Monday, 30 March 2026

(9.59 am)

MS LANGDALE: Chair, may I please call Professor Nigel Blackwood.

PROFESSOR NIGEL BLACKWOOD (affirmed)

Questioned by MS LANGDALE

MS LANGDALE: Professor, can you tell us your qualifications, please.

A. Yes, I am a Doctor of Medicine, and a fellow of the Royal College of Psychiatrists.

Q. You have provided the Inquiry with a statement dated 30 November 2025.

A. That's correct.

Q. Can you confirm the statement is true and accurate as far as you're concerned?

A. It is.

Q. You've prepared two reports for the criminal proceedings in respect of VC, the first report dated 20 November 2023, and the second, 22 January 2024; is that right?

A. That's correct.

Q. Can we please have your statement first on the scene and paragraph 40, it's WITN0308001, page 18. You're reflecting here, Professor Blackwood, on an element of forensic practice that has changed over time. Can you

tell us, 30 years ago, what would have happened when someone with VC's history came into custody with the history at that stage?

A. Yes, I think an on-call psychiatric consultant or a higher trainee, whether in general or forensic psychiatry, would have been called to assess that individual in police custody.

Q. We know, of course, that assessing mental state at the time of the offence is key. So in what way did that system achieve, or more likely, achieve that?

A. Well, that individual would have been experienced in working with, for example, major mental illnesses, such as schizophrenia, and would have done as detailed as possible an assessment of the individual.

Q. That can come down, please.

And that's important, isn't it, to understand the state of mind at the time of the index offences?

A. Yes, any contemporaneous documents concerning his behaviour in the police station is of importance.

Q. And we know, and of course I'm sure you'll agree, when VC was in custody there wouldn't be a conventional Mental Health Act assessment to see if he could be sectioned because no psychiatric hospital would have taken him at that point, routine or psychiatric hospital, would they?

A. That is correct. So although there were concerns about his mental state and, as I understand it, at least consideration given to a Mental Health Act assessment, the advice given by the liaison diversion service, which is not controversial across the country, is that there will be no acute admission, given the gravity of the offences, to, for example, a secure unit, and it would have been had to have been high secure.

So there is no immediate admission to such unit, so that individual should stay within the criminal justice system, once charged and through the Magistrates' Court and be remanded in prison, pending further assessment by psychiatrists.

Q. And liaison and diversion doesn't really apply in these circumstances, does it, with grave offences? He's never going to be diverted?

A. That's correct.

Q. Do you agree, I'll come to his history in greater detail in due course, but do you agree that where there are mental health concerns, liaison and diversion isn't always the proper route anyway? There should be a route through the criminal justice system?

A. That's correct.

Q. That's not to decry the importance of strong mental health support in the community, but when they arrive at

custody with evidence of offences, the criminal justice system must play its part as well, mustn't it?

A. Yes, absolutely and that's also not to decry the importance of liaison and diversion with lesser offending, to take individuals with serious mental illness out of the police station and into psychiatric care, and then the offending can be dealt with at a later date.

For these more serious offences, they inevitably stay within the criminal justice system at this stage.

Q. Particularly those who perhaps haven't been identified to mental health services before, liaison and diversion, really important?

A. Absolutely.

Q. But where there's an established involvement with mental health services, the position is somewhat different; would you agree?

A. Well, it really depends on the gravity of the offending.

Q. We know, unsurprisingly, and you know from the records, that when VC was taken to prison, he deteriorated further. That wouldn't be surprising, that's a known fact, isn't it, about detention and detainment?

A. Yes, there's the possibility that long periods of seclusion, for example, with little access to the outside world may exacerbate an individual's psychosis.

Q. Indeed, we know that when he was in prison, by the end of July -- so over a month later -- he was segregated from other prisoners and in early August he assaulted and punched a prison officer?
A. **(Witness nodded)**.
Q. So he clearly deteriorated in that setting.
A. Well, I think that is somewhat of a moot point. He assaults police officers coming out of the police van, for example, but there's certainly a short period in prison where his psychosis is not involving assaults to others, and assaults begin to obtain again, as you note.
Q. What informs assaults, as we go through the history, may be different, mightn't it? Sometimes it might be psychosis, sometimes it might be because he's angry or is upset about something; do you agree?
A. Yes, and the difficulty is that the psychosis is associated with changes in emotional states and can underpin that anger. So they're not entirely distinct phenomena.
Q. It's important, is it, to have a baseline in respect of that, whether someone is angry or has personality features before looking at index offences?
A. Absolutely, yes.
Q. What do you rely on to get that, the baseline, as it were?

A. Well, you look at the developmental history of that individual, the story that they tell of their development, you're looking carefully for evidence of conduct disorder in childhood, with or without traits of callous unemotionality, and you're drawing on any other materials that you have to triangulate the individual's evidence on those points with, and those might be school information, rarely, or more typically, family information.
Q. Dr Milton referred to informants?
A. Mm.
Q. We heard from him last week, and he referred to the need to triangulate through informants, and presumably the stronger the sources or the variety of sources, the better?
A. Yes, absolutely.
Q. We know you provided a report for the prosecution in this case and you also provide defence reports, as well; is that right?
A. That's correct.
Q. What's the difference from the psychiatrist's point of view when you're instructed by the prosecution and defence, if any?
A. Well, the overarching principle is that your duty is to the court, so you're not -- although you're instructed

by one particular side, your duty is to aid the court in its consideration of the case.
Q. Presumably, if it was as simple as that, there would just be a single joint expert, would there, or just one expert that told the court what the position was?
A. Well, there are typically, in adversarial proceedings, there will be reports instructed by the defence and reports instructed by the prosecution, perhaps additional reports instructed by the court, and then, if there are significant differences between those individuals, there will be a joint report between those individuals to highlight areas of agreement or disagreement to help inform the legal process.
Q. But in terms of your approach to them, your duty is to the court, but are you taking different factors into account or not?
A. No.
Q. So that's exactly the same for you, whether you're asked to go and speak to somebody, a defendant, prosecution or defence?
A. **(Witness nodded)**. In my view, yes.
Q. You helpfully, if we can go back to your witness statement, WITN0308002, page 1, set out the documents that you received in the preparation of your first report. They're also listed in your first report, but

I think you'd had more time to look at it, so let's go to the Inquiry document. WITN0308002, page 1, please.
So this is the material that you are provided with. You set out various witness statements divided into chapters. Various exhibits. You get CCTV and imagery.
A. **(Witness nodded)**.
Q. You had CCTV of the attacks, didn't you?
A. Yes, I did.
Q. Did you have what was called the timeline, CCTV timeline prepared by the officers as well, showing where VC was at different times?
A. Yes, I did.
Q. Then if we go to page 2, please, you had medical and University material. We see that you got those on 20 November 2023, they came later to you. What was the University material?
A. That was, again, some of his academic tutors reflecting on their interactions with him, is my memory of that.
Q. So statements about how he was --
A. Yes.
Q. -- progressing there?
A. Yes.
Q. Then, at 13, you had police interview transcripts from June 2023. Were you ever sent the videos of the police interviews?

A. Yes, there were, I think, six discrete interviews, and I was sent those.
Q. Did you watch those?
A. I did.
Q. Did you observe anything in particular about the questions he chose to answer and the ones he didn't?
A. Yes. He largely gave "No comment" interviews throughout. He engaged appropriately with the interviews in the presence of an appropriate adult and his solicitor. He followed instructions, for example, he was asked to stand up at one point to look at his height, and he does that. He engages with all the materials so he looks carefully at all the video footage and listens to the audio footage.
Q. When you say carefully, he pulls his seat forward and really looks, doesn't he, concentrates --
A. Absolutely, concentrates.
Q. -- *(overspeaking)* -- looking at.
A. The only thing that stands out, I think, from a psychiatric perspective is that -- is his blunted affect throughout. So there is no emotional reaction despite the highly arousing materials which he has to view, there's nothing.
Q. Indeed, that's a feature we see going through the interviews, isn't it? He doesn't emotionally respond.

Even when he's in prison, when you see him and he's had medication, he is blunted in his affect about that.
A. Absolutely, yes.
Q. Did you ever assess him for a personality disorder?
A. Yes, that's routine in cases like this.
Q. And did you think that demonstrated a personality disorder, or aspects of it, that he showed no emotion or tears for any of this?
A. Yes, I think the impact of psychosis on personality is a complicated issue. I think you have to look at the individual developmentally. There is very little evidence of conduct disordered behaviours in childhood, which is the precursor of an antisocial personality disorder in adulthood, which is required to make a diagnosis of an antisocial personality disorder in adulthood, certainly according to American diagnostic systems such as the DSM.

So, in the absence of clear evidence of conduct disorder in childhood or adolescence, you do not typically make a diagnosis of an antisocial personality disorder in adulthood.

So developmentally he does not show evidence of irritability, aggressivity, impulsivity --
Q. In childhood?
A. In childhood and in adolescence. His antisocial

behaviours, his violence to others, are all informed by his psychosis. So the intrusions on the flats, the assault on the police officer, et cetera. So they are all driven by his psychosis. So you would not make, or I did not make a separate diagnosis of an antisocial personality disorder, and the features which may look cross-sectionally like a personality disorder, exactly as you mentioned, the sort of lack of remorse, the blunted affect, the failure of any emotional resonance with what he has done, emerge understandably from the psychosis and are not attributable to a separable personality disorder.
Q. That document can come down, thank you. What about his level of calculation? He is very calculated, isn't he, in a number of ways -- we're going to go through it -- calculated in his actions and in his thoughts?
A. Yes, he's an intelligent man.
Q. Is he superior? You see through all of his notes how -- medical notes and writings -- that he is convinced he doesn't have a mental health illness, and those who are treating him are wrong, and he knows better than that, and they don't understand that, et cetera. Is that arrogance or superiority?
A. No, I don't think so. I take that as evidence of his lack of insight. I think he does on occasions seek

reassurance or further discussion. For example, at one point he wishes to go back to speak to Dr Seedat about what he's experiencing, and that speaks of someone who, at that early stage of his illness at least, is interested in discussing what he's experiencing with others.

Later, I think, with a lack of insight, he does become entirely convinced of his own view of what is happening.
Q. And does he bear responsibility for that? He's seen by a lot of psychiatrists, and we're going to hear from them and what they did or didn't prescribe him, but does he bear responsibility for the lies he told them about the medication and the calculation around that?
A. Well, I think then we have to deal with the clinical notion of insight. There are three aspects to that. One of which is can he re-label what he's experiencing, voices, delusions, thought insertion, thought withdrawal, thought broadcast, et cetera, can he re-label those as pathological symptoms? Can he accept the doctors telling him that these are auditory hallucinations, which we know emerge in psychotic illnesses like schizophrenia. And he appears to do that, perhaps superficially, during inpatient admissions, but not --

Q. That's significant, isn't it? That's significant.
A. *(Witness nodded)*.
Q. Because he's appearing to do something that enables him to be discharged by appearing to recognise things when, when we go to his zip files and records, he has a deep and abiding belief in something different.
So you say lack of insight. Is there a reason psychiatrists don't say he lied about that? Because he's telling them he recognises voices, but it's a lie when we see what we're seeing now.
A. Well, if we complete the idea of insight first --
Q. Please do.
A. -- and then come back to that idea, perhaps. So that that first idea is can they re-label their symptoms as pathological? The second, is, come up a level, can they realise that these symptoms are part of an illness, schizophrenia? And then the final part of insight is, can they use that to determine their adherence or compliance with medication? I've got an illness, therefore I'll take the medication the doctor suggests.
And there's a suggestion that perhaps, with monitored compliance with aripiprazole in some of those inpatient admissions he achieved some sort of effect on his symptoms. So it's not necessarily completely a lie when he says he's not experiencing things. There may

have been some useful impact of the medications. But certainly, individuals with psychosis, intelligent individuals with psychosis, can lie.
Q. You were told by him that he'd stopped taking his medication in October 2020?
A. Mm-hm.
Q. Did you challenge him on that and say, "Why was that? Who did you tell about that?"
A. Sorry, this in the first year of the illness?
Q. Yes, yeah.
A. Yes, so that's what he told me, but that's not what he was telling his clinicians at that time.
Q. So when you realised that duplicity, did you say, "Why did you not tell the clinicians that?" Would that be something that you'd challenge him on?
A. No, I think that emerges understandably from his understanding of his illness at that time, that he did not believe he had a major mental illness and therefore he would not -- and he had not experienced significant impact of the low dose of the medication used, and he had ceased taking it.
Q. We know back in July 2020, after he's forced his way into a neighbour's flat, a box of his aripiprazole had been obtained by the police and there was a 14-tablet strip left. So we are going to examine in detail what

the evidence was when he appeared to accept medication and what he did with it, but it's a very complex picture, isn't it, and it makes it difficult to say he seemed to be lucid when he had medication if we don't know when he had the medication? He may have been lucid without medication. There are periods when it appears he was.
A. Yes, I think he was a complex man to assess.
Q. The complexity particularly, because it's not straightforward to see when he's taking medication and appears to be improving, or psychiatrists would say, because of the medication, and when he wasn't because you don't know when he was taking it actually?
A. That's right, there would have been a greater degree of supervision of medication compliance in the inpatient setting, the CPN would be keeping an eye and asking about that, perhaps checking tablets in his flat on occasion. But you are not secure with any oral medication, the only medication you'd be secure about would be the depot antipsychotic.
Q. You'd hope so, wouldn't you, but in September 2021, in an assessment, there was a bag of unused medication dating back to February 2021 found in his room. So we're dealing with somebody who's not been taking medication and managed to complete a university degree?

