Department of Health & Social Care

[redacted]
Parliamentary Under-Secretary of State for Women's Health and Mental Health

39 Victoria Street
London
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Mr Andrew Walker
Barnet Coroner's Court
29 Wood Street
High Barnet
EN5 4BE

[redacted]

17 December 2025

Dear Mr Walker,

Thank you for the Regulation 28 report of 1 August 2025 sent to the Department of Health and Social Care about the death of Sidi Chaz Bojang**.** 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 Sidi'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 that if a psychiatrist had reviewed the patient presenting before discharge, Sidi's death may have been prevented, and such action may reduce the risk of death for other people in a similar position. It also raises concerns about the arrangements for a patient's discharge under such circumstances.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

I would like to assure you that NHS England has strengthened the presence of mental health expertise within urgent and emergency care ensuring that all Type 1 Emergency Departments now have access to 24/7 mental health liaison services. These teams are working towards Core 24 or equivalent standards which require consultant led assessments and a timely response to individuals presenting with mental health needs in an Emergency Department.

NHS England is continuing to work with regional teams to reinforce the expectation that all patients presenting with self-harm or suicidal ideation receive a comprehensive biopsychosocial assessment before discharge ensuring safe and appropriate follow-up. Alongside this NHS England is further strengthening the urgent and emergency care mental health pathway by rolling out up to 85 Mental Health Emergency Departments as therapeutic alternatives and by working closely with systems to improve patient flow and reduce long waits for mental health assessments and admissions.

The Department is committed to reducing suicide rates and addressing the risk factors contributing to suicide, as well as improving support for those who have self-harmed or are bereaved by suicide.

The Suicide Prevention Strategy for England, published in 2023, identifies middle aged men as a priority group for targeted and tailored support at a national level. The strategy also identifies key risk factors for suicide, providing an opportunity for effective early intervention. One of the key visions of the strategy to reduce the stigma surrounding suicide and mental health, so people feel able to seek help through the routes that work best for them. This includes raising awareness that no suicide is inevitable.

In April of this year, NHS England published the *Staying Safe from Suicide* guidance, which strengthens the approach to suicide prevention across mental health settings. It promotes a holistic, person-centered approach rather than using stratification tools to determine risk.

This guidance directly aligns with the aims of our Suicide Prevention Strategy and reflects our commitment to continually improve mental health services, particularly by identifying risk assessment as an area where we must go further. The implementation of this guidance has been supported by a new NHS England e-learning module, which launched in September, to help ensure that staff across services are confident and equipped to apply the guidance in practice. And the NHS Medium Term Planning Framework published last month states that in 2026 to 2027, ICBs must ensure mental health practitioners across all providers undertake this e-learning and deliver care in line with the *Staying safe from suicide* guidance.

In recent years, there have been many actions to prevent suicides in high-frequency locations including on the railways. To support local areas to tackle suicides in high frequency locations and public spaces, Public Health England (now the Office for Health Improvement and Disparities) developed resources such as *Preventing suicides in public places: a practice resource*, which provides local areas with a step-by-step guide to identifying locations and taking action.

The British Transport Police Harm Reduction Team (HaRT) is working in partnership with Network Rail, mental health trusts and other key partners to provide support to individuals that present on railways multiple times. A pilot project has found that, following this support, people were significantly less likely to be present in the railway environment

You may also be interested to hear that we have announced the Suicide Prevention Support Pathfinders programme for middle-aged men. This program will invest up to £3.6 million over 3 years in areas of England where middle-aged men are at most risk taking their own lives and will tackle the barriers that they face in seeking support.

Furthermore, on 19 November, to coincide with International Men's Health Day, we published the Men's Health Strategy. The Strategy includes tangible actions to improve access to healthcare, provide the right support to enable men to make healthier choices, develop healthy living and working conditions, foster strong social, community and family networks and address societal norms. It also considers how to prevent and tackle the biggest health problems affecting men of all ages, which include mental health and suicide, respiratory illness, prostate cancer, and heart disease.

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

All good wishes,