CURRICULUM VITAE

Name: Dr Girish Vaidya

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

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:

- Clinical Lead, Yorkshire and Humber Operational Delivery Network for Autism and Learning Disability
- 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

Preceding post:

2003 – 2005	Consultant Child and Adolescent Psychiatrist at Chesterfield CAMHS
2000 – 2003	Specialist Registrar in Child and Adolescent Psychiatry
1996 – 2000	North Trent Psychiatric rotation
GMC No:	4540117 (Specialist in Child and Adolescent Psychiatry)
Indemnity:	Medical Defence Union (MDU).
	Membership number: 349827 I
Other memberships:	Expert Witness Institute (www.ewi.org.uk)
	Society of Expert Witness (www.sew.org.uk)
	UK Register of Expert Witness

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Areas of Clinical Experience and expertise:

1. ADHD
2. Autism Spectrum Disorder (ASD)
3. Mental Capacity Assessment – typically for those with ADHD/ASD/Learning Disability
4. Foetal Alcohol Syndrome / Foetal Alcohol Spectrum Disorder
5. Attachment disorders
6. Conduct Disorder / Oppositional Defiant Disorder
7. Self-harm in Looked After Children (LAC) and Young offenders
8. Placement breakdowns in Looked After Children
9. Compensation claims arising out of personal injury or medical negligence
10. Gaming and technology addiction

Areas of Medico-legal Expertise

1. **Care Proceedings / Public Law Outline (PLO) cases:**
    a. Single expert report for submission to court in care proceedings
    b. Deprivation of Liberty Safeguards (DOLS) assessments
    c. Risk assessment to determine placement
    d. Advice on therapeutic input required for success of placement
    e. Assessment in cases of contact disputes

2. **Mental Capacity Assessment**:
    a. MCA in the context of ADHD/ASD/Learning Disability where there is concern over the influence of these conditions on capacity.

3. **Youth Justice 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.
    n. Abnormal Behaviour

4. **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

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'[1] 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.

[1] https://bit.ly/3ZGfMDZ

8. **Personal Injury / Medical Negligence:**
    a. Compensation claims arising out of personal injury leading to mental health problems
    b. Compensation claims arising out of institutional negligence (Local Authorities or other statutory and non-statutory bodies) or medical negligence.

9. **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 cases) and the latter in allegations of neglect and abuse.

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.

5. **Associate Medical Director,** Sheffield Childrens NHS Foundation Trust, Sheffield.

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. (www.sheffieldchildrens.nhs.uk/forensiccamhs)

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. My role involves assessment and management of mental health problems including risk of re-offending. I am involved in planning discharge and aftercare from secure accommodation. In addition, I provide consultation to residential support workers over children's mental health matters.

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, compensation and regulatory cases.

10. Appearance as Expert Witness for cross examination including the High Court ([2021]EWFC 93).

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, Gujrati and some Urdu.

MEDICOLEGAL REPORTS

I have prepared court reports for the Court of Appeal, Crown, Youth and Magistrates Courts as well as reports for local authorities in placement proceedings. These reports have covered the following areas:

- Single Joint Expert in Care Proceedings – child and child/parent/ family assessment
- Criminal Law
- Assessment of Dangerousness
- Assessment of fitness to plead
- Assessment of ABE interviews
- Assessment of placement appropriateness
- Assessment in contact disputes

I also provide second and third opinions to Local Authorities and NHS Trusts in complex cases of children with extremely challenging behaviours.

I work with Local Authorities and families to facilitate an improved outcome for the child.

FUNDING

- LAA funded cases: I adhere to LAA guidelines on funding on an enhanced basis
- Local Authority (single party) Funding: These are done on a fixed fee basis.
- Private Law cases – costs determined on a cost per case basis.

TIMESCALES

My reports are submitted within 8 weeks of receipt of all paperwork. Inclusion of medical records (including CAMHS) helps in timely completion of reports.

PUBLICATIONS

Publications & Presentations

1. 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

2. 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*

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

4. 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.

5. 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.

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

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

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

9. 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.