CURRICULUM VITAE

Name: Dr Girish Vaidya

Qualifications: MBBS; MD (Psychological Medicine); MRCPsych, MSc (Healthcare Analytics & Artificial Intelligence); M.E.W.I. (Member of Expert Witness Institute); MSc (Healthcare Leadership)

Current posts:

- Consultant Child and Adolescent Psychiatrist:
    - Sheffield Forensic CAMHS (Child and Adolescent Mental Health Services)
    - Multiagency Psychological Support for Looked After Children
    - Aldine House Secure Children's Home

Non-clinical Management Experience:

- Associate Medical Director, Sheffield Children's NHS Foundation Trust
- Associate Clinical Director, NHS Sheffield CCG and People's Portfolio
- Clinical Director, Sheffield Children's NHS Foundation Trust
- Clinical Lead, NHS England's Yorkshire and Humber Clinical Network for Children and Young People's Mental Health
- **Clinical Lead**, Yorkshire and Humber Operational Delivery Network for Autism and Learning Disability

Preceding posts:

2003 – 2005	Consultant Child and Adolescent Psychiatrist at Chesterfield CAMHS
2000 – 2003	Specialist Registrar in Child and Adolescent Psychiatry
GMC No:	4540117 (Specialist in Child and Adolescent Psychiatry)
Indemnity:	Medical Defence Union (MDU) number: 349827 I
Other memberships:	Expert Witness Institute (www.ewi.org.uk)

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Areas of Clinical and Medicolegal Experience and expertise:

1. ADHD – particularly arising from brain damage caused by birth injury or road traffic accidents.
2. Compensation claims arising out of:
    a. Personal injury (road traffic accidents)
    b. Medical negligence (errors in diagnosis and treatment leading to preventable harm)
    c. Educational negligence (failure to provide appropriate support)
    d. Negligence by public bodies (e.g., local authorities, NHS Trusts)
3. Inquests in young people with or suspected of having an emotional disorder
4. Gaming and technology addiction
5. Regulatory and professional bodies in individual cases (e.g., General Medical Council, Health Professions Council) or corporate (e.g., children's homes)

Areas of Medico-legal Expertise

1. **Personal Injury / Medical Negligence:**
    a. ADHD and/or behavioural problems arising out of brain injury / birth hypoxia /prematurity.
    b. Compensation claims arising out of personal injury leading to mental health problems (e.g. PTSD).

c. Compensation claims arising out of alleged institutional negligence (Local Authorities or other statutory and non-statutory bodies) or medical or educational negligence.

d. Negligence claims arising out of suicide/ attempted suicide in children and young people. I have been instructed by both claimant and defence solicitors.

e. I get equal instructions from Claimant and Defence solicitors.

2. Regulatory law:

a. Assessment of professionals' conduct by their professional organisations (e.g., Health Professions Council, General Medical Council)
b. Assessment for breach of Legislation related to delivery of care and services by children's homes, CAMHS (Child and Adolescent Mental Health Services), children's social services.
c. Coroners' inquests

3. **Criminal Matters:**

a. Psychiatric Reports and assessments in criminal cases for Crown, Youth and Magistrates' Courts.
b. Assessment for ADHD (Attention Deficit Hyperactivity Disorder), particularly for repeat offenders
c. Assessment for Learning Disability in the context of offending
d. Psychiatric Assessments for Fitness to Plead cases
e. Assessment where defendant is charged with murder
f. Pre-sentencing Assessments
g. Criminal Responsibility and Learning Disability
h. Assessment of Dangerousness / Risk Assessment
i. Sexual Crimes including sexual harassment
j. Arson
k. Violent Criminal Assessments including Murder
l. Violence /Self Harm/Suicide

m. Risk assessment for planning release from custody.

4. **Care Proceedings / Public Law Outline (PLO) cases:**

    a. Single expert report for submission to court in care proceedings
    b. Determining appropriateness of placement for children in care
    c. Risk assessment to determine placement
    d. Advice on therapeutic input required for success of placement
    e. Assessment in cases of contact disputes

5. **Private Family Law:**

    a. Assessment of children in disputed divorce proceedings.
    b. Assessment in cases of contact disputes

6. **Parenting Assessment:**

    a. Assessment of parenting in the context of an assessment of an infant / child. My parenting assessment specifically looks at the 'goodness of fit' between the child (with its difficulties) and the parent(s) (with their difficulties).
    b. Parenting assessment of teenage parent(s).

7. **Systemic Operant Solutions (SOS):**

    Systemic Operant Solutions is a method of finding solutions for vexing problems in the Care System. It is commonly deployed in the following circumstances:

    1. Multiple placement breakdowns
    2. Difficulties in contact between parent and child who is in care

3. Social Workers (and the wider care system) feeling 'stuck' and unable to find a way out
4. Conflict between Local Authorities and Birth Family having direct impact on the child in care (CIC)

SOS combines two well-known approaches in the field of psychology and family therapy – Systemic Thinking and Operant Conditioning. It aims to find solutions by implementing change through the *systems* around a young person and using a person's innate motivation to achieve positive change.

These reports are usually commissioned by Local Authorities to find the most widely acceptable way forward for all parties concerned.