A. That's correct.
Q. We'll come to that later, but it's an extraordinary combination of lucidity, isn't it, with the illness that you say propelled him into assaults?
A. Mm.
Q. Can I just ask about a couple of other things you were sent, going back to that. Thames House. You were sent Thames House body-worn video footage of him around in London in May 2021. Were you sent that or not? Perhaps you weren't, Professor?
A. At the MI5 building?
Q. Yes.
A. No, I was not sent that.
Q. So you never saw that?
A. That emerged after my November report, I was aware of it at the time of the sentencing hearing.
Q. Right. So you hadn't seen that?
A. (No audible answer).
Q. So you wouldn't know how that was described in the sentencing hearing or what that represented because it wasn't something you looked at?
A. No, as I said, I was aware of it at the time of the sentencing hearing, his desire confirming his delusional belief about interference by MI5 that he wanted them to desist.

Q. What was your understanding for the sentencing hearing that happened at MI5 or at that -- during that event?
A. That he'd been spoken to by the police, and then made his way away.
Q. Did you know if he'd spoken to the police about what he was worried about or anything like that, or not?
A. I'm not sure I knew that level of detail.
Q. Fair enough. You had statements from a student called Sebastian.
A. Yes.
Q. You didn't, I don't think, have the 999 calls from Sebastian; would you have been sent any 999 calls?
A. I may have been. I was sent, I think, the 999 calls, and the police investigation for this process, but not -- I think I was just sent the witness statement of Sebastian --
Q. That's right --
A. -- for my report writing.
Q. So did you get the audio of his call or not?
A. I don't remember listening to any audio, no.
Q. And you probably would, it's quite long, it's about ten minutes longer.

It's helpful, isn't it, as professionals it's helpful to see and hear things to make an assessment.

A. Of course.

Q. Because you -- we'll go to it later -- but refer to a stalking incident that wasn't a stalking, or the police didn't say it was a stalking, which is right: the Inquiry has heard evidence about that, they didn't deal with evidence about stalking.
A. (No audible answer).
Q. But as an independent person reporting to the court, would you have found it helpful to listen yourself to what the young man was saying about his experience and what had happened?
A. Yes, any further information would have been potentially helpful.
Q. Were you sent the body-worn video of the assault on PC Pritchard when Dr Lomas as well was present?
A. I don't think I was, no.
Q. That's really important footage, isn't it, the assault on the police officer? And you have got Dr Lomas there as well who provided a witness statement following that assault.

You'd remember if you'd seen it. You haven't seen it by the sounds of it.

A. I don't think I have, no.
Q. You assessed, or VC's version -- I'll tell you what VC's version of that assault was to you:

"He told me that he had been highly fearful that the

conspiracy was intent on harming him; he considered that intelligence agencies and the police were behind the plot; in this fearful state he headbutted the police officer who executed the Section 135 warrant. He was admitted to inpatient services ..."

So that's what he tells you.

A. Mm.
Q. He was fearful and headbutted the officer in those circumstances.
A. **(Witness nodded)**.
Q. Did you have anything to test that account by? It sounds like you didn't because you didn't have the footage.
A. No, I don't think I did.
Q. Would it have been helpful -- and we've all seen it and it's a matter for the Chair, but if I tell you what that footage demonstrated in part: he is visited by mental health professionals who call upon the assistance of the police. He says he's not going to go into an ambulance, he doesn't need to go into an ambulance. Clearly we know he's thinking he's not ill, he doesn't need to go.
A. *(Witness nodded).*
Q. And as the officers come into the room there's a number of female officers and one male officer. And he takes his glasses off -- you don't notice it until the benefit

of hindsight -- he takes his glasses off, puts them on the windowsill and then says, "I'd like you" -- to the male officer -- "you to take me out. I don't harm women, I don't -- I want you to take me out." And only one of the officers picks up what he's indicating: that he wants to assault a male officer not a female officer, and from zero to 100 that happens really quickly. He selects the male officer.

A. Mm-hm.
Q. Would that have been helpful for you to see how that unravelled: that he chooses who he's going to assault and he assaults them?
A. Yes, I don't think that's countervailing evidence to the fact that he's psychotic at that moment, but --
Q. But he can target, he can target, he targets for sure, doesn't he?
A. Yes.
Q. In that scenario he targets an individual that he wishes to assault and continues to try and assault him. It's not as he's described to you, head butting, he continues to try to resist and use the handcuffs in fact, try and use the handcuffs in respect of the officer as well.

So it's a serious assault but nobody sent that to you to have a look at.

A. Not that I'm aware of, no.

Q. Would it have been helpful?
A. It could have been, yes, although I'd certainly bear in mind that he's perfectly capable of assaulting female officers, later on at least.
Q. Well, the targets may change, right?
A. *(No audible answer)*.
Q. But the fact is he is capable of assessing in those circumstances, whatever his psychosis, of who he wants to attack and why.
A. Yes. Quite why he chooses that male is not entirely clear simply from that footage.
Q. But it's a choice?
A. *(Witness nodded)*.
Q. Mental health tribunal documentation. You didn't get that, I think, as well. He had a mental health review, a hearing.
A. This is for the third admission.
Q. Yes. So 23, 24 September 2021. When he was sectioned he appealed against that. Were you ever sent that?
A. No. That was made available to me for these proceedings.
Q. And you'll see in that "VC", the tribunal decision records:
"VC has given evidence that he accepts that he suffers from psychosis." *(As read)*

A. *(Witness nodded)*.
Q. So again, we know he doesn't accept that and we know what his explanations are. Would you have seen that as evidence of manipulation?
A. Well, again we have to bear in mind the possibility that medication has had some impact on his symptoms at this point, and perhaps there is a slight change in his approach, but he's certainly not truthful with the tribunal; he's telling the tribunal that he takes medication consistently, et cetera.
Q. And of course, it's 3 September that they find all of the medication backdating to February, so at most, on your assumption, it would be 17, 18 days of medication, something like that?
A. Yes.
Q. That's --
A. He's had an injected haloperidol and oral aripiprazole at that point.
Q. And this is an enduring illness, so what do you think the likelihood after three weeks that he's going to have that realisation?
A. Well, as I say, there may be some impact of that period of medication on his understanding.
Q. The video footage of the assault on Christopher, one of his flatmates, did you have that?

A. No.
Q. Have you seen it since?
A. I have, yes.
Q. So you see him being held in a headlock.
A. *(Witness nodded)*.
Q. With VC using his body weight to keep him in that headlock.
A. *(Witness nodded)*.
Q. He has given evidence to the Inquiry, if it needed to be said, how fearful he was in that situation.
A. *(Witness nodded)*.
Q. You see VC permitting one of the flatmates to leave and not the other two --
A. *(Witness nodded)*.
Q. -- and circling back. He moves round and round and comes back to towards where Christopher is and doesn't let him leave, and the police are called twice: once and then again when he's persisting with this.
Would you agree that that behaviour was bullying and intimidating?
A. Well, he's psychotic at this point. He's hearing screams elsewhere in the flat. He's had a conflict with that flatmate about his hygiene, as I understand it. But yes, he is clearly asserting his physical dominance over that flatmate.

Q. Let's deal with the issue of conflict because we see this variously described as conflict or an altercation. Let me give you factual the background. VC leaves the bathroom in a state and this is getting worse, and this flatmate asks him to clean the bathroom up, basically "Your mess, you do it."
And VC challenges that and says, "No, I'm not going to," and "What are you going to do if I don't do it?"
And the flatmate says, "I'm going to call you a dirty bastard."
So that's the precursor. Won't clear the bathroom up, doesn't think he should clear the bathroom up. So he's annoyed by that, clearly didn't want that to be said to him and he's annoyed by that. So why do you say psychosis permits him or enables him to do what he did next, in effect, because he's cross with this guy, in fact.
A. Absolutely, absolutely, but in the context of psychosis, your modulation of your anger is potentially impaired, and that is different to somebody without a psychotic illness, and their approach.
Q. But you agree that's anger: that the response is anger? He's angry.
A. Absolutely, yes.
Q. So are you in a secure position in assessing what the

cause of that anger, is because people can be angry for different reasons, can't they?

A. Of course, but that anger emerges in the context of a psychotic illness.

Q. When the police arrive, they speak to them separately, and VC wants an apology. He's done what you've -- I've described to you, and he wants the other person to apologise to him. What do you make of that?

A. Well, he feels insulted for the "dirty bastard" comment, and that's what he's seeking an apology for.

Q. What does that say about a personality, if you seek an apology for that after all you've done about how your sense of your own importance in that? Is he affronted, is it arrogance? What is it that would make you want an apology when his behaviour had been as I've described?

A. Yes, I don't see it as arrogance; it's his reaction to the insult and seeking an apology for it.

Q. Because we know he is working with students on projects and those students are never attacked by him, the people that he's working with and depends upon. Who knows if they may have directly or inadvertently insulted him, who knows. But one way or another they avoid this kind of behaviour from him. What do you take from that, if anything? That those he depends on to work with and get through the degree don't seem to endure anything like

this?

A. Yes. I think, as I say, there is not evidence of a pre-morbid antisocial personality, which is amplified by a psychosis. Any interpersonal aggression, et cetera, occurs in the context of his psychosis. But, in the context of that psychosis, his anger may be amplified, his impulsivity may be angered, his irritability may be amplified, but these occur in the context of a psychosis.

Q. If we go to your report, please, so CPSE0000011, page 5. This is where you give the background history provided by the defendant and supplement it with medical records and family information.

So if we see at the top paragraph:

"[VC] ... remembered ... teachers had complained that he 'spoke a lot' and could disrupt the class as a result; ... he ... fought other children when those others had sought to bully him; ... denied any further features suggestive of conduct disorder ..."

As you described earlier. But he was telling you he was disruptive and in effect was in fights with people but it was their fault; is that the position? He was being bullied.

A. Yes, his mother says that he was bullied by his peers, in other accounts that he was happy and popular. But he

certainly recognised and described that in the context of being bullied by others he could fight other children.

Q. Did you accept that: that he would have been the person bullied as opposed to bullying; is that how it works?

A. No, you're describing what he has told you, and you try to triangulate that with other information. The information available to us from his family members didn't suggest a particular problem in fighting other children.

Q. His brother's statement to the police -- we don't need to put it on the screen -- referred to "VC could not get on with his father's rules"; did you explore that with VC?

A. That's later on in adolescence before he leaves home and there is, I think, some conflict about religious beliefs at that time, but he did not spontaneously talk about that.

Q. Did you ask him about that?

A. No, I did not.

Q. It's an important feature, isn't it, how that manifested itself?

A. Yes, in later adolescence, conflicts with parents, yes, that could have been important to explore.

Q. So why didn't you?

A. Because there were so many other features to think about and consider, and I was quite happy to accept that there had been some degree of conflict.

Q. Were you, in effect, happy to accept he had psychosis, so therefore this was all explicable, the index offences were the context of psychosis?

A. No, I'm carefully exploring whether there's any evidence of pre-morbid before the psychosis, evidence of anti-sociality, or of substance misuse, for example, which are both very important additional factors which you have to consider.

Q. If we go to paragraph 20, at the end:

"He was a mature student ... stated ... he had established friendships and lived with other students."

Just dealing with the friendship point. In fact, we've had no evidence that he had friendships at university, either from those who were working with him or those who were living with him. He is described very much as a loner. Did you have anything else to contradict that, even from the family?

A. No, clearly he maintained contact with his family and in particular with his brother Elias.

Q. Up to a point, but we'll come to that.

A. Yes, it's not particularly unusual for individuals with psychosis, perhaps, to think that they've established

a greater degree of friendship than they actually have. As you mentioned, there was work with others in his degree course.

Q. It's not the same as friendships, is it? Getting alongside -- you know what I mean when I say a loner -- working in parallel with people wherever they are is not the same as having friendships. Did he give you a name of any friend or anyone who was close to him?

A. No, I don't think he did give me that sort of information, no.

Q. Because he didn't have it to give, presumably; he didn't have friends?

A. I don't think he had close relationships. I think that's true.

Q. So what did that say about him? And this wasn't just from 2019 either, by the way, was it? You were being asked: "You're asking for a history, he's not getting in with people from school, he's not getting on, it would appear, in adolescence from what you were told, certainly with his father, and then he goes university".

So there aren't friends emerging, or a warmth, a capacity to have friendship, is there?

A. Yes. Again, that is not atypical in individuals who go on to develop psychosis, difficulties in establishing close friendships. That is a well-recognised pre-morbid

feature for those who go on to develop schizophrenia, for example.

Q. Is it something that can be relevant to other features in personality types or disorders as well?

A. Yes, it could speak to, you know, what you're looking for is -- for example in antisocial personality disorder, you're looking for evidence of irritability, aggressivity, impulsivity, which he's not showing. That difficulty in establishing friendships is more suggestive of schizoid-type features, another personality disorder, Cluster A personality disorder, which, as I say, is seen pre-morbidly in those who go on to develop schizophrenia.

Q. You record here:

"... he ... experimented with cannabis ... on one occasion ... but did not like the effects ..."

Did you discuss that with him or find out what the effects were?

A. No, I didn't go into that in detail. I think he revealed the effects in a separate interview with Dr Mirvis when he was in Ashworth.

Q. And he said that he thought his arm was going to drop off and he was going to die.

A. Yes.

Q. Pretty extreme response, if it was cannabis; is that

fair to say, or is that something you've come across before?

A. Well, clearly individuals can have idiosyncratic responses to THC. Perhaps that does speak to his underlying vulnerability to psychosis, that there's such an extreme reaction to one dose of THC.

