

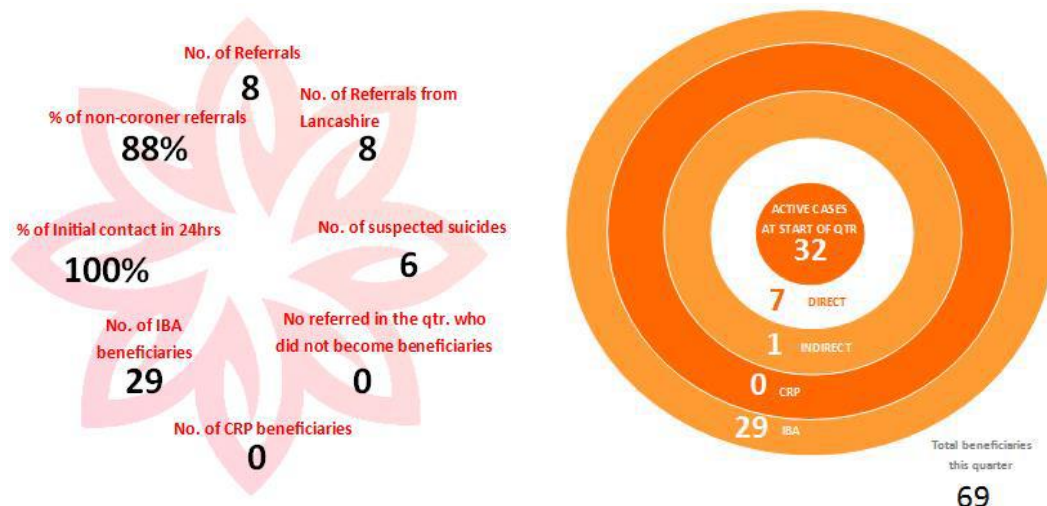
AMPARO is a seven days a week Suicide Liaison Service providing practical support to those bereaved by suicide, working with individuals and communities, providing accessible information and timely support to all those bereaved or exposed to a (suspected) suicide in order to minimise the emotional impact, 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
1	2	0	3	2	8

Age of referrals

<18	18-25	26-35	36-45	46-55	56-65	66+	No info	Total
1	0	2	2	1	1	1	0	8

Gender of referrals

Male	Female	Transgender	No info	Total
2	6	0	0	8

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.

Impact

5 people have shifted an average of **3.20** points pre and post intervention. 1 person showed no change in their overall score. 5 people with positive change showed an average shift of **8.30** points.

Case study

Referral Information: The client was referred to Amparo from Lancashire Police service following their partner's sudden death. Client was initially contacted by an Amparo worker via phone and it was explained where the referral had originated.

Communication: Initial phone calls on the first two occasions received no response and voicemails were left to introduce and offer support. On the third attempt, a lengthy conversation took place with the worker explaining the Amparo service to the clients. A further support call was made the following day as the client rang back and needed to talk. It was agreed that the client had a lot of arrangements to make and that they would call when they needed support.

Communication: The client then had a two-hour conversation regarding their partner. The client was struggling with coming to terms with the fact their partner did not ask for help and needed space to openly express their feelings away from family members.

Communication: Call received from client very upset and needing to talk, following our discussion it was agreed that the time was right for the client to have a face-to-face visit and this was arranged for the next day.

Communication: First home visit. Completed all documentation with client and talked for over two hours. The client was in a highly emotional state, having added pressures from their partner's family to deal with. Giving the client space to explore all that was happening around them enabled them to rationalise things and they began to feel much calmer. Due to the complexity of the case and client's high emotions between Sept - Dec, phone calls were made on a weekly basis and there were several home visits.

Communication: The client was progressing well but was still finding the isolation really hard. By September 2020, the client agreed they were ready to access formal counselling sessions so a referral was made to a local Counselling Service on their behalf. I called the agency several times to ensure the client received the correct support. Counselling sessions started in October 2020 and progressed well so we agreed that this was the right time to end support from Amparo. The client was reluctant at first however, after discussing their needs, they realised it was time to move forward. The client thanked me for all the help and support they had received and felt the Amparo service had been extremely beneficial to them.

Attendance at Inquest: Client did not require support to attend as she did not attend herself due to conflicts with her partner's family.

Any additional referrals received as a result of the initial referral? Support was offered to the client's mother and cousin on the initial visit however, they both declined and did not feel they required it.

Where any risk/incident reports completed? None required

Outcome measures: The case study above indicates that the client was fully supported under the Amparo role, i.e. regular contact and support via phone and face-to-face as required and at the pace the client set. Practical support given when writing documents to ensure professionalism maintained which was a very important aspect for the client. Further support offered to the extended family however declined. The client has now been discharged from the Amparo service. The client was happy to engage with the Amparo service and felt it had been of great benefit to have the support at such a difficult time. I was able to offer the right support defined by what the client required at the time using the counselling skills I have developed over many years, the client was able to feel safe and was able to freely express their emotions. I supported the client to locate services as and when they required them. Whilst they would normally have the ability to do this for themselves, this was a very confusing time