local Health Board to ensure assessment, follow-up referrals and identification of a suitable bed for patients from their area.

It is recommended that all involved in bed management discussions consider use of a validated tool for triaging referrals (e.g. The DUNDRUM-2 triage urgency scale) [THE DUNDRUM TOOLKIT \(tcd.ie\)](https://www.tcd.ie/~tcd/psychiatry/forensic/forensic%20network%20and%20sofmh/forensic%20network%20and%20sofmh%20-%20dun%20d%20r%20u%20m%20-%202%20-%20triage%20urgency%20scale%20-%20tcd%20ie). This tool prioritises prison over hospital transfers.

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<sup>3</sup> NHS CEL 06 (2013)

## Appendix A Form 1: Assessment Order Recommendation

*when bed not available within 7 days*

### ASSESSMENT ORDER

#### MEDICAL REPORT IN RESPECT OF PERSON AWAITING TRIAL OR SENTENCE

#### Section 52D(2)(a) of the Criminal Procedure (Scotland) Act 1995

**Note: This form is to be used at the first examination of a person who is not in prison custody, prior to an application for an Assessment Order being made to the court**

### PERSONAL DETAILS

*(If unknown, please state unknown)*

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

OTHER / KNOWN AS: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHARGE / CONVICTION \_\_\_\_\_

*(delete where not applicable)*

### MEDICAL PRACTITIONER DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PROFESSIONAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GMC NUMBER \_\_\_\_\_

### SUMMARY OF RELEVANT HISTORY

Within this section, please ensure you include the following information:

- Current presentation of the patient
- History of engagement with medical treatment in custody
- Steps being taken to identify a bed and indicative timescales for this

**ASSESSMENT ORDER**  
**SECTION 52D(2)(a) CRIMINAL PROCEDURE (SCOTLAND) ACT 1995**

**OPINION**

I am of the opinion that an Assessment Order should be made in respect of

\_\_\_\_\_when a bed becomes available

I have reasonable grounds for believing that \*he/she has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

*(Give a brief description below of the salient features of the person's mental state)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reasonable grounds for believing that it is necessary to detain \*him/her in hospital to assess whether the following conditions are met:

- that \*he/she has a mental disorder
- that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder; is available for \*him/her; and
- that if \*he/she were not provided with such medical treatment there would be a significant risk to \*his/her health, safety or welfare or to the safety of any other person. *(\*delete where not applicable)*

I consider that it would not be reasonably practicable to carry out this assessment unless an Assessment Order were made.

Bed Availability

There is no available bed for the admission of \_\_\_\_\_ at the time of writing this report.

I have reasonable grounds for believing that, were an Assessment Order not made, there would be a significant risk to the health, safety or welfare of the above-named person or a significant risk to the safety of any other person.

**There is no available safe and secure bed for their admission. The criteria for an assessment order are therefore not met at this time.**

I respectfully recommend that the Court remand \_\_\_\_\_ until such a time as a bed can be made available for their admission.

I confirm that I have consulted with the relevant Health Board and identified the lead clinician responsible for securing a bed. I have also confirmed the steps being taken to secure a bed and can confirm that the contact at the relevant Health Board will provide a further update in \_\_\_\_\_ days. Contact details for the lead clinician are as follows:

Name & Title:

Contact number & email:

In order to ensure that \_\_\_\_\_ is supported with regard to their mental health and admitted when a bed is available I recommend that the Court:

- Inform the prison mental health team where \*he/she is remanded of the plan for them to be admitted when a bed is available.

The Mental Welfare Commission can be notified of any concerns through [www.mwscot.org.uk](http://www.mwscot.org.uk)

This report is given on soul and conscience. I confirm that I am not related to the above-named person and I have no pecuniary interest in his/her admission to hospital.

Signature:

Designation:

Qualifications:

Date:

Note: For an Assessment Order to be made only one medical report is required from a registered medical practitioner who does not need to be approved in terms of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (“the 2003 Act”).

Within 28 days of an Assessment Order being made the patient’s RMO must report back to the court in terms of section 52G(1) of the Criminal Procedure (Scotland) Act 1995 (“the 1995 Act”). RMOs should submit their report using the form “AO Review” so that it is with the court no later than by close of business on the day prior to the last working day of the court prior to the expiry of the 28 day period. This also applies where the RMO is requesting a 7 day extension to the Assessment Order in terms of section 52G(4) of the 1995 Act. The appropriate “last working day” on which the case will call in court will be specified in the Assessment Order.

