

Chapter 4: Psychiatric and Psychological Damage (14th Edition)

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This chapter covers those cases where there is a recognisable psychiatric injury. In part (A) of this chapter some of the brackets contain an element of compensation for post-traumatic stress disorder. This is of course not a universal feature of cases of psychiatric injury and hence a number of the awards upon which the brackets are based did not reflect it. Where it does figure any award will tend towards the upper end of the bracket. Cases where post-traumatic stress disorder is the sole psychiatric condition are dealt with in part (B) of this chapter. Where cases arise out of sexual and/or physical abuse in breach of parental, family or other trust, involving victims who are young and/or vulnerable, awards will tend to be at the upper end of the relevant bracket to take into account (A)(vii) below.

Where the psychiatric injury arises out of the death of a close relative, e.g. a child, spouse or parent, awards will tend to fall into (A)(c) or (B)(c) below unless the long-term prognosis is especially poor then an award within (A)(b) or (B)(b) may be appropriate.

with 10% uplift

(A) Psychiatric Damage Generally

The factors to be taken into account in valuing claims of this nature are as follows:

- the injured person's ability to cope with life, education and work;
- the effect on the injured person's relationships with family, friends and those with whom he or she comes into contact;
- the extent to which treatment would be successful;
- future vulnerability;
- prognosis;
- whether medical help has been sought;

Claims relating to sexual and physical abuse usually include a significant aspect of psychiatric or psychological damage. The brackets discussed in this chapter provide a useful starting point in the assessment of general damages in such cases. It should not be forgotten, however, that this aspect of the injury is likely to form only part of the injury for which damages will be awarded. Many cases include physical or sexual abuse and injury. Others have an element of false imprisonment. The fact of an abuse of trust is relevant to the award of damages. A further feature, which distinguishes these cases from most involving psychiatric damage, is that there may have been a long period during which the effects of the abuse were undiagnosed, untreated, unrecognised or even denied. Aggravated damages may be appropriate.

(a) Severe

In these cases the injured person will have marked problems with respect to factors (i) to (iv) above and the prognosis will be very poor.

**£43,710 to
£92,240**

**£48,080 to
£101,470**

(b) Moderately Severe

**£15,200 to
£43,710**

**£16,720 to
£48,080**

In these cases there will be significant problems associated with factors (i) to (iv) above but the prognosis will be much more optimistic than in (a) above. While there are awards which support both extremes of this bracket, the majority are somewhere near the middle of the bracket. Cases of work-related stress resulting in a permanent or long-standing disability preventing a return to comparable employment would appear to come within this category.

(c) Moderate

**£4,670 to
£15,200**

**£5,130 to
£16,720**

While there may have been the sort of problems associated with factors (i) to (iv) above there will have been marked improvement by trial and the prognosis will be good.

(d) Less Severe

£1,220 to £4,670 £1,350 to £5,130

The level of the award will take into consideration the length of the period of disability and the extent to which daily activities and sleep were affected. Cases falling short of a specific phobia or disorder such as travel anxiety when associated with minor physical symptoms may be found in the Minor Injuries chapter.

(B) Post-Traumatic Stress Disorder

Cases within this category are exclusively those where there is a specific diagnosis of a reactive psychiatric disorder following an event which creates psychological trauma in response to actual or threatened death, serious injury or sexual violation. The guidelines below have been compiled by reference to cases which variously reflect the criteria established in the 4th and then 5th editions of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR and DSM-5). The symptoms may include nightmares, flashbacks, sleep disturbance, avoidance, mood disorders, suicidal ideation and hyper-arousal. Symptoms of hyper-arousal can affect basic functions such as breathing, pulse rate and bowel and/or bladder control.

(a) Severe

**£47,720 to
£80,250**

**£52,490 to
£88,270**

Such cases will involve permanent effects which prevent the injured person from working at all or at least from functioning at anything approaching the pre-trauma level. All aspects of the life of the injured person will be badly affected.

(b) Moderately Severe

**£18,450 to
£47,720**

**£20,290 to
£52,490**

This category is distinct from (a) above because of the better prognosis which will be for some recovery with professional help. However, the effects are still likely to cause significant disability for the foreseeable future. While there are awards which support both extremes of this bracket, the majority are between £22,930 and £29,590 (£25,220 and £32,550 accounting for 10% uplift).

(c) Moderate

In these cases the injured person will have largely recovered and any continuing effects will not be grossly disabling.

**£6,520 to
£18,450**

**£7,170 to
£20,290**

(d) Less Severe

In these cases a virtually full recovery will have been made within one to two years and only minor symptoms will persist over any longer period.

£3,150 to £6,520 £3,460 to £7,170

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Document No. BL0000157