

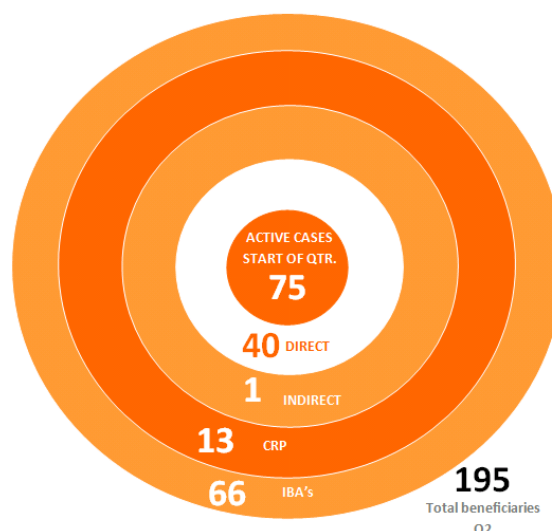
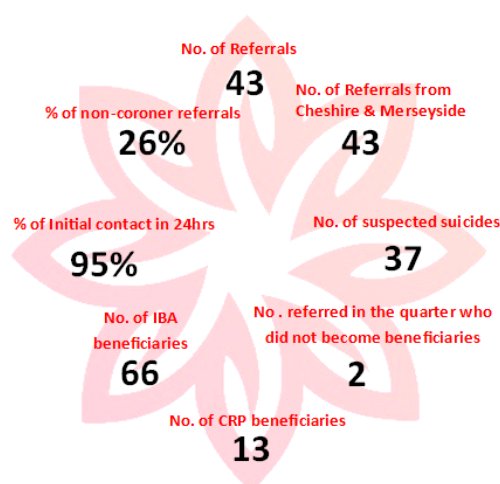


AMPARO is a seven days a week Suicide Liaison Service providing practical support to those bereaved by suicide, working with individuals and communities, providing accessible information and timely support to all those bereaved or exposed to a (suspected) suicide in order to minimise the emotional impact, promote recovery and reduce further suicides.

The performance of the service is measured on:

- Alleviating the distress of those exposed to or bereaved by suicide
- Reducing the risk of imitative suicidal behaviour
- Reducing the risk of suicide clusters
- Reducing the economic costs of suicide

Service Performance (Key terms CRP – Community Response Plan, IBA – Initial Brief Advice)



Referrals sources

(NB referrals differ from beneficiaries as not all referrals 'convert' to beneficiaries)

Coroner	Police	GP	Self	Other	Total
32	0	0	3	5	43

Age of referrals

<18	18-25	26-35	36-45	46-55	56-65	66+	No info	Total
0	0	4	9	9	13	3	5	43

Gender of referrals

Male	Female	Transgender	No info	Total
12	31	0	0	43

Impact assessment

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. We use short WEMWBS, the 7-item scale, to help facilitate a better understanding of mental wellbeing. This offers greater credibility for mental wellbeing and help drives positive action and change. The scale is scored 1-5. SWEMWBS is a 35-point scale where **a shift in 2 points is considered significant.**

Impact

56 clients completed the scale and have shifted an average of **4.12** points pre and post intervention. **38** people showed a positive change, **6** people's score declined and **10** people showed no overall change.

Case study

Client 'A' was referred to by the Coroners service following the death of her husband.

Communication 1

I phoned client 'A' within 24 hours of their referral to arrange a good time for us to speak for our first initial appointment. Usually this would be a face-to-face appointment but due to the current pandemic, all communication is currently over the phone.

Communication 2

Two days after the initial phone call I spoke with client 'A'. Client was still in shock, and family are angry. Husband went missing and family feel the police didn't take their concerns seriously and didn't support them for some time with the search. Family went out to search for the husband and he was discovered dead by client's sister and brother-in-law. Client feels overwhelmed trying to cope with her own feelings as well as supporting her children, one of whom has additional needs. Client has been to GP and is on diazepam and sleeping tablets. Client signposted to SOBS and emotional support provided.

Communication 3

Between communication 2 and 3, the funeral took place. Client feels she wishes she could fast forward to a place where she has figured out how to cope on her own and I worked with the client to explore this. Client has a lot of support, but misses the mundane day-to-day things she did with her husband. Client wants to know when she'll be able to get husband's phone back from the police. Offered practical support with this, and said I would get in touch with the coroner. Coroner confirmed the police would keep the phone until after the inquest – confirmed no date has been sent so far due to COVID-19.

Communication 4

Sent details of services who client could share with her children – 'Hope again' and 'Grief encounter'

Communication 5

Client has bought a new home, couldn't stay in the house any longer and had discussed moving with husband previously so doesn't feel guilty, and will move closer to her mum and sister. Client back at work. Finding this ok. Daughter has finally shed some tears which client feels is a good step as up until now daughter has been keeping everything inside. Provided emotional support during this call.

Communication 6

Client has decided to take a break and go to Tenerife with mum, and children. She's struggling with the impact of the loss and how this affected individual family members. At the start, they were all on the same journey and now that has changed. She is coping with the loss of her partner, whereas sister is experiencing trauma as a result of finding the deceased. Client did what she can to look after herself, and whilst she is close with sister agreed to signpost sister to GP and Amparo for separate support.

Final Session

Ongoing

Where any risk/incident reports completed?

Not at this point

Client expresses that it is helpful talking to me, that it is easy and wishes to continue accessing support on an ongoing basis.