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CONSULTANT CLINICAL & HEALTH PSYCHOLOGY · EXPERT WITNESS PRACTICE

Should you instruct me?

A quick guide for solicitors and Counsel · November 2026

Whether to instruct, and whom, is always a decision for instructing solicitors and Counsel. This guide is here to help you make it on accurate information. Please read it alongside the information on **profc.org**.

1 My practice at a glance

- ✓ **Adults only** Clinical and health psychology; HCPC registered in both.
- ✓ **Solicitors and Counsel** Including Direct Access barristers.
- ✓ **All UK jurisdictions** Scotland, England, Wales and Northern Ireland.
- ✓ **The full opinion** Diagnosis, causation, prognosis and treatment.

2 Seven quick questions

	Question	If the answer is…
1	Are you contacting me from, or on behalf of, a medico-legal agency? If so, the instructing solicitor is welcome to contact me directly.	**Yes** → outside my practice
2	Are you representing yourself in the proceedings (a litigant in person or party litigant)? I accept instructions only from solicitors and Counsel, including Direct Access barristers.	**Yes** → outside my practice
3	Will the person to be assessed be aged 18 or over at the time of assessment? Adults with claims about childhood events, such as non-recent abuse, are within scope.	**No** → outside my practice
4	Is the instruction for criminal proceedings? For example fitness to plead, criminal responsibility or sentencing. Vulnerable witness assessments are within my practice.	**Yes** → outside my practice
5	Is a central question about formal cognitive assessment, or is capacity the only reason for the instruction? I include a mental state examination with brief bedside cognitive tasks, not formal neuropsychological testing. Capacity alongside psychological injury questions: please get in touch.	**Yes** → outside my practice
6	Is the instruction mainly about offending behaviour, risk of harm to others, parole or management of risk?	**Yes** → a matter for forensic clinical psychology
7	Do the central questions turn on prescribing decisions, detention under mental health legislation, a differential diagnosis needing physical examination or medical investigation, or inpatient or pharmacological management of severe mental illness?	**Yes** → let's talk first

Not sure about any question? A short conversation is the quickest way to find out, and it costs nothing.

3 Where I add most value

Psychological injury after an accident, assault or traumatic event
PTSD, depression, anxiety and adjustment disorders.

Non-recent childhood maltreatment (adult claimant)
Developmental formulation and structured causation reasoning.

Clinical negligence with psychological consequences
After surgical complications or delayed diagnosis.

Psychological injury connected with employment
Stress, bullying, harassment or incidents, in court or tribunal.

Physical and mental health interacting
How mood, anxiety and trauma affect physical conditions, and the reverse.

Chronic pain alongside psychological symptoms
How pain, disability and mood maintain each other, in a biopsychosocial formulation.

Psychotropic medication and the clinical picture
Effects of starting, changing or stopping medication. Prescribing opinion is for a medical expert.

Housing and eviction (Article 8)
Mental health and the likely psychological impact of eviction or loss of home.

Symptom and performance validity
Standardised validity measures integrated with interview and records.

4 Psychiatric or psychological evidence? The key points

- **There is no hierarchy by discipline.** Courts in Scotland (*Kennedy v Cordia (Services) LLP* [2016] UKSC 6) and in England and Wales (CPR Part 35) ask whether the expert has the knowledge and experience for the specific opinions offered, whether the methods are sound, and whether the expert meets their duties to the court.
- **The terminology doesn't decide it.** Judicial guidance uses "psychiatric injury" and "psychological injury" interchangeably. The real questions are whether there is a defined disorder, how it came about, and what its course, treatment needs and impact are.
- **Both disciplines diagnose.** Diagnosis is not reserved to medical practitioners, and clinical psychology diagnostic evidence is routinely accepted in UK courts and tribunals. The WHO's ICD-11 clinical descriptions and diagnostic requirements were developed under the leadership of a clinical psychologist.
- **The skills overlap substantially.** Both professions take histories, assess mental state, apply ICD-11 or DSM-5-TR, and give opinion on causation, prognosis and treatment. The question is the individual expert's demonstrated expertise against the issues, not the professional title.
- **Psychological treatment is often first-line.** For many commonly litigated conditions, evidence-based first-line treatment is psychological, with medication an adjunct in more severe presentations.
- **In my experience, psychiatric evidence has been central** where the issues involve prescribing, organic or medical differential diagnosis, mental health legislation, or the medical management of severe mental illness. In complex claims, evidence from both disciplines, each scoped to its own territory, can give the court a more complete picture.

5 Common misconceptions

Misconception	Position
✕ **"Only a psychiatrist can diagnose."**	✓ Diagnosis of mental disorder is within the regulated competence of clinical psychologists.
✕ **"Psychological reports are supplementary to psychiatric ones."**	✓ A clinical psychology report is a free-standing expert report on diagnosis, causation, prognosis, treatment and functional impact.
✕ **"Clinical psychologists don't assess mental state."**	✓ Assessment of current mental state is a core part of clinical psychology assessment. Only physical examination falls outside it.
✕ **"Psychiatric evidence carries more weight."**	✓ Weight follows the fit between the expert's knowledge and experience and the issues, the methodology, and compliance with duties to the court.

6 Before you instruct: five scoping questions

1. What questions will the court actually have to decide?
2. Do they turn on medical management, or on psychological assessment, formulation and validity?
3. Will standardised psychometric or validity testing be needed to make the opinion defensible?
4. Is the evidence-based treatment pathway psychological, pharmacological, or both?
5. If both disciplines are needed, how will the instructions divide the territory?

Looking for a different expert?

If your matter falls outside my practice, these independent directories may help:

- Expert Witness Institute directory
- BPS Register of Expert Witnesses
- Law Society of Scotland Expert Witness Directory

Inclusion in these directories is not a recommendation by me.

Let's talk · 0141 255 1438

Or get in touch through **profc.org** with brief details of the issues. Please don't send personal details at this stage.

For more about my practice, please also review the information on **profc.org**

This guide gives an indication only. Whether to instruct, and whom, is a decision for instructing solicitors and Counsel. Any instruction is subject to a conflict check.