



I26 Contribution of the Psychiatrist in the Evaluation of Fitness for Detention While in Custody in France

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After attending this presentation, attendees will better understand the evaluation of fitness for custodial detention in France, which allows, in some cases, a direct intervention at the police station by a forensic psychiatrist.

This presentation will impact the forensic science community by illustrating the in-custody management of mental health issues of a police station in France.

Each year in France, several hundred thousand individuals who are suspected of having committed a criminal offence are arrested and retained in custody in a police station. As soon as the measure begins, the individual is allowed several defense rights, including the right to see a defense attorney and the right to have access to medical care at any moment while in the custody. A medical examination can also be solicited by the police officer or by a member of the individual's family. The physician is always appointed by the police officer.

These examinations are performed either by general practitioners or by emergency room doctors, but, in 2011, French forensic medical units were proposed to have a supplementary budget to perform these examinations in the geographic area closest to them. As a result, physicians with forensic training are performing these evaluations in some geographic areas. This report presents the organization of an institute that is located in an area of 600,000 inhabitants. Approximately 1,500 medical evaluations of persons in custody are performed each year. As French medicolegal physicians may have different professional courses, a psychiatrist is working full-time at the unit and is frequently solicited in this context.

In general, medical examinations are requested in five circumstances: (1) when the arrestee declares he/she is suffering from a particular disease and requires a specific treatment that needs to be continued during police custody; (2) when recent traumatic lesions need to be treated and recorded; (3) when the arrestee complains of acute symptoms that appeared during police custody; (4) when a mental disorder could lead to an involuntary hospitalization requested by a state representative — this usually concerns individuals whose behavior has disturbed public order; and, (5) when it is imposed by law — for minors, for instance. It should be noted that the individual may still refuse the examination.

Intervention of a psychiatrist to evaluate the fitness for detention is of particular interest in two situations, not exclusive from one another: (1) when the individual is suffering from alcohol and/or substance use; and, (2) when the individual needs a mental health assessment. In the first situation, the question of delivering a psychotropic medication may arise, either because the individual requests a substitutive treatment to avoid withdrawal symptoms or because the individual presents symptoms of anxiety or suicidal risk. In the second situation, the psychiatric interview allows determination as to whether or not there is a mental issue that could lead to the deliverance of a specific treatment or an observation in a psychiatric ward.

This report suggests that direct evaluation by a psychiatrist in the police station allows better collaboration with the police officers to perform surveillance and administer medication to these individuals. The psychiatric interview also provides a filter before a more complete evaluation in the emergency room (if this is necessary).

Forensic Science, Police Custody, Psychiatric Evaluation