



Department
of Health &
Social Care

*From Baroness Gillian Merron
Parliamentary Under-Secretary of State for
Women's Health and Mental Health
39 Victoria Street
London
SW1H 0EU*

Our ref: PFD-26-02-05 REED

HM Coroner Mrs. Lydia Brown
Senior Coroner, West London
Coroner Service
25 Bagleys Lane, Fulham, London, SW6 2QA
By email: HMCoroner@lbhf.gov.uk

19 March 2026

Dear Mrs Brown,

Thank you for the Regulation 28 report of 5 February sent to the Secretary of State / the Department of Health and Social Care about the death of Kallum Josh Reed. I am replying as the Parliamentary Under-Secretary of State for Women's Health and Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Kallum'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.

The report raises concerns over:

(1) the "unacceptably long wait" for referrals, assessments and diagnoses of ASD and ADHD, impacting the provision of care, appropriate medication, individual insight and professional support.

(2) the fact that the "crisis team" gate-keep referrals into their service, notwithstanding that referral requests can often arise from psychiatry liaison and/or the community psychiatric team who have deep knowledge of the patient and have conducted their own detailed assessments and highlighting the challenges faced by patients seeking crisis care as the Trust's own professionals were not in agreement or working collaboratively to find a safe solution.

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

I am deeply sorry to hear of the significant delays that Kallum experienced with regard to referral, assessment and diagnosis of ASD and ADHD.

The National Institute for Health and Care Excellence (NICE) guideline for the diagnosis of autism recommends the length of time between referral and first appointment should be no more than 13 weeks. We know that this is not happening routinely across the country. The government has recognised that, nationally, demand for assessments for autism has grown significantly in recent years and that people are experiencing severe delays for

accessing such assessments. The government's 10 Year Health Plan seeks to make the NHS fit for the future and recognises the need for early intervention and support.

It is the responsibility of integrated care boards (ICBs) to make available appropriate provision to meet the health and care needs of their local population, including provision of autism services, in line with relevant National Institute for Health and Care Excellence (NICE) guidelines.

Through the NHS Medium-term planning framework, published 24 October 2025, NHS England has set clear expectations for local ICBs and trusts to improve access, experience, and outcomes for autism services over the next three years, focusing on improving quality and productivity.

While I acknowledge that there is still more to do, I can report that waiting times for assessment for potential autism in adults have fallen in the past twelve months nationally across ICB catchment areas. We believe that this progress has been aided by the 'Right to Choose' pathway provided by ICBs which gives patients in England the right to choose which NHS-commissioned provider they are referred to for a first outpatient appointment for ASD (and ADHD) diagnostic assessment, allowing people to access providers offering shorter waiting times. Over the last 2 years NHSE has also invested in training a range of professionals in diagnostic assessment. In addition, there is on-going work on considering alternatives to diagnostic assessment where the current needs of the person are assessed and options offered to meet the needs without the necessity of having a diagnostic assessment prior to a needs assessment. It is my deep hope that such work and innovations will contribute to fewer people waiting for diagnostic assessments.

The Secretary of State announced on 4th December the launch of an Independent Review into Prevalence and Support for Mental Health Conditions, ADHD and Autism. This independent review will inform our approach to enabling people with ADHD and autistic people to have the right support in place to enable them to live well in their communities.

In terms of the specific local issues that resulted in Kallum slipping between the gaps and not receiving the potentially life-saving care he needed, I understand that West London NHS Trust has undertaken a Patient Safety Incident Investigation to learn important lessons from this event, which I welcome. I believe that they are responding separately to your report.

More widely Government has been working to build more robust crisis care pathways across all ages ensuring that people in mental health crisis have access to timely and appropriate support. Key developments include:

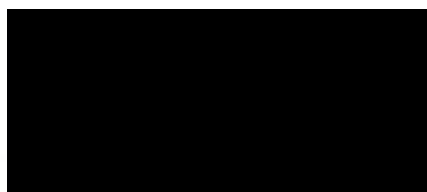
- Urgent mental health helplines, which are now universally accessible via NHS111 'select mental health option' alongside hundreds of alternative crisis services, including crisis cafes, sanctuaries and crisis houses – that provide supportive environment outside of traditional clinical settings.
- transformation to ensure that crisis support is also available via text enhancing options for those who may find it challenging to engage through voice calls.

- Roll out of Mental Health Response Vehicles across the country.
- Full national coverage of 24/7 liaison mental health teams in general acute hospitals.
- As part of the £150million of capital investment made available in recent years for urgent and emergency care mental health pathways, there are now 33 new or improved health-based places of safety providing a safe space for people detained by the police and supporting timely handovers from police to healthcare staff.
- Investing up to £120m to bring the number of mental health emergency departments up to 85. Mental Health Emergency Departments will provide reactive, short term intensive support for people in acute MH crisis as an alternative to A&E. Mental Health Emergency Departments, or Crisis Assessment Centres, are specialist NHS services that operate alongside emergency departments to provide access to high quality, safe and compassionate care for those in mental health crisis. Crisis Assessment Centres will be usually accessed via self-referral, direct referral from other UEC mental health services, or 'a walk-in' where patients choose to do so. Services are led by a consultant / nurse consultant, in easy-to-access locations, in close vicinity to emergency department(s), ideally co-located with other mental health services, including crisis teams, inpatient facilities and community mental health teams. Crisis Assessment Centres should operate as part of a networked model of urgent and emergency care, with referral pathways into emergency departments and mental health services as required

To help ensure that fewer people reach a point of crisis, the government is transforming mental health services into community-based mental health centres, building on existing pilots. These centres will bring together a range of community mental health services under one roof, including crisis services and short-stay beds, improving continuity of care. This reduces fragmentation in service delivery and patient experience, which contributes to longer waiting times and lower patient satisfaction.

I hope this response is helpful. Thank you for bringing these concerns to my attention and once again I would like to express my sincere condolences to the family and loved ones of Kallum.

Yours sincerely,



BARONESS GILLIAN MERRON

**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR
WOMEN'S HEALTH AND MENTAL HEALTH**