



# Department of Health & Social Care

Parliamentary Under Secretary of State  
for Women's Health and Mental Health

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HM Assistant Coroner Alexandra Pountney  
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19 November 2025

Dear Ms Pountney

Thank you for your Regulation 28 report to prevent future deaths dated 25 September 2025 about the death of Kaine Regan Fletcher. I am replying as the Minister with responsibility for mental health and I am grateful for the additional time you have allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Kaine's death and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

Your report raises concerns addressed to a number of organisations and I understand your concerns. Those for my Department include the lack of joint agency policy/cross sector working on Acute Behavioural Disorder/Disturbance, police use of an ambulance as the mode of conveyance for section 136 detainees and the gap in mental health services for people who have a dual diagnosis of a mental health condition, combined with a substance misuse diagnosis. In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

I have been advised by NHS England that it recognises the importance of ensuring that individuals presenting in extreme distress receive timely, safe, and effective care. However, the term "Acute Behavioural Disorder" (ABD) is not a formal diagnosis within the International Classification of Diseases (ICD-11), which is the global diagnostic tool used in the NHS. ABD is an umbrella term often used across emergency services to describe behaviours linked with extreme agitation or distress, which may indicate a potentially life-threatening physical health emergency.

NHS England has noted the Royal College of Psychiatrists' position statement and recommendations on 'Acute behavioural disturbance' and 'excited delirium' and fully supports ongoing multi-agency initiatives led by the Royal College of Psychiatrists and the Royal College of Emergency Medicine, including new training launched in 2024.

Your concern about the lack of agreed joint agency policy between East Midlands Ambulance Service and the police on section 136 detentions is a matter for those organisations

However, I note that Nottinghamshire Healthcare NHS Foundation Trust, in its response to your report, has confirmed it is in discussions with Nottinghamshire Police and East Midlands Ambulance Service to establish a collaborative approach to address the concerns relating to patients with a clinical presentation of ABD including training, pathways and clinical guidance.

With regard to your concerns about the police use of ambulances to convey people detained under section 136 of the Mental Health Act, the National Partnership Agreement on Right Care, Right Person (RCRP) between policing, health and social care partners and other relevant partners was published in July 2023, and sets out the principles around the RCRP approach which aims to ensure that those in need of mental health support or experiencing a mental health crisis receive the right support from the right professional. The RCRP framework promotes coordinated, evidence-informed multi-agency responses (whether it is police, ambulance, or mental health services, or a joint agency response).

NHS England has issued comprehensive guidance, including on the conveyance of individuals detained under section 136, which sets out that:

- local partners – including police and ambulance services – should agree the most appropriate health-based vehicle provision, informed by lived experience, to ensure safe and compassionate transport;
- for people detained under section 136, the target ambulance response time is an average of 30 minutes, as set out in the NHS England Ambulance Quality Indicators.
- while police have the legal power to remove individuals under sections 135 and 136, health-based transport should usually be used. Police should accompany the individual to ensure a safe handover.

I understand that the College of Policing has addressed your concern about police training on section 136 detentions in its response to your report and Nottinghamshire Healthcare NHS Foundation Trust has done so in respect of your concern about the local Street Triage Team.

Your report lastly raises concerns regarding the care of individuals with co-occurring mental health and drug or alcohol use disorders.

The Department recognises that, too often, people with co-occurring substance use and mental health needs do not receive the integrated, person-centred care they require and deserve. Although there are examples of good practice and integrated services, we recognise the need for better integrated care between mental health services and substance use services, to ensure people no longer fall through the gaps of treatment.

[REDACTED] independent review of drugs<sup>1</sup> underlined the complex relationship between mental health and drug and alcohol use. The review identified that people can be excluded from mental health services until they resolve their drug problem, while

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<sup>1</sup> [Independent review of drugs by Professor Dame Carol Black - GOV.UK](https://www.gov.uk/government/publications/independent-review-of-drugs)

also excluded from substance use services until their mental health problems have been addressed.

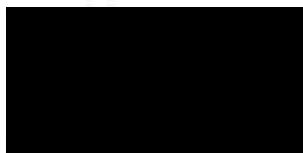
Working with subject matter experts, including people with lived experience, academics, clinicians, and service providers, the Department and NHS England are currently finalising the Co-occurring Mental Health and Substance Use Delivery framework. This framework will provide national commitments and calls to the sector on how the health system can improve delivery of integrated, person-centred care across drug and alcohol treatment and mental health services.

This approach is fully aligned with the National Institute for Health and Care Excellence's guideline on coexisting severe mental illness and substance misuse (NG58)<sup>1</sup>, which states: "Do not exclude people with severe mental illness because of their substance misuse."

NHS England continues to promote joined-up, holistic support for people with dual diagnosis needs, ensuring services work collaboratively to meet the full range of individual needs.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



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<sup>1</sup>[Recommendations | Coexisting severe mental illness and substance misuse: community health and social care services | Guidance | NICE](#)