Q. What's the link, then, with cannabis and psychosis?

A. Cannabis and its main psychotogenic component, THC, significantly increases the risk of developing psychosis.

Q. Would the one bad experience have that effect if it was dramatic and --

A. No, it would typically be significant use, particularly from teenage years, but we know for sure that there's a significantly increased risk of psychosis in those using those drugs consistently, partly because of the increased strength in cannabis that's now available. It's a very different substance to what was available in the seventies, for example, weed.

Q. Paragraph 25, page 7, please. These are VC's experience:

"... concerned that his flatmates were monitoring him and his internet behaviours ... changed his mobile phone ... rented a second apartment hoping the experiences would resolve, but they did not. In

telephone contact with his family members (parents and brother), he appeared agitated and tearful; he admitted to his brother that he was hearing voices ... he was experiencing 'the darkest thoughts ... wanted to hurt ... permanently ...'"

So here he's talking about harming the people he's hearing; is that what you understand from that?

A. Potentially, yes. I think these are messages, particularly to Elias, where he's worried about going insane, and his brother is trying to interpret in a more religious framework, but there's clear evidence from those messages of psychotic experiences.

Q. I'm not going to ask you further questions about that but Elias will give evidence himself in due course, so I'm not necessarily going to accept what that was or was not a response about.

If you look at, please, CPSE0000019, page 1. This is a letter from VC's mother, giving the background after the attacks to the police for VC's mental health history. And if we look at that first paragraph in summary, we see:

"[VC -- four lines down] ... was always adamant that what happened was not just an episode but ongoing, and he started developing delusions that the voices in his head were from an external source which was able to

communicate directly with his mind using advanced technology/AI and he believed that MI5 and other services in Nottingham were behind this and covering it up - his elusive behaviour was, in his opinion, a way of keeping us safe."

And if we go overleaf, please, page 3, that's page 2. Page 3, please:

"On 11th July [so 4 paragraphs down] [VC] drove all the way to our house in [Wales] and stayed in his car all day until we came home. He refused to come in because he was adamant that the people in his head would be able to see inside our home and it would again put us in danger".

You see there his concern that if he went into the home, they could see -- and it would happen to his family too -- they'd end up seeing their thoughts and in their home. That was his concern, yes?

A. Yes.

Q. Can we go, please, to some Inquiry Legal Team documents. That can come down. We sent these to you, Professor Blackwood, and it makes looking at zip files and phone records a lot more simple. And I dare say, and it's a serious point, it might have been useful for you if you'd had some kind of factual summary of this material in advance of preparing your report, would it,

rather than be sent all these zip files and records?

A. I think there was such a wealth of information for this report. I was happy to look at it as it was presented to me. Of course, a factual summary may have been of further help but I don't criticise the CPS for that.

Q. INQY0000003, page 1, please. One of the documents would not have been available to you because we have recently obtained VC's complaint to the Investigatory Powers Tribunal and, for those who aren't clear, the Investigatory Powers Tribunal is an independent judicial body, provides rights of redress to anyone who believes they've been the victim of unlawful action by a public authority using covert investigative techniques, and it considers complaints about the conduct of UK intelligence services.

So VC chose, as we set out here, in May 2022 to make a complaint. If we go over to page 2, he complained organisations had:

"... carried out continuous intrusive surveillance and harassment and recorded information about all aspects of his life, primarily doing this in Nottingham. His devices DS were accessed everywhere. If another agency is responsible then local authorities are complicit. When it happened: the conduct began around September 2019 at the accommodation on Salisbury Street,

continued at Brook Court. From 2021 onwards surveillance was again carried out at accommodation in Salisbury Street." *(As read)*

He linked, if we go to page 3 please, at the end:

"[He] linked the conduct to his mental health and criminality and said throughout this period the complainant was repeatedly told via this communication that the personal information acquired was being passed to local authorities and even members of the public to entice him to harass them and be detained. To ensure that the complainant had little recourse to substantiate his claims and seek redress, the system curated an express that could plausibly be dismissed as a sudden mental illnesses. The objective of the activity, as far as the complainant can ascertain, is to harass and misinform him so as to drain him mentally, to coerce him to commit criminal activities that retroactively justify the illegal surveillance that the agency has committed. The complainant asserts that the local police department is aware and involved in the illegal activity, and the avenue for resolution is non-viable." *(As read)*

So setting out clearly his beliefs in May 2022.

A. Yes.

Q. And that he's being asked to commit criminal activities to make it look as though he's mentally ill.

A. That's correct.

Q. If we go to page 6, and you refer to this in your report, these are some of the zip files that have been sent. Just to be clear, they may have been sent to Elias on the morning of the attacks but they were the same files that had been sent in 2022.

A. *(Witness nodded).*

Q. So nothing fresh in that, this is information that they had had or been broadly aware of.

A. That's correct.

Q. "ReadmeFirst", if you see at the bottom you see he says:

"... it was clear that what was happening was that some kind of communication that obviously required technology. There is a system communicating in my mind. Initially, I had no information about the nature of this technology, who the operators were, or their intentions. I now have some information, and I want you to understand this because, all to the type of experience I have had in recent years is not common, there are several other identical cases. Apart from that, the technology interacts with the entire population -- this is part of what I mean by 'greater experience' -- but most people just don't realise it, and that is by design." *(As read)*

If we go to page 16, three-page document within

these zip files:

"Complaint to the FBI of Satellite Surveillance and Remote Neural Monitoring ..."

Stating, if we go to page 17:

"This is NOT a conspiracy theory it's a real life situation and the public needs to know. Please review my letter to the FBI and DOD regarding a current active shooter campaign being conducted by ... contractor *(unclear) Inc*[orporated]. It is also how the Aaron Alexis Washington Navy Yard shooter was driven to commit his crimes."

So this document in the zip files, at paragraph 45, summarises:

"... discusses details of the 'equipment' before referring to the Washington Navy Yard shooting as follows:

"'This is the exact activity reported by Aaron Alexis prior to his Washington Navy Yard shooting. His heinous crimes were committed at his former workplace ... I suspect this Nanotechnology was used to harass him in order to drive him to commit crimes. It is my assumption that they may be using this technology to create domestic terror events for profit." *(As read)*

If we go to page 27, this -- moving forward in time, the prison notes that he's written in prison, and he

describes -- and this is a document you've extracted -- how it started in 2019. If we go halfway down:

"When I finished my work I noticed my body was shaking. I was having tremors. It was from the top of my head to my feet. I felt the ground shaking/pulsating. The noise was there the following 2 days and then it stopped. The people around said they could not hear it and it was not coming from the place I thought."

If we go over the page, please, at the top:

"I felt a sensation building up, some difficulty in the chest, some sort of internal tension. What came to my mind was I'm being given a heart attack. I called an ambulance and went to the hospital."

Further down that paragraph:

"I started to feel anguished. About half an hour later a new plot started. I now started to hear vividly people screaming for help in the next apartment. I recognised the voices, these were not strangers but people I knew and cared about. They were an hour earlier ... [That's] the first time it had happened to me. Now they're in danger. The voices were narrating what was happening. They themselves are the perpetrators. I went to the apartment and knock[ed] on the door. No one came to open. I then knocked the door

down and entered. I searched the entire apartment. No one was in. ... started to hear the same commotion ... from another apartment."

And so he continues. So if we go to 29 the end of the first paragraph:

"This was my introduction to the technology some call neural remote monitoring, others synthetic telepathy, voice2skull, silent sound, and so on."

So we see there what he is setting out and the continuity about that. I'm going to ask you more about this later. What emerges post-arrest and in prison is more about his family being in physical danger or hurt. In fact, what we see in the earlier writings is that he's worried that they'll be subject to mind control. Do you see any difference in that, whether the courts do is a different matter for a moment, but he's referring to them being subject to the same mind control which is very different from "They will be killed and I need to kill people to stop them being killed"?

A. Yes, he's fearful for their safety and that they will be subject to the same experiences that he is experiencing.

Q. Which is not the same as "They will be killed"?

A. That's correct.

Q. That's important, isn't it, or it may be important?

A. Yes, his concerns about his family's safety or their

potential involvement in what is happening to him does potentially change across time.

Q. We know -- well, actually, I'll come to it later. Let's go to this document, please. That can come down. EMAS0000002, page 1.

This fits with his attendance to hospital. Have you seen this before? I wasn't sure if you were sent it.

A. Yes, I have.

Q. So we can see 23 May, he calls an ambulance. He is described, the details at the top, we see there:

"Acute behavioural disturbance ? mental health, [complaining of] chest pain and hearing mumbling."

We see "Comments" at the bottom:

"States pain to [left] side of chest. Pain developed at rest while sat outside earlier. Denies any drug use. Says he's been agonising tonight."

We go over the page, please:

"State: Anxious."

At the bottom:

"Medical/surgical history

"Patient admits to having mental health problems in past but would not say what. Not currently medicated for anything on questioning."

This is in May 2020, so this is when he first comes to the attention of mental health services then, but he

does refer to having mental health problems in the past. Had you picked that up? It's very well concealed that, in that document?

A. Yes, and I picked up that he'd told me exactly about this event, in paragraph 26 of my original report, and the only additional thing in this document is that hearing mumbling is present. But that's clearly available from discussions he was having with his brother Elias at this time, that he was hearing voices in his head, and "they were speaking about what I was thinking in realtime" et cetera. So it's consistent across these two different sources of information.

But in my interview with him, he focused more on the physical effects and his concern that "Am I having a heart attack?" And that's why he'd taken himself to A&E.

Q. But what about the fact that he says mental health problems in the past in the surgical history because this is 2020. So did you ask him, how much prior to that?

A. He documented that clearly with me: that, as in my first report, that in -- certainly in his current account, that his difficulties had emerged in late 2019.

Q. Right. And we see on the next page, page 3, details: "Hyperactive, [Glasgow Coma Score is] 14 [out of] 15."

A. Mm-hm.

Q. So what would you take from that? How was he physically?

A. That's all right.

Q. "Presenting like under the influence of drugs or acute mental health but denies drug use. Hearing voices, mumbling, erratic behaviour."

He has described an extreme reaction to cannabis on the one occasion to Dr Mirvis, arguably that could have been this occasion.

A. Potentially. I think there's an entry the following day which says that bloods taken were clear of substances. I've never seen those results, but it's mentioned in the records on the following day. But, yes, we can't rule out the possibility of a drug effect yeah.

Q. Are these hospital bloods that were taken?

A. Yeah.

Q. Would they routinely be checked for drugs or illegal drugs, or not?

A. They may have been, as I say, in the next day --

Q. Is that right?

A. -- of the notes, there's an emergency department assessment that had said that the bloods were clear of substances. I'm not sure of the truth or otherwise of that statement but it's in the records.

Q. Or what the substances are?

A. Well, it would refer to drugs.

Q. And they would do drug testing in those circumstances if they thought they had -- *(overspeaking)* --

A. They may have done.

Q. So if it's not cannabis, what's your explanation, if you have one, or what would you think this event depicted?

A. I think this is evidence of him with an untreated psychosis, and he's hearing voices, and potentially he's talked elsewhere about having somatic hallucinations, of tremors and resonances throughout his body, and internal tension. So any of these things, I think, underpin this presentation.

Q. So anxious, not calm? He's anxious?

A. Potentially. He doesn't understand what's happening to him, or to his body.

Q. In terms of earlier history or not, can I ask you, please, to look at this document: WITN0428001. The existing one can obviously come off the screen. Now this is a statement obtained by the Inquiry from a woman who spoke to the police at the time of the investigation, and she shared accommodation with VC between 2014 to 2015. If we go to page 2, please:

"My first impression of VC was that he was quiet, unfriendly and did not appear to want to socialise with

the other people living in the house. I would sometimes try to start conversations with him, but these were usually met with one-word answers and he would often leave the conversation as soon as possible.

"During the time we lived in the property, [VC] organised the Wi-Fi for the house. If someone was late paying their share, the password would be changed. When this happened, the person would have to go to his room to ask for the new password. When doing this, [VC] would typically open the door only slightly, speak through the gap and pass a piece of paper written on it through the door."

"I ... observed behaviour that I considered unusual. I would see [VC] during the daytime and evening as normal, but during the night I would frequently wake up to the sound of someone in the kitchen, which would turn out to be him. This would happen several times during the ... night. Because of the layout of the house, my bedroom window looked out into the kitchen area, so I could see that it was him moving around there. I remember wondering how he was able to sleep if he was up so often during the night and during the day.

"On other occasions during the early hours of the morning, I heard repetitive noises and what I would describe as screaming coming from his room. A friend

who was staying with me at the time also heard these noises."

There was also, if we go to the next page:

"I also recall him standing in the garden in the dark on a few occasions, not doing anything in particular, but simply standing there.

"There was also an incident involving food going missing from the house. One of my housemates asked everyone in the house about this. When she asked [VC] about it, he raised his voice and asked why she was accusing him, which I found intimidating. He then walked away and the issue was not discussed further."

We were speaking earlier, just before I continue, about personality traits, so this is when he is 23/24, so it is 2014 to 2015, and he was intimidating.

A. Yes, again, I think this is -- was not available to me at the time I wrote my initial report. So this would suggest that there are pre-morbid features of psychosis earlier than by his own description. So he talks about the illness developing in 2019.

There may be earlier features, as I discussed, of a degree of coldness, a degree of suspiciousness, potentially the first experience of voices if he's screaming in his room at night, so I think this speaks to perhaps a longer timeline of his psychotic

experiences than any particular personality features, and that would be consistent with, despite being highly intelligent, his academic performance somewhat fell off at the age of 17. He completed his AS levels and then should have been entirely capable of going on to complete his A levels, but decided to stop his education at that point and then is working in quite an ordinary job well below his intellectual abilities for that period.