8. Gaming and Technology addiction:

Gaming and technology addiction is increasingly being acknowledged to lead to or arise from pre-existing mental health difficulties. Gaming and technology addiction can have similar behavioural outcomes as seen with other substances of dependence. In the medico-legal field, Gaming and technology addiction is likely to be increasingly recognised in the fields of criminal law and civil law. The former when there is a blurring of boundaries between fantasy and reality (e.g., in Autism Spectrum Disorder) and the latter in allegations of neglect, abuse and exploitation.

RELEVANT EXPERIENCE

1. **Clinical Director** of Community Wellbeing and Mental Health (CWAMH) services for children, young people and families. The services include community and inpatient CAMHS, Speech and Language Therapy, Community Child Health Services, 0 – 19 services and Paediatric Psychology.

2. **Clinical Lead**, Yorkshire and Humber Operational Delivery Network for Autism and Learning Disability. The ODN provided thought leadership to commissioners and providers of services for those with learning disabilities and/or autism. Amongst

others, it advocated for a Lifespan Approach to these conditions and brought service users and other stakeholders together.

3. **Clinical Lead, NHS England**'s Yorkshire and Humber Clinical Network for Children and Young People's Mental Health. My role was to connect various stakeholders – particularly clinicians and commissioners – towards having a shared understanding of challenges and to promote and disseminate good practice.

4. **Associate Clinical Director**, NHS Sheffield CCG and People's Portfolio, Sheffield City Council.

5. **Associate Medical Director,** Sheffield Children's NHS Foundation Trust

6. Consultant Child and Adolescent Psychiatrist in the **Sheffield Forensic CAMHS Team**. This role involves assessment and management of mental health problems in young offenders and those at risk of offending.

7. Consultant Child and Adolescent Psychiatrist providing mental health input to **Aldine House, a Social Services Secure Unit**. Aldine House provides accommodation to young offenders and young people placed in secure accommodation on welfare grounds.

8. Consultant Child and Adolescent Psychiatrist providing mental health input to the Sheffield's **Looked After Children Mental Health Team (MAPS for LAC)**. The team provides support to carers of children under local authority care. My role involves assessing and managing complex and severe, 'hard to place' young people in the care system.

9. Preparation of Court Reports in Criminal and Welfare Proceedings. Expert witness reports in negligence and compensation cases.

10. Appearance as Expert Witness for cross examination. Appeared for case quoted in Bailii.

RELEVANT TRAINING

I have attended various training courses including one by Bond Solon for my medico-legal work.

I also attend training courses for my clinical practice and am in good standing with the Royal College of Psychiatrists.

I am multilingual being able to speak Hindi, Marathi, Gujrati and some Urdu.

FUNDING

- Dependent on a case by case basis

TIMESCALES

My reports are submitted within 12 weeks of receipt of all paperwork. Inclusion of medical records (including CAMHS) helps in timely completion of reports.

PUBLICATIONS

Publications & Presentations

1. From time to time I publish blogs on LinkedIn of relevance at the interface between psychiatry, mental health in children and young people and the law.
    a. https://bit.ly/3HUaoox (Low Birth Weight and ADHD: Is there a link?)
    b. https://bit.ly/3uz9R8h (Birth hypoxia and autism: unravelling the potential association)
2. Vaidya G, Lang J, Smith R, Winchurch N (2013) Unmet mental health needs contribute to troubled families. Poster presentation at the British Psychological Society Annual Conference

3. Abed, Riadh T; Vaidya, Girish; Baker, Ian. Suicide in schizophrenia: A fourteen-year survey in an English health district. *International Journal of Psychiatry in Clinical Practice. Vol 4(2) Jun 2000, 143-146*

4. Vaidya G. Dhavale HS. Child psychiatry in Bombay: the school mental health clinic. *Hospital Medicine 61(6):400-1, 2000 Jun*

5. Chalhoub NC, Smith C, Newing J, Vaidya G (2001). Non-pharmacological treatment of children with ADHD in a community setting: A pragmatic approach to attention training and behavioural management. Poster presentation at the Annual Residential Faculty Meeting, Child and Adolescent Faculty, 3rd to 5th October 2001, York.

6. Vaidya G. (2002) Emotional Problems in Young Offenders: A review of literature. Paper presented at the research meeting organised by Academic Department of Psychiatry, University of Sheffield.

7. Vaidya G (2004) Jawdroppers. *BMJ*, 328, 520.

8. Vaidya G (2004) Lessons from a failed research project *Psychiatric Bulletin*, 28, 301-3.

9. Vaidya G (2004) Copying letters to patients – are we ready yet? *Hospital Medicine*, 65 (8), 454-5.

10. Vaidya G, Chalhoub N, Newing J (2005) Stalking in adolescence- a case report *Child and Adolescent Mental Health*, 10(1), 23-5.

WORKSHOPS:

- Vaidya G (2004) ADHD: assessment, referral and management. Multiagency workshop organised by Area Child Protection Committee, North East Derbyshire
- Vaidya G, Livesey A (2004) Writing letters to patients. Workshop conducted at the Annual Residential meeting, Royal College of Psychiatrists' Faculty of Child and Adolescent Psychiatry, Edinburgh.
- Vaidya G, Chalhoub N, Owens J (2006) Community Forensic CAMHS: Getting on with community CAMHS services. Workshop at the Community Forensic CAMHS conference

OTHER RELEVANT INFORMATION

- I have full enhanced CRB clearance.

- I hold personal professional indemnity insurance.
- I hold a clean driver's license.
- I undertake assessments nationally and internationally.