Essex Partnership University
NHS Foundation Trust

Chief Executive Office
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

[redacted]

26 August 2026

Mr Stephen Simblet
Assistant Coroner for Essex
Coroner's Office
Seax House
Victoria Road South
Chelmsford
CM1 1QH

Dear Mr Simblet

Ms Tia Ann Birkitt (RIP)

I write to set out the Trust's response to the report made under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, dated 15th July 2026 in respect of the above, which was issued following the Inquest into the death of Ms Birkitt.

I would like to begin by extending my deepest condolences to Ms Birkitt's family. The Trust sympathises with the profound nature of their loss. The matters of concern noted within the Regulation 28 Report have been carefully reviewed and noted. I will now respond in full to the concerns raised in the hope that this provides both yourself and Ms Birkitt's family with comprehensive assurances of the changes that have been made at the Trust to address the concerns you have raised.

Concern 1: There is a concern that arrangements for the consideration of referrals made by GP practices in Essex may not lead to acceptance by mental health services or adequate further treatment or be fully understood in the referral process.

Response:
I would like to assure you that referrals are not rejected, The Integrated Mental Health Service (IMHS) is a primary care mental health service that works alongside GP practices to provide assessment, treatment, and coordination of care for people with low to moderate mental health needs. As a mental health intervention service, IMHS provides direct clinical support as well as facilitating access to appropriate therapeutic and specialist services.

In line with the national Community Mental Health Framework and national models of practice, referrals are clinically triaged by experienced Band 7 nurses and social workers who triage patients and signpost to the most appropriate mental health intervention. This may include assessment and treatment within IMHS, referral to NHS Talking Therapies, secondary care mental health services, or other specialist/community and voluntary provisions or to primary care services where appropriate to do so.

The electronic patient record system used by Primary Care does not have the option to select signposting as an outcome. Therefore, the terminology of rejection is an auto generated check box when a patient is not accepted to the service. All triage outcomes are communicated to the patients GP together with advice regarding alternative pathways and services.

The Trust remains committed to ensuring patients are directed to the right service, at the right time, with referral decisions made by qualified mental health professionals who have access to senior clinical, psychiatric, and multidisciplinary support.

Concern 2: There is a concern that patients with presentations such as autism and communication difficulties such as selective mutism may either not have those difficulties adequately considered in determining what further treatment or referral is to be provided, or may not have adequately explained to them or their families how such treatments or further referrals may actually be delivered in a manner that takes account of those difficulties.

Response:
The Trust recognises the importance of ensuring reasonable adjustment for those who have neurodiversity, communication difficulties, and conditions such as selective mutism are considered when assessing a patient's needs and determining appropriate treatment pathways.

Improving the experience of neurodivergent people receiving care is a priority for the Trust, with a dedicated steering group taking this work forward. This programme is overseen by an Executive Director sponsor. A key focus of this work is the development of additional training and awareness programmes relating to neurodiversity and communication needs, with the aim that patients receive accessible, person-centred care and are fully supported to understand, engage with decisions about their treatment. This is in addition to the Oliver McGowan training (a national programme) that has been rolled out within the Trust.

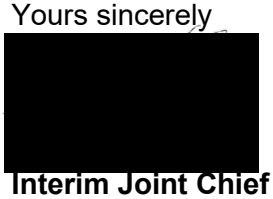
This approach may include conversations with family members or carers where appropriate, home visits, or meetings in an environment where the individual feels most comfortable and able to engage. Thus, enabling clinical staff to better understand the individual's communication needs, preferences, and any barriers to engagement before further assessment or treatment is arranged and communication of any such needs to the next service.

I hope that I have provided some reassurance around the steps that we have taken to address the issues of concern contained within your report.

Please do let me know if you require any further information from myself or my colleagues at this stage.

We understand that a copy of this response will be shared with the family.

Yours sincerely



Interim Joint Chief Executive