So I think it speaks more to potentially a longer timeline for the development of his psychotic illness rather than any separable evidence of personality difficulties.

Q. It can be both, can't it? He doesn't look like he likes to be accused of anything.

A. Yes, but we have to bear in mind what we know of individuals who go on to develop the illness schizophrenia and, as I've already mentioned, there is evidence of difficulty and interpersonal relationships in anomalous experiences, some degree of paranoia, etc. And, therefore, you have to be careful at not attributing those to a separable set of personality difficulties.

Q. We see a description of another incident at the bottom, and over the page, this witness's contact with the

police. She was concerned about mental health and behaviours, including unusual patterns of activity during the night, loud noises coming from his room and interactions with housemates.

Would that have been useful to have had earlier?

A. Well, it confirms to me the presence, very clear presence, of the pre-morbid features of a psychotic illness. It would have given us a longer timeline for the development of the illness. As I say, I have considered that because of the cognitive decline at 17, which is a typical feature, pre-morbidly, with schizophrenia. But we didn't have this sort of information. So that would have filled out the earlier, potentially, onset or course of the illness.

Q. That can come down, please.

Can we have INQY0000001. This is going back to the Inquiry legal team documents and analysis from phone evidence.

So there's a lot of downloads from his phone. If we go to page 3, I'm just going to highlight some: "... two videos -- a longer ..." -- page 3 at the top, please.

"... a longer and shorter version - of the 2022 Buffalo shooting."

And:

"... a video of the 2019 Christchurch Mosque

shootings ...

"... and another video of the ... Buffalo shooting."

Did you ask him why he had these on his phone?

A. No, I did not.

Q. Did you notice or see that he had been watching these?

A. Yes, I did.

Q. What did you make of that?

A. I interpret those in the context of his untreated psychosis. He's angry. He is perplexed: "why are my thoughts being monitored? Why are either the Government or a rogue computer program, etc, why am I being tormented by these individuals?"

And, you know, and in the context of thinking about such things, he is looking at different information about Hitler, the Nazis, shootings, et cetera.

Q. Well, he's looking at terrorism, isn't he? He's looking at shootings?

A. Yeah.

Q. So what did you make -- are you suggesting that psychosis is a precursor to looking at terrorist videos; I am just trying to understand the connection now.

A. Well, no, clearly anyone can look at such videos, but it may be that he's searching for an understanding, he's looking at the way in which others have reacted to these things. It may be that he already has murderous

intentions by this point and that's why he's looking at such material, so all these things are possible.
Q. He's a dangerous man, isn't he?
A. I think his risk to others has increased as a result of his psychotic illness, yes.
Q. If we go to page 5, images of a knife, adjustable wrench, partial image of what appears to be a large gun; image of a sword. Looking at weapons. Again, what did you make of that in the context of a man who was before the court for killings?
A. Yes, as I say, this may be reflective of the fact that he's beginning to have murderous intentions. We know that he buys a knife in 2022, he buys knife-sharpening equipment, et cetera. So there is new interest in weaponry at this point.
Q. Interestingly, Professor Blackwood, if we go to page 6, at the same time he's looking at policy documents, including copy of the Mental Health Act, copy of General Data Protection Regulations and other documents relating to police powers and regulations, so understanding police custody, police powers, et cetera.
A. Yes, he's concerned that the powers that be are interfering in his mind, and he is furious about this. This is illegal. He's trying to understand, he thinks that his internet materials, et cetera, have been

monitored. So he's trying to understand the legality of this, and that's how I would take those policy documents.
Q. It also may explain why he's so clear when he is interviewed about the difference between evidential and non-evidential questions. So as you said earlier, watching the police interviews, he engages with the requests of him, the formalities, what's happening, what's being asked about, why, does he understand what murder is? But as soon as it's the specifics of his crimes, he says, "No comment". He is able to understand the distinction.
A. Absolutely, yes.
Q. And what does that say about him? One he's intelligent, but two, is it manipulative to appear cooperative in that way?
A. No, I don't read that as manipulation.
Q. Is there anything in his behaviour that you view as manipulation?
A. Well, let's first have a secure understanding of your understanding of manipulation. What do you mean by that?
Q. What do you mean by manipulation?
A. Well, manipulation is being aware of what an individual is seeking and, while being aware of that, going out of

your way to frustrate that aim. So there's nothing in his police interviews that I would ascribe to manipulation.
Q. What about when he's in hospital and he is suggesting, he understands his psychosis and the need for medication so that he can leave? Is that manipulation?
A. Yes, I think that's not uncommon in individuals who realise what needs to be said, secure discharge, and that's commonly found in individuals who simply do not want to be in hospital, and think they know what needs to be said to secure their discharge. So if he is manipulative in another context, it's something that is used by many, many individuals with psychosis who do not want to be in hospital.
Q. How do you, when you're doing forensic assessment, take that characteristic or ability to be manipulative into account? How do you make sure he's not doing that to get what he wants from your assessment?
A. You're triangulating what he tells you with what you have available from all other sources, including the assessments across time, of your psychiatric colleagues or other mental health professionals.
Q. Because we know one of your psychiatric colleagues, was it Dr Shaffiullha, found that he was insane.
A. Yes.

Q. By the time he sees Dr Shaffiullha, there are references in that report to him saying, "I don't know right from wrong, I didn't know the consequences" and the like. We do see an emerging characterisation of his own actions through the reports; would you agree with that? And certainly by Dr Shaffiullha's?
A. I think we'd have to look at Dr Shaffiullha's report again to be secure in that. Dr Shaffiullha isn't a forensic psychiatrist so I don't think his thoughts about insanity necessarily hold up.
Q. So you tell us what insanity is, the definition of insanity.
A. Well, he would have had to have failed to understand the nature and quality of his acts at the time of the fatal assaults, and that what he was doing was legally wrong. And in my view, and three other instructed psychiatrists, that was not the case. He knew he was engaged in potentially fatal assaults and knew that that was legally wrong.
Q. And why do you say that? Why did you conclude that?
A. Well, because he told me that he knew he was using a knife to assault others, and there's the evidence that when he speaks to his brother Elias, that when he says about doing something stupid, he says, "I already have done." So he realises what he has done.

Q. When you say a knife, did you see what the weapon looked like that he used for the attacks?
A. Yes, I think there was a picture of that available to me in the exhibits.
Q. So it's a dagger, nearly a foot long -- is how the police describe it in the interview.
A. Mm-hm, mm-hm.
Q. Were you aware how many weapons he had in the rucksack that night?
A. Yes, I think there were four in the rucksack, and there's the piece of piping is it that he uses to try to get into Seely Hirst.
Q. So you refer to him buying a knife in 2022, but clearly he'd bought other knives, hadn't he, and other weapons as well? So it's not one knife; it's a number of weapons.
A. That's correct.
Q. Calculated to cause harm, when you're getting weapons like that; would you agree?
A. Absolutely, they speak to his murderous intentions.
Q. Did you know that in his rucksack he had a piece of paper with the names of three students on it that he'd lived with them, including one that he'd taken offence to, for the -- *(overspeaking)* --
A. Yes, that was in the unused materials.

Q. What did you make of that?
A. I didn't know what to make of that.
Q. Well, he's written the names out, hasn't he and he's put them in his bag and he's found in the city in a similar part of an area where students are and students live.
A. Mm-hm.
Q. And we know with Sebastian and Christopher at this point that he's assaulted students.
A. Mm-hm.
Q. One stalked, one assaulted, to be technical, and he's got their names in the bag with a number of weapons.
A. *(Witness nodded).*
Q. So does that make you think that he had a view about students at that point, or wanting to attack students? Or those specific students? Why have their names there?
A. Yes, I don't know.
Q. And you didn't ask him that?
A. No, I did not.
Q. Did you know about the names in the bag?
A. Yes. As I say, they were in the unused materials.
Q. Right, but why didn't you ask him about that, and the number of weapons?
A. I knew of the number of weapons. I knew of the writing. But his own account of those who he chose to assault clearly didn't involve those three individuals, so

I didn't explore it further.
Q. I'm not really interested in his own account; I'm interested in the evidence of planning. So you have in that rucksack evidence of planning. And knowing more about it, you clearly attributed weight to the fact the knife was bought in 2022, when that dagger was obtained, when, how, what; they were relevant questions to planning, weren't they?
A. Yes, we don't know that those three names on a piece of paper speak to planning, necessarily.
Q. But the only person who could have told you that was him, if you accepted what he said.
A. That's correct.
MS LANGDALE: Chair, that might be a good moment for the morning break.
THE CHAIR: Yes. We'll take a break now until 11.35, thank you.
(11.15 am)
(A short break)
(11.34 am)
MS LANGDALE: Can we have on the screen, please, your report again, Professor Blackwood, CPSE0000011, page 11, paragraph 43.
This is where you deal, Professor Blackwood, with the assault on the Arvato employee. He described:

"[VC] noted [at the end of that paragraph] the co-worker had been rude to him [and] ... voices told him he had to assault the worker."
The Inquiry has heard evidence about how that arose, and VC had requested to use a piece of equipment or a cart that the victim was using, and he said effectively no, he was training someone, he'd speak later to VC, and then this unprovoked assault occurred, and not just on the man he'd spoken to but also on the female victim who stood in front of him.
Did you ask more about what might have provoked that or why that occurred?
A. No, I think that's a summary of our conversation about that -- those two assaults.
Q. And did he have any remorse or recognise the effects of that at all?
A. No, I don't think he expressed regret about those assaults, no.
Q. Did you give him a chance to? Could he have done?
A. Yes, I think he could.
Q. Paragraph 47, please. You refer here to risks and how risks of violence are calculated. My question for you is: had he had any previous convictions, including assault occasioning actual bodily harm against a police officer, or even a GBH against a member of the public,

would that -- how would that have affected your reasoning at this point, if he had been dealt with through the criminal justice system for earlier events?

A. Yes, I think it's very important for any criminal behaviours by individuals with psychosis that they are processed through the courts. This helps to ensure that aspects of behaviours are not lost to the records, that they're available to individuals who might come along to do risk assessments. It doesn't now affect, you'll hear later in the piece, I understand, from Professor Fazel, a world expert on risk assessment in psychosis, and at the time of these offences, his violence risk assessment instrument insisted on a form of convictions to inform risk assessments. That has changed in the last three years. He has relaxed that criterion such that exactly the sort of history that Mr VC demonstrates is sufficient to count as prior violence.

So for risk assessment, it's very helpful. For any forensic involvement, convictions are important for diverting an individual into forensic services rather than them remaining in general adult services.

Q. Paragraph 55, please. This is where you deal with the offences. You say and describe his movements. You don't refer to his changes of clothing or footwear. Had you got that from the timeline?

A. Yes, I had.

Q. What was your understanding about when and how he had changed any of his clothing?

A. I'm not sure. I was aware that he had changed clothing, but exactly where that was in the timeline, I'm not sure.

Q. Well, we know he puts a black long-sleeved top on when he is at the station, and we know that he changes his footwear from black trainers with a flashing white sole to all black shoes. And we know he's wearing clothes, including a beanie hat pulled down slightly, that cover him, and he is dressed completely in black.

A. *(Witness nodded).*

Q. Did you take that into account at all, those movements, some hours before the attacks, to effectively make himself less visible?

A. Yes, I bore his change of clothing in mind.

Q. And you describe at paragraph 56, you say:

"[VC] ... fell in behind two students from the University on the Ilkeston Road ..."

Was that your ascertaining it from the video, from the footage?

A. Yes.

Q. Because he had hidden, hadn't he, for a considerable time, and then appeared from their perspective from

nowhere behind them. That's right, isn't it?

A. Yes, in my prior paragraph you'll note that I say between 3.15 and 3.29 he remained in the shadows of a pathway off Ilkeston Road and there were no sightings between 3.30 and 4.00 am.

Q. Did you understand whether or not other people had passed him before his two victims?

A. I understand that a number of people had passed before the two victims, yes.

Q. When did you understand that, out of interest?

A. Within these proceedings.

Q. Hmm. So when ACC Griffin gave evidence he referred to seven people passing. One assumes it's on the opposite side of the road, but I don't know, the Inquiry is finding that out. But were you told that and would you have been interested to know that?

A. I think he is in the grip of a strong psychosis at this moment, and the fact that other individuals passed before he decides who to assault, or before coming out to assault others, is informed potentially by that: that there is an internal struggle with command hallucinations, for example. Quite why he chooses this moment to come out and assault two students rather than one person passing by, I do not know.

Q. He had told Emily Doherty, hadn't he, who did

an assessment of him, that he felt that his life wasn't where it should have been at his age, younger people were on the course, studying, and of course he had a younger brother who was doing extremely well, and he attacked younger students, didn't he?

A. Yes, he attacked younger students, an elderly caretaker, and three other working age individuals.

Q. At this point, would it be of interest to you at all to know who else passed him? If they were students as well, for example? Or if they weren't?

A. Potentially.

Q. Why potentially is that relevant, if he effectively didn't attack other students and then attacked these two, as opposed to didn't attack other members of the public that didn't fulfil that criteria of younger students doing well?

A. I think you're trying to ascribe too rational a framework to him at this point. You're aware of the depth of his psychosis. That is revealed in multiple writings and communication with his brother shortly before these incidents. And we simply do not know why these two students were the people that he assaulted.

Q. At paragraph 82 of your report, please, this presumably is the account he gives you:

"While walking in Nottingham in the early hours ...

the voices were telling him that he had to harm others: 'Okay, do it now, harm anyone passing you ... commit a crime and we will leave you alone. Someone else or you or your family will be hurt'."