*Where an RMO is recommending that a Treatment Order be made they should arrange for a second opinion because the court will require two medical reports. One of the reports must be from a medical practitioner who is approved under section 22 of the 2003 Act.*

**Appendix A Form 2: Assessment Order Recommendation (person who is in prison custody)**

**when bed not available within 7 days**

**Medical Report; (Section 52D) Application for an Assessment Order in respect of person in custody awaiting Trial or Sentence**

**Note: This form is to be used at the first examination of a person who is in prison custody, prior to an application for an Assessment Order being made to the court**

*Full name and professional address of practitioner* I, \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_

a registered medical practitioner, recommend that an assessment order be made in accordance with section 52D of the Criminal Procedure (Scotland) Act 1995 in respect of

*full name of patient* \_\_\_\_\_

and he/she be transferred to hospital.

*delete if not applicable* I have been approved by \_\_\_\_\_  
Health Board under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003

I last examined the patient at \_\_\_\_\_  
on \_\_\_\_\_

*state whether acquainted with the patient by reason of being prison medical officer, having treated patient previously etc. If no previous knowledge, enter "NONE"* The nature and extent of my acquaintance with the patient prior to conducting the examination is as follows:-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reasonable grounds for believing that this patient has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment (Scotland) Act 2003.

This opinion is based on the following grounds:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reasonable grounds for believing that it is necessary to detain the patient in hospital to assess whether the following conditions are met in respect of the patient:

- the patient has a mental disorder;
- that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder is available for the patient; and
- that if the person were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the person; or to the safety of any other patient.

This opinion is based on the following grounds:-

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I am of the opinion that it would not be reasonably practicable to carry out the assessment mentioned above unless an Assessment Order were made.

I have reasonable grounds for believing that if an Assessment Order were not made there would be a significant risk to the health, safety or welfare of the patient or a significant risk to the safety of any other person.

This opinion is based on the following grounds:-

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Bed Availability

There is no available bed for the admission of \_\_\_\_\_ at the time of writing this report.

I have reasonable grounds for believing that, were an Assessment Order not made, there would be a significant risk to the health, safety or welfare of the above-named person or a significant risk to the safety of any other person.

**There is no available safe and secure bed for their admission. The criteria for an assessment order are therefore not met at this time.**

I respectfully recommend that the Court continue to remand \_\_\_\_\_ until such a time as a bed can be made available for their admission.

I confirm that I have consulted with the relevant Health Board and identified the lead clinician responsible for securing a bed. I have also confirmed the steps being taken to secure a bed and can confirm that the contact at the relevant Health Board will provide a further update in \_\_\_\_\_ days. Contact details for the lead clinician are as follows:

Name & Title:

Contact number & email:

In order to ensure that \_\_\_\_\_ is supported with regards to their mental health and admitted when a bed is available I recommend that the Court:

- Inform the prison mental health team where \*he/she is remanded of the plan for them to be admitted when a bed is available.

The Mental Welfare Commission can be notified of any concerns through [www.mwcscot.org.uk](http://www.mwcscot.org.uk)

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Appendix A Form 3: Treatment Order Recommendation

when bed not available within 7 days

### **TREATMENT ORDER MEDICAL REPORT IN RESPECT OF PERSON AWAITING TRIAL OR SENTENCE Section 52M(2)(a) of the Criminal Procedure (Scotland) Act 1995**

This form is to be used with respect to a person who is not in prison custody, prior to an application for a Treatment Order being made to the court.

#### **PERSONAL DETAILS**

*(If unknown, please state unknown)*

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

OTHER / KNOWN AS: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*CHARGE / CONVICTION *(delete where not applicable)* \_\_\_\_\_

#### **MEDICAL PRACTITIONER DETAILS**

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PROFESSIONAL ADDRESS:  
\_\_\_\_\_

GMC NUMBER: \_\_\_\_\_

**SUMMARY OF RELEVANT HISTORY**

Within this section, please ensure you include the following information:

- Current presentation of the patient
- History of engagement with medical treatment in custody
- Steps being taken to identify a bed and indicative timescales for this

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**TREATMENT ORDER**  
**SECTION 52M(2)(a) CRIMINAL PROCEDURE (SCOTLAND) ACT 1995**

**OPINION**

I am of the opinion that a Treatment Order should be made in respect of

I consider that \*he/she has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 being:

*\*(Delete where not applicable)*

- (i) mental illness
- (ii) personality disorder
- (iii) learning disability.

*(Delete (i), (ii) or (iii) above unless all apply and give a brief description below of the salient features of the person's mental state)*

I consider that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder; is available for the person and that if he/she were not provided with such medical treatment there would be a significant risk to his/her health, safety or welfare, or to the safety of any other person.

