MENTAL HEALTH OFFICER REPORT: TRANSFER FOR TREATMENT
DIRECTION IN RESPECT OF PERSON SERVING A SENTENCE OF
IMPRISONMENT (Section 136)

PART A: MENTAL HEALTH OFFICER

Mental Health Officer:

I am a mental health officer for

Local Authority

Contact Details

Telephone:

Email:

PART B: STEPS TAKEN

The steps I have taken in relation to the prisoner are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I interviewed the prisoner at

__________________________________________

on

__________________________________________

OR

It was impracticable for me to interview the prisoner for the following reasons:

__________________________________________

__________________________________________

__________________________________________

Has the prisoner been made aware of their rights?

☐ Yes

☐ No

Does the prisoner have an advance statement?

☐ Yes

☐ No

If yes, the extent to which the wishes set out in the advance statement have been taken into account in the proposals for the prisoner’s care and treatment is as follows:
Findings from the steps taken:

Steps taken to ascertain name and address of the prisoner's named person:

PART C: PRISONER INFORMATION

The personal circumstances of the prisoner that I have ascertained, in so far as they are relevant for the making of a transfer for treatment direction, are:
Information on any previous periods of hospitalisation because of mental disorder (whether formal or informal) and their effect on the prisoner are as follows:

PART D: VIEWS

What are the past and present wishes and feelings of the prisoner on their mental disorder and proposed transfer to hospital:

☐ The prisoner has participated as fully as possible in the decision to make a transfer direction

Information and support that has been given to the prisoner to enable them to participate in the decision to make a transfer direction:
If the prisoner has capacity and does not wish to be transferred to hospital, how have you taken that into account in making your decision to support the proposed transfer to hospital:

Does the prisoner have a named person?

☐ Yes, provide copy of nomination and acceptance forms to Scottish Ministers
☐ No

If yes, then provide contact details for named person:

What are the views of the named person to the proposed transfer:
(provide information you have obtained from any carer, guardian, welfare attorney etc. The two medical practitioners will separately provide information they have obtained. If none state ‘none’).

Provide contact details for any carer of the prisoner:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are the views of the carer to the proposed transfer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Provide contact details for any guardian of the prisoner:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are the views of the guardian to the proposed transfer:

________________________________________________________________________
Provide contact details for any welfare attorney of the prisoner:

What are the views of the welfare attorney to the proposed transfer:

PART E: MEDICAL PRACTITIONERS REPORTS

Have you considered the reports from the two medical practitioners?

☐ Yes
☐ No

My views on whether the criteria for compulsory powers are satisfied and on whether there are viable courses of action
If the MHO disagrees a TTD cannot be made

☐ I am of the opinion that the making of a transfer for treatment direction in respect of the prisoner is necessary.

Brief details of why the transfer for treatment direction are necessary, including the range of options available in the prisoner’s case:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Brief details of how the transfer direction would provide the maximum benefit to the prisoner:
☐ The prisoner is not being treated in a way that is less favourable than the way in which a prisoner who does not have a mental disorder might be treated in a comparable situation

OR

☐ The prisoner is being treated in a way that is less favourable than the way in which a prisoner who does not have a mental disorder might be treated in a comparable situation as is justified in the following circumstances:

☐ I have had regard to the prisoner’s abilities, background and characteristics, including without prejudice to that generality, the prisoner’s age, sex, sexual orientation, religious persuasion, racial origin, cultural and linguistic background and membership of any ethnic group as follows:
PART E: CONCLUSION

I:

☐ agree it is necessary to grant this transfer direction
☐ disagree it is necessary to grant this transfer direction

I disagree for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name

________________________________________________________________________

Date