"Someone else or you and your family will be hurt". That does develop more as a theme here, doesn't it, than the writings that I have taken you to earlier?

A. Yes, I think he was concerned about risk to family. You can see that from the travelling to [Wales], long before this. So that was an act of concern for some time.

Q. If we can go, please, to your second report now, which is CPSE0000152, page 3. This is your second report prepared for sentencing, and you say at paragraph 14:

"[VC's] ... retained responsibility for his acts was at the lower end of the spectrum, and ... his failure to comply with anti-psychotic medication and wider aspects of community psychiatric treatment were determined by his lack of insight into his condition rather than a culpable omission on his part."

Do you have that? It should be on --

A. Yes, thank you.

Q. So tell us how you arrive at that conclusion, please.

A. With respect to the medication?

Q. Yeah, the whole feature, the lower end of the spectrum.

A. Yes --

Q. The responsibility at the lower end of the spectrum.

A. This is a difficult area about -- in the wake of the Vowles' finding about experts thinking about culpability. Ethically, it is troublesome to be thinking about punishment when a doctor's role should be about treatment, but it is available to the expert to offer advice about the causal relevance of any aspects of his mental health in determining the commission of the offence.

And his psychosis was of -- his untreated psychosis, its symptoms, the emotional impact of those symptoms, his anger, his fear, were such that I argued that his responsibility for these events was diminished, that there were substantial impairments in his ability to form a rational judgement and to exercise self-control, and that arising, as it did, from an untreated illness, therefore his retained responsibility should be viewed as at the lower end of the spectrum, bearing in mind that is a judicial decision, and I'm offering an opinion there, and that was certainly emphasised by Mr Khalil when he was reflecting on that with the Judge.

Then --

Q. Shall I take you to that, because you set that out, but RLIT0000012 is guidance on the role of psychiatrists, as you've just set out. Royal College of Psychiatrists,

"Responsibilities of psychiatrists who provide expert evidence to courts and tribunals", CR193.

If we just look at page 5 briefly. You see:

"... the College does not provide endorsement for, or make any judgement on, any evidence given on individual cases. The responsibility rests entirely with the psychiatrist[s] ... and the legal jurisdiction where it is being provided."

And if we go to "Sentencing and medical recommendations" at page 13, please:

"The issue of culpability":

"The sentencing judge therefore has to balance the sometimes-competing purposes of sentencing, taking into account any medical recommendations."

And if we go overleaf, please, at page 14:

"Culpability is the degree to which a person can be held morally or legally responsible for their conduct."

If we go to the next paragraph:

"There are many 'causal' factors relevant to culpability on which an expert may legitimately comment, such as an offender's psychiatric symptoms, capacity, insight, decision-making availability, use of illicit substance or help-seeking behaviour. Nevertheless, this is in a very different domain from then commenting upon the level of culpability, which should be resisted.

There are other non-medical factors which are relevant to culpability, which is itself a concept 'outwith' psychiatry. It is for the court to determine the ultimate issue of culpability and subsequent need for punishment, not the expert. To do so is to step outside one's area of expertise."

That can come down. So very clear guidance there to assist psychiatrists.

Did you think in this case -- and maybe in others I don't know -- that you were being drawn something that went beyond medical illness and went into moral and legal responsibility?

A. No, this is a difficult area. You are instructed to think about, in this particular case, about whether diminished responsibility obtains, and then here you're thinking about retained responsibility.

So while absolutely recognising that this is a decision for the court to make, for the judge to make, and that was emphasised by Mr Khalil in his comments in court, nevertheless, I did comment that I would view his retained responsibility for his acts as at the lower end of the spectrum, and further, that the acts would not have occurred but for his psychosis.

Then you go on to think about things that you're typically asked about, whether there are any particular

acts or omissions that we should bear in mind when thinking about responsibility, culpability, et cetera, and two typically come up. One is about the potential impact of drug use, which I didn't comment on, because there's no toxicology available to us, although it certainly was not a dominant feature of the case; and, secondly, you're often asked questions about should we view adversely the fact that this individual did not take their medication, despite prompting by medical teams, et cetera?

And bearing in mind our earlier discussion about insight, the fact that he lacks insight into his illness, which determines compliance with medication, then him not taking medication should not be viewed as a culpable omission, in my view.

Q. That's one view, isn't it; another is that he personally resisted taking the medication. He wasn't treatment resistant; he hasn't been on enough medication to see that, but he resisted taking it. He didn't want to take it, did he? He didn't think he was ill.

A. Yes, so he lacked insight into the fact that he had an illness and did not take the medication prescribed. I think, treatment resistance, if you want me to address that now, I'm happy to do that to make him out later.

Q. No, I'm interested in what he chose not to do at the

moment and why. You have described that as lack of insight despite -- and we will hear from the psychiatrists and mental health teams how much they may have discussed that with him. Maybe they didn't enough, maybe they did. But is it their responsibility that that lack of insight remained and he didn't take them? Does he bear no responsibility for that in your view, simply because he doesn't have insight?

A. Well, anyone's compliance with the medication is driven about their -- by their beliefs about their illness, whatever that illness is. If you don't believe you have an illness, you're unlikely to take the medication that the doctor prescribes.

In psychosis, it's a particularly common feature of an individual's struggle to attribute their symptoms to a mental disorder, and he has come up with his own very detailed account of why he was suffering the things he did, which did not involve a mental disorder, and he maintained that even throughout my interview with him.

So that is something that you can work with individuals to do. He himself didn't want to engage with the psychologists within the first episode service, so that wasn't done. So there is some -- clearly it's something we have to work on with our patients, but that lack of insight deriving from his psychotic

understanding, driving his lack of compliance, therefore means that his failure to take medication should not, in my view, be viewed as a culpable omission.

Q. You say you are asked, in looking at which end of the spectrum, to look at drugs, lack of insight. Is another feature relevant to the spectrum personality? Personality disorder at one end, but personality generally?

A. With respect to?

Q. Well, where someone falls on the spectrum. You said that when you're looking at whether they're at the lower end of the spectrum or not, as a psychiatrist, you're often asked to look at issues of drugs or issues surrounding lack of insight. Are you asked to look around personality, issues of personality?

A. Yes, you may well be asked to comment on that, and an individual with significant drug misuse and the personality disorder as part of a broader externalising disorder, is likely to be found to have a greater degree of retained responsibility, but I did not consider, and do not consider, that this man has a separable personality disorder diagnosis.

Q. So when you describe the complete lack of empathy understanding, care, you say what, that's his personality as a consequence of the psychosis, or what?

A. Yeah, there's two ways of thinking about that, and it's not unusual. It's not unusual for individuals with psychotic illnesses to be seen in police stations having killed others to have that degree of emotional blunting, and not seem to have any emotional resonance with what they have done, exactly as you see in the police interviews.

So you can view that lack of emotional resonance, the lack of remorse, the lack of reaction to what he has done as part of the emotional blunting arising in the disorder, or you can think further: that, as a result of the disorder, his core ability to empathise or to experience remorse are damaged. And you can either reduce that to blunted affect, a feature of the illness, or you can say there has been a degree of personality deterioration in the context of his psychosis.

Q. Do psychiatrists have any training or specialist expertise in assessing personal responsibility in these circumstances?

A. We are trained to consider diminished -- forensic psychiatrists are trained to consider diminished responsibility. As you have noted, it is for the court to consider wider aspects of moral or legal responsibility.

Q. To understand where he fell on the spectrum, do you

agree that you need a rigorous understanding of the background facts, including episodes of violence, the medical treatment, and possible analysis of any lies told? You say lack of insight, I'm going to say lies, when somebody doesn't tell you the truth about something, trying to understand their reasons for it, it's important --

A. Yes.

Q. -- across a whole spectrum of conduct that we're examining in respect of VC?

A. Yes, but what is clear is that his violence emerges in the context of his psychosis.

Q. Sometimes it doesn't. It's clear that there are occasions where it may not be linked to psychosis. You can't say one way or another, can you, not having looked at those earlier videos of assaults or some of the previous episodes.

A. This all clearly describes at a time when he is psychotic and his treatment is he is under-treated. So there is no history of violence, there is no offending before the onset of his psychotic illness. And that's very important in thinking about whether there's a separable personality disorder that precedes the psychosis.

Q. You gave evidence, as you say, in the sentencing

hearing. So if we can have HMCP0000581, page 9. That's where it begins. And you say at page 17 you are asked by the prosecution counsel:

"You understand the court has to come to its own conclusions as to the level of retained responsibility, allowing for the fact that we're dealing with someone within the realms of the diminished responsibility spectrum. So far as your assessment is concerned, can you help us with your conclusions ..."

You say:

"Yes. I would consider ... [his] degree of retained responsibility for all of the acts was at the lower end of the spectrum.

"Is that because of the level of illness ...

"Yes. The assaults, in my view, would not have occurred in the absence of his psychosis.

"Nonetheless, you acknowledge that he understood, as he was committing those assaults, that what he was doing was assaulting people --

Answer: "Yes."

Any reason, assaulting people or killing people? What would you say if the question had been killing people?

A. He absolutely understands that he was engaged in using a lethal weapon in assaulting and potentially killing

others.

Q. Well, there's no potential. I mean, the weapon, a dagger, as long as it was, repeatedly stabbing, killing people?

A. Yes. The word "assault" is Mr Khalil's. If you'd said killing people, then I'd have said yes.

Q. So the answer is yes, thank you.

A. Yes.

Q. Page 30, please, of the same document. Halfway down, I think this is defence counsel now:

"It's in the light of your experience and your caution that you have analysed and you have seen many of the documents in this case, and you understand that it's your duty openly and fairly to assess the level of retained culpability and responsibility for his actions ..."

Answer:

"Yes.

"And to assess fairly and openly the extent to which his undoubted mental illness is responsible for what he did.

"Yes.

"Your concluded view -- and there are different levels set out in the Act that governs these things; high, medium, lesser culpability -- is that he falls

squarely given within lesser culpability; his mental responsibility is lesser in this case because of his mental illness?

"Yes."

So some pressure there to respond to the question of culpability?

A. Yes, moving fluently between culpability and responsibility in the questions, yes.

Q. You said it's a complex area and is it an area where people may have reasonably different views, respectively different views?

A. Yes, I think that's fair to say. Some individuals, perhaps, for example Dr Hallet, would be very clear, inserting another sentence there that says: "Culpability is a matter for the court, I have opined about diminished responsibility, and that's where I'll leave it."

So I think there's a range of approaches.

Q. Is that a good idea, do you think? Do you think it's a reasonable position to take that you can express a view about diminished responsibility, but the next step about retained responsibility is a moral and legal question best addressed by the judge or the jury in some circumstances?

A. Yes, I think that's true. I think the way in which this

developed in court is that Mr Khalil was very clear throughout that in seeking an opinion that it was the court's job, and the Judge's job, to ultimately determine this matter, and that my approach should only be viewed as comments or opinions, and not determinative.

Q. Thank you. If we can have that down now, please, and go to HMCP0000629, page 3. This is your interview, I think, with HMCPSI, when they did an inspection report into events. If we can go, please, to page 3. You explain clearly why you found diminished based on both the second and third limb. You say in that paragraph:

"No substance misuse ... no previous offending. His actions are informed by delusions and hallucinations, fear that his own family are at risk of harm and anger that he is being unlawfully interfered with."

You say:

"He was eloquent in speaking about this. The family understandably are preoccupied with the fact that he seems to exert some self-control and rational judgment in not attacking the security guard but for a moment a more rational part of himself may have controlled his actions - who knows exactly why he did not assault [the] security guard - but the psychosis overwhelms his powers to resist voices/delusional thoughts, and underpins the

fatal assault."

You go on at page 4, overleaf, and say:

"A question to ask, may be in terms of a society, is do we treat people with straight/pure psychosis who commit terrible acts differently? Because he is a man of good character, a university graduate. We know there are alleged assaults on co-workers, police, fellow housemates, etc, but these were all under the influence of untreated psychosis."

When you said a man of good character and a university graduate, we know now -- you may know more after the Inquiry -- that there were previous events with the police that could easily have been charged.

What are you referring to there, because he's a man of good character and a university graduate, what do you think is different potentially about the treatment of someone who is a university graduate?

A. No, I'm referring to the fact that is there evidence of pre-morbid anti-sociality before the development of his psychosis? Is there a history of offending behaviours that predate his psychosis? There is not.

Q. Thank you. That can come down. Can we have, please, CPSE0009936, page 1. This is one of a number of documents prepared by Dr Kumar that was sent to the CPS. Did any of them ever reach you, Professor Blackwood?

A. Not in this form. So I was aware through Mr Murphy about some of the family concerns, all three families of the deceased, with a particular focus on, for example, behaviours at Seely House, behaviours on the trams, behaviours in the police station, the lack of toxicology. So I think many of the concerns were conveyed to me, but not in this format.

Q. Would it have been helpful, there are number of documents where they are condensed, this is one of three, would it have been helpful for you to have seen them, do you think, than being asked --

A. I don't think there is anything within -- in this format, I don't think there is anything here that was not put to me and I did not consider.

Q. The Inquiry has sent you them, haven't you?

A. Yes.

Q. Do I need to take you to each one?

A. I think you sent me 800 pages on Thursday afternoon, yes.

Q. Much of it you'll have seen before, presumably?

A. Yes, much of which I've seen before.

Q. DC Beddoe's report, NGPF0000474.

DC Beddoe was an officer who prepared a document in the case. Did you ever see this?

A. No, I don't think I did. But again, this is speaking to

his retained rationality in the police officer's view, I think. So again, these concerns had been sharing with me, but I don't think I'd seen this document at the time of writing my reports of.