Bed Availability

There is no available bed for the admission of \_\_\_\_\_  
at the time of writing this report.

I have reasonable grounds for believing that, were a Treatment Order not made, there would be a significant risk to the health, safety or welfare of the above-named person or a significant risk to the safety of any other person.

**There is no available safe and secure bed for their admission. The criteria for a Treatment Order are therefore not met at this time.**

I respectfully recommend that the Court remand \_\_\_\_\_  
until such a time as a bed can be made available for their admission.

I confirm that I have consulted with the relevant Health Board and identified the lead clinician responsible for securing a bed. I have also confirmed the steps being taken to secure a bed and can confirm that the contact at the relevant Health Board will provide a further update in \_\_\_\_\_ days. Contact details for the lead clinician are as follows:

Name & Title:

Contact number & email:

In order to ensure that \_\_\_\_\_ is supported with regards to their mental health and admitted when a bed is available I recommend that the Court:

- Inform the prison mental health team where \*he/she is remanded of the plan for them to be admitted when a bed is available.

The Mental Welfare Commission can be notified of any concerns through [www.mwscot.org.uk](http://www.mwscot.org.uk)

I \*am / am not a medical practitioner approved by \_\_\_\_\_  
Health Board for the purpose of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

This report is given on soul and conscience. I confirm that I am not related to the aforementioned person and I have no pecuniary interest in his/her admission to hospital.

Signature:

Designation:

Qualifications:

Date:

NOTE: For a Treatment Order to be made two medical reports are required by the court, one of which must be by a medical practitioner who is approved in terms of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003. You should therefore arrange for a second opinion. Section 61 (1A) of the Criminal Procedure (Scotland) Act 1995 requires that one of the two reports required must be from a medical practitioner employed by the receiving hospital.

**Appendix A Form 4: Treatment Order Recommendation (person who is in prison custody)**

*when bed not available within 7 days*

**Medical Report; (Section 52M) Application for a Treatment Order in respect of person in custody awaiting trial or sentence**

*Full name and professional address of practitioner* I, \_\_\_\_\_  
of \_\_\_\_\_

\_\_\_\_\_ a registered medical practitioner, recommend that a treatment order be made in accordance with section 52M of the Criminal Procedure (Scotland) Act 1995 in respect of \_\_\_\_\_  
*full name of patient* \_\_\_\_\_ and he/she be transferred to hospital.

*Delete if not applicable* I have been approved by \_\_\_\_\_ Health Board under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003  
  
I last examined the patient at \_\_\_\_\_  
on \_\_\_\_\_

*state whether acquainted with the being prison medical officer, having treated patient previously etc. If no previous knowledge, enter "NONE"* The nature and extent of my acquaintance with the patient prior to conducting the examination is as follows:-  
\_\_\_\_\_  
\_\_\_\_\_

*Delete (i), (ii), or (iii) unless all apply* I am of the opinion that this patient has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, being (i) mental illness, (ii) personality disorder, (iii) learning disability.

This opinion is based on the following grounds:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am of the opinion that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder is available for the person; and that if the person were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the person; or to the safety of any other person.

This opinion is based on the following grounds:-

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Bed Availability

There is no available bed for the admission of \_\_\_\_\_ at the time of writing this report.

I have reasonable grounds for believing that, were a Treatment Order not made, there would be a significant risk to the health, safety or welfare of the above-named person or a significant risk to the safety of any other person.

**There is no available safe and secure bed for their admission. The criteria for a Treatment Order are therefore not met at this time.**

I respectfully recommend that the Court continue to remand \_\_\_\_\_ until such a time as a bed can be made available for their admission.

I confirm that I have consulted with the relevant Health Board and identified the lead clinician responsible for securing a bed. I have also confirmed the steps being taken to secure a bed and can confirm that the contact at the relevant Health Board will provide a further update in \_\_\_\_\_ days. Contact details for the lead clinician are as follows:

Name & Title:

Contact number & email:

In order to ensure that \_\_\_\_\_ is supported with regards to their mental health and admitted when a bed is available I recommend that the Court:

- Inform the prison mental health team where \*he/she is remanded of the plan for them to be admitted when a bed is available.
- 

Signed \_\_\_\_\_ Date \_\_\_\_\_

NOTE: For a Treatment Order to be made two medical reports are required by the court, one of which must be by a medical practitioner who is approved in terms of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003. You should therefore arrange for a second opinion. Section 61 (1A) of the Criminal Procedure (Scotland) Act 1995 requires that one of the two reports required must be from a medical practitioner employed by the receiving hospital.