Q. Page 2, he has put the point if we can go, please, to page 2:

"Despite all of the above recorded psychotic episodes [he] ... maintains his studies (with a short break) ... graduates with a 2:1 ..."

I don't know if you appreciated from the chronology and the University statements, but we know in September 2021 he assaults the officer, we know that he's detained, and he arranges an appointment with the University to go and speak to his assistant, Professor Rouse, I think it's October 20, 2021, to discuss his degree and his studies.

So at a point where he has been detained, he's committed an assault, you say no doubt influenced by his psychosis, and he goes to the University to arrange that, and arrange his studies, he doesn't mention the assault and he doesn't mention that he's been detained and surprisingly, you may think, the University don't know about either.

So in terms of an ability to retain responsibility at a time when he was deemed in need of treatment and

sectioned, do you find that surprising, that he was able to do that?
A. To arrange with his University to --
Q. Yeah, to go and see -- to leave hospital to go and have that appointment with his assistant professor, James Rouse.
A. No.
Q. Why not?
A. I think he's an intelligent man that can separate out his desire to complete his mechanical engineering degree and any interactions that are required with the University, and pursue that.
Q. Did you have a view quite early on in the case that this was going to be a case of diminished responsibility?
A. I think, when I looked at materials before I'd seen him, in the early period of beginning to think about the case it was clear that he had a major mental illness, schizophrenia, which was untreated at the time of these events and which re-emerged very clearly in prison.
So my preliminary thought was that this was likely to be a case of diminished responsibility.
MS LANGDALE: Thank you. Those are my questions, Professor Blackwood. There will be others.
THE CHAIR: Yes, Mr Moloney.

Questioned by MR MOLONEY

MR MOLONEY: Good afternoon, Professor Blackwood.
A. Good afternoon.
Q. I'll make it clear from the outset, that I won't suggest to you at any point that VC did not have a psychotic disorder from at least May 2020. That's not an issue.
A. Yes.
Q. What I wish to explore with you is whether there was a rigorous exploration, not necessarily from you, whether or not there was a rigorous exploration of the extent to which VC's criminal actions in June 2023 were, and are, attributable to that psychotic disorder.
A. Yes.
Q. Because you're aware, of course, that that would have impact in relation to the type of disposal of his case.
A. Yes.
Q. At the very least.
A. *(Witness nodded).*
Q. May I, before I ask you questions in relation to that, ask you about your notes of your interview with VC?
A. Yes.
Q. You interviewed VC on 14 November of 2023. And you interviewed him for a total of about five hours; is that right?
A. That's correct.
Q. And that was in Ashworth hospital?

A. That's correct.
Q. Which is near Liverpool.
A. That's right.
Q. And so you travelled there for the day and then back afterwards.
A. On the night before and then saw him all on that day, yes.
Q. Thank you. May I ask you just what may seem an obvious question to start with: do you take notes of the consultation for -- as an aide memoire for when you come to write your report, for example?
A. Yes.
Q. Yes. And second, you have a note of your consultation so that if you're ever asked about your opinion so, for example, if someone were to dispute that they had said something to you, you'd have a contemporaneous record and it could be checked.
A. Yes, it's unusual, but on occasion, typically defence counsel may ask to see written notes during the course of a criminal trial.
Q. That's when you're giving evidence for the prosecution.
A. Well, yes, you'd assume if you were instructed by the defence and they wanted to see that, they would have already seen that, but yes.
Q. Quite. And do you try to record all significant matters

an interviewee says to you during the course of the interview?
A. Yes, you write your report quickly after doing that work. But -- and you are trying to maintain a link with the individual. So you are writing and talking and thinking at the same time.
Q. Right.
A. Yeah.
Q. Yeah. And have you reviewed your notes in preparation for giving evidence today?
A. Not in detail, but of course I'm happy to look at them.
Q. Can I just look at the structure of your notes.
A. *(Witness nodded).*
Q. And the document if we could have it, please, is WITN0308003. That's WITN0308003. There are 22 pages of this. You recognise this as the notes of your consultation with VC?
A. Yes.
Q. And just -- although you haven't looked at them in detail, the first 13 pages or so of these notes are essentially an account of background and index offences.
A. Yes.
Q. And at pages 9-11 of these notes, you deal with the account of the index offences.
A. Yes.

Q. And then page 12, fitness to plead.
A. *(Witness nodded).*
Q. And then for the remainder of the notes, are they notes that -- and perhaps if we could go down to page 14, just so you can get a glimpse of them. So we see there quite a detailed chronology, 0502, 0510, 0515, 0529. Were these notes you made in preparation for the consultation?
A. Yes.
Q. Following your review of the prosecution materials?
A. Yes.
Q. Thank you. If we could take that down now, please. I'd like to ask you about the sources of information that founded your analysis of conclusions.
Now, you've answered questions from Ms Langdale King's Counsel about the sources that you examined. You set out the sources at paragraph 16 of your report, and could we have up, please, CPSE0000011, CPSE0000011. It's paragraph 16, which I believe is on page 3. No, further, sorry. There we go.
We see there the following documents:
"... case summary"; "GP records"; "Mental health records"; "PNC record"; and then at (vii) "Police custody records"; (viii) Police interview transcripts from June 2023; "Inmate medical records ..."; "Email

from Celeste ..."; and the "Psychiatric report ... [from] Dr McSweeney ..."
They were important sources in developing your analysis and conclusions.
A. Yes.
Q. Is there any reason why you didn't mention watching the videos of VC in custody in that list?
A. No, that's at item (viii) there should include police interview transcripts and videos from June 20 --
Q. So that should be read to include the videos?
A. Yeah.
Q. Yeah. Now, at paragraph 22 of this report, have you read Dr Latham's report?
A. I have, yes.
Q. He says the assessment of the nature of the symptoms of somebody's mental health, or VC's mental health, is more complex because this relies to a greater extent on what he recalls. Did you agree with that? And is what VC told important to your analysis and conclusions?
A. Sorry, could you repeat Dr Latham's point?
Q. Yes, the assessment of the nature of the symptoms of VC's mental health is more complex because this relies to a greater extent on what he records. So he's essentially saying the assessment of the nature of the symptoms of his mental health relies to a greater extent

on what he recalls.
A. Yes. So, as I've already mentioned this morning, it's taking account of what an individual tells you, and then triangulating that with other evidence sources that you have.
Q. Of course. You test that evidence against the objective evidence that you have available to you from, for example, the prosecution papers.
A. That's correct.
Q. Can we just have a look, please, at your addendum report, that's your second report, just to emphasise this, at CPSE0000152. CPSE0000152. And to page 3 of this, please, to paragraph 13. This is when you're asked about, essentially, the question that I foreshadowed at the start of my questions: "To what extent was the offending attributable to the mental disorder?" And you say:
"The accounts of the index offences [in parenthesis] (to his family members before and during the offences, and to treating clinicians in the wake of the offences) demonstrate that his condition was a highly significant cause or contributing factor to the killings. His offending at the time was clearly attributable to his mental disorder, which at the time was untreated."
So fundamental to your assessment of that

connection, that causality, is his account given to the family members and treating clinicians in the wake of the offences?
A. Yes, so we're not totally or solely reliant on his account after the events.
Q. And so because, essentially, of what he'd said to family members?
A. Yes, his contact with his brother in particular.
Q. Absolutely. Now, inevitably, therefore, given the centrality of his account, his credibility in that account he gave you was therefore very important to your analysis and conclusions.
A. That is correct.
Q. And you've accepted today, Professor, that some people who are suffering from a psychotic disorder are capable of not telling the truth in pursuit of what they believe to be their own interests.
A. Absolutely, yes.
Q. And did I recollect correctly in thinking that you said of course that VC was an intelligent person and --
A. Yes, his psychosis has likely had an impact on his intelligence. He himself talks about difficulties with his concentration, et cetera, that were brought up with his team before these events. But of course he comes from an intelligent family, and there is no detailed

psychometric testing. That may be available now from Dr Mirvis later this afternoon. At this time, there was not. But I assumed from the way in which he wrote things, the way in which he communicated with me, his past academic results, that this is an intelligent man.

Q. Whilst we're there, though, and you mentioned his ability to concentrate, did you ever see a record where VC said that he did not like taking his medication because it affected his studies?

A. I don't remember seeing that.

Q. Okay. If you felt, when interviewing VC, that he was not telling you the truth about important aspects of his account, then that would be something which you would have at the forefront of your mind, in considering whether or not you could rely on his account of the index offences.

A. Yes.

Q. In fact, as you say, in keeping with what you've just said at paragraph 5 of your report, he was an intelligent man who strove to conceal his madness from clinicians.

A. Yes.

Q. And you, as you said, would test his account against the evidence available to you.

A. *(Witness nodded).*

Q. Is it your view, Professor Blackwood, that it is very important to have read the available prosecution material in detail before reaching a conclusion as to the mental state of a defendant at the time of the index offences?

A. Yes.

Q. Would you say, just to build on that, that it is possible that a psychiatrist might come to one conclusion about mental state having not read the papers in relation to one case, and then a different conclusion, having read the papers?

A. Yes, you might have an initial hypothesis which changes when you review all the materials.

Q. And in fact, if a defendant has a previous criminal history -- and I believe you touched upon this this morning -- the case papers relating to previous offences can fundamentally inform the assessment of whether the defendant has a psychotic disorder or some other disorder?

A. Yes, it's important to take into account the record of offending that both potentially pre-dates and post-dates the onset of a psychotic illness.

Q. So it's important that you have as much material as possible provided to you by the police in order to ensure that your assessment is as informed and rigorous

as possible?

A. Yes.

Q. As an aside, I assume you're aware that Dr McSweeney did not examine the prosecution papers; he just had an outline of the allegations, issues, and witness statements?

A. Yes, I'm aware of that.

Q. Dr Shaffiullha did not have the prosecution papers, just the police report of the offences from 16 June of 2023.

A. Yes.

Q. And Dr Mirvis did not have the prosecution papers, just prosecution counsel's opening from November 2023, and the MG5 case summary police document.

A. Yes, I think it's myself and Dr Latham that had fullest access to all the materials.

Q. Absolutely. Psychiatrists can only act on the information the police send to you, can't they?

A. Yes, you can clearly request further information.

Q. In that vein, I'd like to ask you about some documents -- Ms Langdale has asked you about some of them already -- and if you'd had them, whether or not you might have asked VC about some information.

Now the first one I'd like to ask you about is what I'll call the EMAS document, the East Midlands Ambulance Service document that Ms Langdale took you to. That was

to do with 23 May 2020.

A. *(Witness nodded).*

Q. So the night before he broke down the first door, if I can use that shorthand.

A. Yes.

Q. You, as you said, dealt with that at paragraph 26 of your report., saying that -- I don't need to take you to it, but on that date he felt a strong sense of internal tension building up within him which he surmised was a heart attack and he self-presented to A&E.

And of course he was actually picked up by the ambulance service and taken to the hospital. That information about surmising a heart attack, self-presented to A&E, where did that come from?

A. That's from my interview with him.

Q. Are you sure you saw the EMAS document prior to compiling your report? Are you sure about that?

A. I can't be 100 per cent sure, no.

Q. Because it's disclosed by the East Midlands Ambulance Service, and I just want to check this with you, Detective Chief Superintendent Sanders has given evidence to this Inquiry and said he didn't recognise the document. So are you sure you saw that?

A. No, as I say, I can't be a hundred per cent sure. It does look familiar, but it's possible I did not see it.

Q. Do you recollect asking VC directly: "This record says that you told ambulance workers that you had had previous mental health problems? What do you say about that?"
A. No, I didn't ask that question.
Q. So it could be that that which is set out in paragraphs 19 and 20, or rather, 23 and 24, about earlier incidents from 2019, that that could be that it's come from VC without you using that document to ask him questions?
A. Absolutely. That's his account of, in his discussion with me, that his abnormal experiences started in 2019.
Q. You were also asked about the statement of the lady who lived in South Wales and lived with VC in 2013 and 2014. If you had had that statement or even the source documents, because she rang the police in July of 2023, would you have asked VC about that if you'd known about it at the time?
A. Yes, I would have done.
Q. Because, as you've said, just to establish the significance of it, that you would need to know the full developmental history in order to have a proper assessment of whether or not there's a personality disorder?
A. Yes, you're interested in the development of the

disorder. If it was beginning with anomalous experiences or persecutory beliefs as early as 2013, you're interested in the way in which those play out in the six years between 2013 and 2019.
Q. Precisely. Did you feel there was any gap in your knowledge as to VC's developmental history?
A. I think we had a very full dataset. What we don't have is school records, partly because he was partly in Madeira, then Portugal and doesn't come to British school until later on.
Q. You didn't have any school records?
A. *(Witness nodded)*.
Q. You didn't have work records from that time?
A. That is correct.
Q. Did you have GP records from that time?
A. From his childhood in -- *(overspeaking)* --
Q. From his arrival in this country --
A. No.
Q. -- in 2007. Your GP records started in Nottingham, didn't they?
A. That's correct.
Q. There were no GP records?
A. That's correct.
Q. May we look, please, at CPSE0002953. CPSE0002953. Please go to page 4 of this document. This is contact

with the family of VC, and you knew that VC had lived in South Wales?
A. Yes.
Q. This says that they did not know anything about his life in Birmingham, they'd suspected that he was due to move to Newcastle, but had changed his mind and failed to tell his family he'd moved to Birmingham instead. He studied in Birmingham, they believe, but they don't know where or what?

So there it would seem that there was something of a loss of contact.
A. Yes, we heard earlier this morning that potentially there were some issues with his dad.
Q. Well, you can have issues with a dad and still remain in contact, can't you?
A. Of course.
Q. Did you see this document?
A. I was aware of these aspects of his history and he spoke about moving to Birmingham to undertake the access to higher education course.
Q. Professor Blackwood, obviously I'm not asking you questions about whether or not you went to Birmingham to do a professional -- an access course; I'm asking you whether or not he told you that he lost, essentially, was not in contact with his family at this time?

Did you have this document, Professor Blackwood, we don't have that much time, do you recollect this document?
A. I don't recollect this particular document and he didn't speak to me about not being in contact with his family while he was in Birmingham.
Q. Right. Would you like to have known that in preparation for your report, that he wasn't -- his family didn't know what course he was doing, he told them he was going to Newcastle, but he went to Birmingham instead? Even whether it's true or not, the fact that it's been said, would you have asked him about it?
A. Yes, I perhaps would have asked him a question about "So I understand that you weren't in contact with your family at that time, can you tell me about that?"
Q. Because of course we've heard that he didn't have friends, he was a loner, here he is moving from one part of the country to another. We have the statement from the lady who talks about his not normal behaviour, can I use that word, that term --
A. *(Witness nodded)*.
Q. -- when in the flat that she shared with him.

There are a few things emerging there that you didn't really know about at the time, aren't there?
A. That's absolutely correct, yes.

Q. Can we go to the morning of 12 June of -- actually, no, I'll go to somewhere -- I'd like to ask you about a conditional caution. Did you know, were you made aware, that VC was offered a conditional caution for the behaviour which led to Feven having to jump out of the window from VC?
A. Unless that's written in text on the PNC, then I wouldn't have known that.
Q. No. The Inquiry has heard evidence from PC Collins that he reacted angrily to the offer **--**
A. *(Witness nodded)*.
Q. -- said he'd done nothing wrong, and indicated that he wanted to challenge any allegation in court **--**
A. *(Witness nodded)*.
Q. -- and that was in July 2021**, okay?**
A. *(Witness nodded)*.
Q. You're aware that he was admitted to hospital on 3 September 2021 following the execution of a Section 135 warrant **--**
A. *(Witness nodded)*.
Q. -- and the assault on PC Pritchard?
A. Yes.
Q. Did you receive the papers, prior to writing your report? I know we have them now, but just because obviously you've been sent a lot of documents as you

said **--**
A. *(Witness nodded)*.
Q. -- Friday afternoon and no doubt you've read them over the weekend in preparation for this ordeal **--**
A. *(Witness nodded)*.
Q. -- and you will have seen those tribunal papers this weekend?
A. Yes.
Q. Are you sure you had them at the time at which you had prepared your report, that they'd been sent to you then?
A. No, as I said earlier this morning, I don't think I had seen those tribunal papers.
Q. No. Can I take you to them, please. Just to -- and it's PAGR0000016. I'd just like to spend a couple more minutes on them, if I may, with you, please, Professor Blackwood.

This is the first page, obviously. We can see that under "Representation" that VC was represented, and then we can see as well further down that, at the bottom, there was a pre-hearing examination of the patient **--**
A. *(Witness nodded)*.
Q. -- and that took place at 9 o'clock on 23 September.

Then over to the second page, we can see the substance of VC's evidence to this tribunal.
A. Yes.

Q. Or, if we could go over, actually, to the next page, please forgive me just a moment, Professor Blackwood, yes, it's the next page and it's page 4, paragraph 8. Here we see that he:

"... said that he had consistently taken medication for 13 months up to August 2021. He was in the final year of his studies and had taken a year out because of the admissions. He had worked full time and felt he coped well. He said that on the basis of conversations with his parents and hospital staff he had been persuaded that he has psychosis. He felt his mental health was currently quite good and quite calm; he said he thinks he is back to his normal self. He denied having continuing and distressing thoughts - on the ward round he was explaining his research into psychotronic harassment. He said he did not currently hear voices and no longer held those views."

Presumably that's psychotronic assessment?
A. *(No audible answer)*.
Q. "[He] said that he did not agree that he was isolative - he did not really want to interact with other patients as they are mentally unwell. ... he was not aware that he should have come to the clinic to take his medication. He felt 'medication' had possibly helped him but the conversations with staff and his family had

certainly helped. [He] said he would continue to take [his] medication in the community. If discharged he would want to leave hospital straight away but might need to wait a day until the accommodation he has arranged is available ... He wanted to return to university and felt that he could cope with it."

To complete:

"He said he would have no issues in seeing Ms Birtles [that's Claudia Birtles] and had no concerns that the serious situations which previously occurred could happen again. He said that the voices had not stopped when he was previously discharged and living in the community until August 2021 when they had stopped with no particular prompt."

So there is there, essentially persuaded that he had psychosis and there is a lot that is inconsistent with what he told you there, that the voices had stopped for no reason in August 2021, yes?
A. Yes.
Q. Now, that can't be true on what we know, but -- but he said it in order to attempt to secure his release? You nodded?
A. Sorry, yes.
Q. Sorry, would you have asked him about all of that if you had known about it?

A. Well, he told me much of this, he talked about psychotronic harassment and so on, so there is much that is inconsistent --
Q. No, not psychotronic -- I haven't got much time, Professor Blackwood --
A. In terms of him --
Q. -- I want to ask about whether or not the voices had stopped in August 2021, he had consistently taken medication for 13 months up to August 2021, and he had given up on psychotronic harassment, and so on. Those, what must be, palpable untruths, if your assessment is right?
A. Yes, in his current account it is -- *(overspeaking)* --
Q. So would you have asked him about them, Professor Blackwood? That was my question.
A. Yes, I may well have done, yes.
Q. Yes. Can we please go to paragraph 11, with regards to nature -- and these are the reasons for continuing to detain?
A. Yes.
Q. "With regards to nature, whilst the clinicians are cautious about prematurely labelling [VC's] illness, the fact that he experiences psychosis is of relevance, and the psychotic disorder is of a relapsing and remitting nature ..."

Would you agree that it was of a relapsing and remitting nature?
A. I am not convinced that he ever achieved --
Q. Full remission?
A. Remission.
Q. Full remission?
A. Yeah, remission --
Q. But there were periods of intensity and periods of relative lack of intensity?
A. Potentially, although, in the absence of treatment, I think it's much more likely that this was a continuous disorder, and in his account to me there were, for example, later in this admission, he said the voices did stop, but -- in the context of medication, but he gave that no weight. That didn't seem to impact on the way he approached medication.
Q. Paragraph 12 says:
"With regards to degree, that [VC] symptoms have clearly improved and his evidence was that he is effectively 'back to normal' ... However, the tribunal prefer the evidence of the clinical team that the disorder remains of a degree warranting [VC's] detention in hospital ... In particular: [and could we go over the page, please, to (iii)]
"Less than three weeks ago [VC's] delusions were

sufficiently severe and distressing so as to cause him to seriously assault a police officer and require physical restraint. This is the second time his illness has resulted in someone else suffering a significant injury. Whilst [VC] accepts these events occurred, his evidence appeared to minimise them somewhat, describing them as 'unfortunate' (in PHE) ..."
That's pre-hearing examination; yes?
A. Yes.
Q. "... and the consequence of 'poor judgement' which suggests a lack of insight."
Now that, of course, is a minimisation of the violence that he inflicted.
A. *(Witness nodded).*
Q. The tribunal was obviously not impressed his lack of openness around that, yes?
A. Absolutely, yes.
Q. Now, that was 23 September 2021, and the tribunal made it clear not impressed with that lack of openness. Can we look at NGPF0007677, please.
Now, the tribunal was on 23 September 2021, his release was refused, he applied again on 27 September 2021, you may be aware of that, Professor Blackwood, but on 23 September 2021, at 8.08 in the evening, VC writes to PC Collins. That's the

PC Collins who said he was angry and he'd done nothing wrong and wanted to deal with it in court; do you remember?
A. Yes.
Q. And he says here:
"Hello, PC Collins".
"This is [VC] ... You offered me the option of a conditional caution a couple of months ago. I initially refused but would now like to reconsider. Is it still possible to do so?"
Then, on the 4 October, the next email above, he follows up:
"Could I have a reply to my last email? Hope to hear from you soon."
You weren't aware of those emails, were you, Professor Blackwood?
A. No, I was not.
Q. It potentially demonstrates a capacity for manipulation, doesn't it?
A. Could you explain that further?
Q. One of the reasons the tribunal says, "We're not letting you know is because you're minimising your violence and refusing to accept it."
Previously, he has said:
"I'm not having a conditional caution [in July].

No, I haven't done anything wrong, I'll see you in court [effectively]."

Soon on the very same day, he emails from hospital the officer to say, "Can I accept that conditional caution, please?"

A. *(Witness nodded).*

Q. That does demonstrate a capacity for manipulation, doesn't it, Professor Blackwood?

A. Well, it's also a way of resolving the situation, isn't it?

Q. So you think he's -- what he's trying to do is just resolve the situation?

A. Well, if he's re-applying to a tribunal he can say, "I've now accepted a conditional caution for this" -- (overspeaking) --

Q. Precisely, in order to show that actually he is not minimising his offending, he's accepting his responsibility for it --

A. *(Witness nodded).*

Q. -- which of course potentially has the effect of securing his release?

A. Yes, clearly he is driven at this point by the desire to leave hospital. He's identified that this is a potential barrier and he seeks to address that.

Q. By writing himself to the officer to ask for

a conditional caution.

A. Yes.

Q. On the same night that he has said, essentially, something very different to the Inquiry -- to the tribunal.

A. Yes.

Q. Yes. I'll just go to one document it's PAGR0000159. PAGR0000159. Could we go, please, to page 3 of this document, and can you see "Patient's views/feedback"? And --

A. Sorry, before we go on, could you just remind me when this is from?

Q. This is during his stay. Could we go back to page 1, just to establish the date --

A. Apologies.

Q. It's a review and it's 7 October.

A. Thank you.

Q. So it's three days after the email --

A. To the police officer.

Q. Back to page 3, and this is in respect of the assault on PC Pritchard, and we see:

"He appeared to minimise the severity and stated it was only a psychotic episode and probably ..."

But further up, we see there he's accepting the psychotic episode and probably triggered by stress,

again accepting psychosis. But we go further up and this is dealing with the assault on PC Pritchard:

"He did not agree he had a relapse on this occasion -- said he was too stressed and he over reacted when police got involved".

Again, a very different account, and one suggesting not informed by psychosis on his account, even though, later on he -- in that same paragraph he accepts psychosis probably triggered by stress in relation to something else.

A. Yes.

Q. Can I just ask you about cannabis, just very, very briefly. Could we go, please, to page 2 of your notes. Dr Mirvis described that he felt he was having his arm cut off.

A. Yes.

Q. Yes. Page 2 of your notes, which is WITN0308003, WITN0308003. This is what he said to you about cannabis. I'll just find it. You might be able to find it for me.

A. Yes, in the middle there: "[Zero or] no cannabis, only had once at university ..." -- *(overspeaking)* --

Q. "Only had once at university, did not like it -- high -- not paranoid."

A. Yes.

Q. So you've made a note that he said to you that he wasn't paranoid.

A. Yes.

Q. On one view, and I appreciate there are others, could be others: he's lied to you understanding the implications of drug use in the development of psychosis.

A. Yes, that's -- we have to to bear that possibility in mind, that he did use drugs to a greater extent. But I don't think that's revealed by, for example, flatmates as a piece of evidence to triangulate it with.

Q. But he's told you that he wasn't paranoid, when he told Dr Mirvis that he wanted to cut his arm off.

A. Yes, that's --

Q. That's the whole point of it. I am not asking about whether or not you can assess from that that he has a longstanding cannabis habit; I'm saying that he's told you he wasn't paranoid, but he told Dr Mirvis he wanted to cut his arm off.

A. Yes, I don't think that's necessarily paranoia.

Q. You don't think that's paranoia?

A. No.

Q. So you think that's just "high", do you? That's what he told you, he was high and that's not paranoia, fearing he's going to have his arm cut off.

A. Yes, that could be a bodily hallucination, it doesn't

speak to a persecutory belief, to me.
Q. So if he was having hallucinations under the influence of cannabis would that be something that would concern you, Dr Blackwood?
A. Yes, as we discussed earlier this morning, the response to THC is of interest, because if there is evidence of psychotic symptoms in the context then perhaps --
Q. So the answer is, yes. Can I ask you now about --
A. It speaks to the vulnerability.
Q. I'm sorry to be rude *(overspeaking)* --
THE CHAIR: Can he just finish what he is going to say.
MR MOLONEY: I'm so sorry. I'm just conscious of the time, Chair.
THE CHAIR: Yes.
A. Yes, I'm sorry if I'm being slow. It speaks to the underlying --
MR MOLONEY: No, not all. I'm sorry for cutting you off there.
A. It speaks to the underlying vulnerability potentially.
Q. Yes, absolutely, and of course it's what people say that's important for you to be able to make a proper assessment, isn't it? You need people to tell you the truth.
A. Yes, I mean I'm used to people not telling me the truth, and I have to use other information to weigh up what

they tell me.
Q. Can I ask you about the videos that Ms Langdale asked you about, the ones of mass killings. You didn't ask him about these videos, Professor Blackwood.
A. No.
Q. But on one view, what he has involved himself in is mass killing in the same way that these people have.
A. Yes.
Q. Wouldn't that not be fundamental to your understanding of his -- the potential underlying motivations for his actions?
A. It is of potential interest. But I fully accept that he had, from the point at which he's accumulating knives, buying knife sharpeners, that he is beginning to entertain murderous intentions, and that is consistent with some of the things he's looking at.
Q. That's all down to psychosis, you'd say?
A. Yes, his psychosis untreated.
Q. Yes. And the names in the rucksack, you didn't ask about those?
A. No, I did not.
Q. And you were told that on the morning of 12 June 2023, and we see it at paragraph 78 of your report, that he'd knocked on a neighbour's door within the building and the neighbour had threatened him with a zombie sword,

telling to leave the property.
Did you have any other accounts of that to consider, apart from his?
A. I was aware through the video interview, I think, with Phil Mont -- Bill Monteiro that there had been conflict with a neighbour, and Bill Monteiro was cross about that and there was the non-returned key. So I think that was the only other -- and I think I asked about that and I don't think there -- there wasn't a police incident number associated with that, I think. So it hadn't been investigated at that time. That was my understanding.
Q. It hadn't been investigated.
A. Yeah.
Q. Right. Did you pursue it in any way? I don't criticise you if you didn't, but, did you?
A. With the --
Q. With the police?
A. No, I did not. But clearly they were aware of it. They read my report, and perhaps that's in a discussion why I took away the idea that there hadn't been a police investigation of that confrontation.
Q. And you saw the notes found in his cell in Manchester, didn't you?
A. Sorry, the notes --
Q. You saw the notes found in his cell, his handwritten

notes found in his cell.
A. Yes, I saw those in Ashworth.
Q. They were quite an eloquent description of his symptoms, weren't they?
A. They were.
Q. Did you ask him about the purpose of those writings?
A. No.
Q. Can I just ask you about his appreciation of the difference between right and wrong.
A. *(Witness nodded)*.
Q. You deal with that at paragraphs 81 and 82 of your report, and if we could possibly put that up now, just to see it. And your report, to remind the document handler, if I may, is WITN-- sorry, CPSE0000011.
I'm so sorry, I have it as paragraph 81 and 82 and I'll find it for you in just one moment. It is --
THE CHAIR: Page 19.
MR MOLONEY: Thank you very much, Chair.
So what he tells you at paragraph 81 is:
"He felt 'like an automaton' on his return to Nottingham, 'being carried by the stream' or 'taken by a current'. He was under the control of an outside force. He tried to resist the forces controlling his mind, but ultimately yielded to their commands. He was angry, afraid, and desperate.

"While walking in Nottingham in the early hours of 13th June ... the voices were telling him that he had to harm others: '... do it now, harm anyone passing you... commit a crime, we'll leave you alone. Someone else or you or your family will be hurt'. He resisted until arriving on Ilkeston Rd. When the students passed him, he could resist these commands no longer ... desperate to be left alone. He was in a 'different state of mind' at the point of assaulting them ..."

And then presumably these are his words that you've noted --

A. Yes, that's correct.

Q. And they're taken from his notes these, actually, aren't they?

A. Yes.

Q. "'in a fog ... not normal rationality of actions and consequences... blocked inhibitions... blocked differences between right and wrong... blocked judgements... flooded with negative emotions and thoughts... anger and fear and violence'. He could not think. He was not jolted out of this state by the screams or shouts of the teenagers, or by the appearance of blood. The voices did not react to these assaults."

And did that come from him about blocking differences between right or wrong, or did you ask him

about that?

A. No, I think that was spontaneously told to me.

Q. And then at paragraph 83:

"He again contacted his brother, seeking to protect him from the malevolent forces at work. In response to his brother's question "are you going to do something stupid?" his reply "it's already done [he said to you] simply related to the fact of the recent assaults; he did not consider the stupidity or otherwise of the acts."

A. Yes.

Q. Yes. So he was there to you denying any appreciation of the nature or quality of his acts?

A. Sorry, the nature of --

Q. The nature or quality of his acts -- that he didn't really appreciate the nature and quality of his acts then.

A. No, I think he understood exactly what he had done, and that he had killed these individuals. Paragraph 83 is to do with whether he considered the stupidity of his acts, but he very clearly recognises what he has done.

Q. In response to his brother, he -- and what he said, his brother's question "Are you going to do something stupid?" his reply was "It's already done".

A. Yeah.

Q. Now that would ordinarily mean that he'd realised that he'd done something stupid, wouldn't it?

A. Yes, and that's why I questioned him about that and he said that he didn't consider the stupidity of that. It's just literally --

Q. It's just simply related to the facts of the assault.

A. *(Witness nodded)*.

Q. And if we could -- could we just look at your notes, please. Professor Blackwood, you were alive to this, because we see at WITN0308003, and page 14, if we look just above 0502, we see "0452 calls Elias", and then, "are you going to do something stupid" next to "E", and then "V: I already have done".

And these are the notes that you prepared before going to see him, aren't they?

A. That's right. So I'm aware that that argues strongly, I would say, against insanity.

Q. Against insanity?

A. Yes.

Q. That is "X insanity" --

A. *(Witness nodded)*

Q. -- which is that it's a counter-indicator --

A. Yes.

Q. -- to insanity.

A. Yes.

Q. But he is saying there that he didn't know what he was doing, and that the reference to -- that he wasn't saying that the acts were stupid at the time.

He said the same to Dr Shaffiullha as well, didn't he, that he was in a different state of mind where he wasn't able to think about the consequences, he couldn't think about the actions and the consequences, and he said, "I'm not able to tell the difference between right and wrong" in the way that he said to you that right and wrong was blocked?

A. Yes.

Q. "And the only thing that was in my mind was the voices and negative thoughts" and so on, you saw that.

A. Yes.

Q. He didn't say that, that he didn't know the difference between right and wrong, to Dr McSweeney, did he?

A. I'd have to be taken to that.

Q. Okay. That Dr McSweeney concluded he wasn't labouring under a defect of reason on the basis of what he'd said to him.

A. Yes, he didn't accept full defence of insanity.

Q. Dr Blackwood -- Professor Blackwood, rather -- isn't his appreciation of whether or not he was doing something that was right or wrong fundamental to his account?

A. Yes, I think that's ... that's why I argued against the

full defence of insanity, as I've said, that he knew what he was doing, he knew what he was doing was wrong, he knew the nature and quality of his acts, but, although insanity was not available to him, nevertheless, his untreated psychosis substantially impaired his ability to form a rational judgment and to exercise self-control and that's why I felt that the partial defence of diminished responsibility was available to him.

Q. So you rejected his assertion that he did not know the difference between right and wrong?

A. Yes, I did.

Q. On one view, he was setting up for himself a defence of insanity by saying those things, on one view.

A. I think he's recounting in a fairly long stream the impact of his psychotic experiences on him. I don't think -- you know, this is spontaneously told, this isn't me probing at this stage for insanity.

Q. Now can I just take you to two last matters. The first one, if I could please go to HMCP0000581. HMCP0000 -- or is it HMPC -- it's one or the other -- 0000581 and to page 32.

Ms Langdale asked you this morning about your appreciation of how many people might have passed, and you said that you had only found out today -- during the

course of these proceedings that seven people had passed him before he attacked Barney and Grace.

A. Yes.

Q. Can we have look at your re-examination by Mr Khalil, at where essentially, just you may recollect this part of your evidence, if we go just to get it completely, page 31 at the -- right at the bottom of the page, please. Mr Khalil:

"Question: Doctor, it was suggested that all the features of planning and so on could be ..."

Then over to page 32:

"... properly ascribed to being one part of one psychotic episode. Included amongst those was suggested the purchase of weapons. I think you noted in your report that he said he purchased the principal weapon back in 2022.

"Answer: Yes. I mean that purchase in 2022 is also psychotically informed.

"Question: Yes, but not part of the episode that occurs in 2023?

"Answer: No. His psychosis had informed the purchase of that weapon and subsequently informed the assaults.

"Question: Assaults driven by psychosis. Are you able to assist the court as to what explanation can be

given for his failure to challenge or assault others in respect of whom he came into contact during the course of hours that we saw yesterday?"

And you replied:

"Answer: That is very difficult to judge. He clearly is experiencing hallucinations, paranoia, a sense of being controlled by an outside force as a result of his psychosis but clearly does not assault everybody with whom he comes into contact and has some ability to desist -- some ability -- when challenged, for example, when going to the home which he tries to break into. I think that's the variable nature of the impact of the psychotic symptoms across that period of time."

So in essence, are you saying that he was able to desist when challenged at some points but not others?

A. Yes, at Seely Hirst House, having tried to break into one window, he's confronted by the receptionist or caretaker or security guard, and --

Q. -- *(overspeaking)* --

A. -- and he stops, he asks, is it a hostel, is it a hotel, the receptionist or guard -- I'm not sure how you've characterised him -- notes that there is something unusual about him, his eyes, he doesn't smile, he's quietly spoken so he is told to come back later. He

appears to leave and then shortly after he is breaking into another window.

Q. Is that a function of the variable impact of the psychotic symptoms?

A. Potentially, I mean, again, it's so difficult to tell, but this is --

Q. You see, that's just what you say there:

"... that's the variable nature of the impact of the psychotic symptoms across that period of time."

A. Yes, he's doing something deeply abnormal, trying to break into an unknown place to assault other individuals.

Q. Well, he says to you that he's gone there to kill them, he's carried by a current, he is carried by a stream, et cetera.

A. That's right.

Q. Then he stops and is that essentially the variable nature of the impact of the psychotic symptoms across that period of time, but he's able to desist?

A. Well, it may, of course, simply be the confrontation with an individual that's, you know, helps him to desist from that. But then all --

Q. But then Grace fought for her friend, didn't she?

A. She absolutely did.

Q. And he didn't desist then, did he? She essentially she

could have run away, she stayed and fought and she fought him to stop him, didn't she?
A. She absolutely did.
Q. She lost her life because of that?
A. She did.
Q. It's essentially what he's told you that allows you to make that distinction between the variable impact of the psychotic symptoms, isn't it?
A. No, I'm being asked to -- at Seely Hirst House, why does he desist? Why doesn't he just assault the security guard as well? There's something in that interaction that means he doesn't. It's not as if this was a 7-foot tall young man who he was scared of. It was an elderly, Czech security guard. So there is something that -- he's puzzled about what is this place, there's enough in that interaction to make him move away briefly and then he's back doing something deeply abnormal moments later.
Q. Just one very final question, please. At paragraphs 89-96 of your report you consider the issue of fitness to plead.
A. Yes.
Q. At paragraph 91 of your report, if we could, please, that's CPSE-- yeah, you have it -- paragraph 91, which must be page 13.
THE CHAIR: It's page 21.

MR MOLONEY: 21, I'm so sorry, Chair. Thank you. It's difficult with not having the documents here when you've just got the paragraph.
Paragraph 91:
"[He] understands the nature of the charge. He has an intellectual awareness of the differences between pleading guilty and not guilty. Thus, a plea of guilty meant that 'I did it'; a plea of not guilty that 'I didn't do it'. He was aware of the potential consequences of different pleas (i.e. that a not guilty plea to manslaughter would lead to a trial and that a guilty plea to manslaughter would likely lead to his sentencing rather than the full trial in court). He also appeared to understand the possibility of a prison sentence in addition to further hospital treatment."
Did you ask him questions about that?
A. Yes.
Q. Did you say, "What would be likely to happen if you pleaded not guilty to manslaughter?"
A. Yes, that was -- *(overspeaking)* --
Q. Did you ask him "What would be likely to happen if you pleaded guilty to manslaughter?"
A. Yes.
Q. He was able to say, "Well, that will likely be the end of it, I will be sentenced then and I could get a prison

sentence in addition to further hospital treatment"?
A. No, I think that would be a further -- and do you know, I would then go on to talk about the difference between hospitalisation or the possibility of hospital and then prison.
Q. Yes. The hybrid?
A. So I don't think he's spontaneously telling me that, I'm exploring that with him.
Q. But there is no discussion of essentially, so far as you make clear in this -- essentially, this is what would happen once you've decided that it's diminished and the prosecution have agreed to accept the pleas, isn't it, and this is within your interview with him?
A. Yes, we're exploring his understanding of what happens if he pleads guilty or not guilty to manslaughter.
Q. But, of course, at this stage there was no acceptance of the pleas by the CPS. This was -- he was facing three murder counts and he was facing three attempted murder counts. What about if the prosecution decide to proceed and on the charge of murder?
A. Yes, it --
Q. It's not there, is it?
A. No, you're exploring fitness, his ability to understand, and in doing that, I'm looking at the possibility of a finding of manslaughter. That's not coming from him

confidently asserting that it's going to be manslaughter; that's me using those possibilities to explore his understanding.
Q. Did you write at 17:22 to Mr Murphy to say -- and can I just get this document up actually, CPSE0008347. CPSE0008347, and I promise you, Chair, this is the very last document I'm going to. CPSE0008347, and to page 3. That's 11.26 Mr Murphy writes to you:
"Hope all is well with you. As you know, your report is due to be served."
This is 14 November 2023, the day you CVC. Could we please go back, as it were, to page 2, and then if we keep going down so that we've got -- thank you. Right. And this is at 17:22, 5.22 in the evening, you've seen VC during the course of the day you travelled -- you stayed overnight in Liverpool the night before. It's 5.22. You've seen him for 5 hours, presumably -- I don't know, were you on the train at this time? It doesn't matter, and you reply to the earlier email from Mr Murphy:
"Hi, Alan, spent the day in Liverpool today with him and his medical records, DR, and a 37/41 disposal to high secure in my view. Will crack on with report should be done by Monday 20, close of play ..."
You've decided this straight away after that

meeting, haven't you?
A. Yes.
MR MOLONEY: Thank you very much, Professor Blackwood.
THE CHAIR: Right, well, we'll rise now until 2.05 and then Mr Straw, you've got some questions and then Ms Carey has some questions too. So if you can come back again, Professor Blackwood.
(1.08 pm)
(The Short Adjournment)

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