

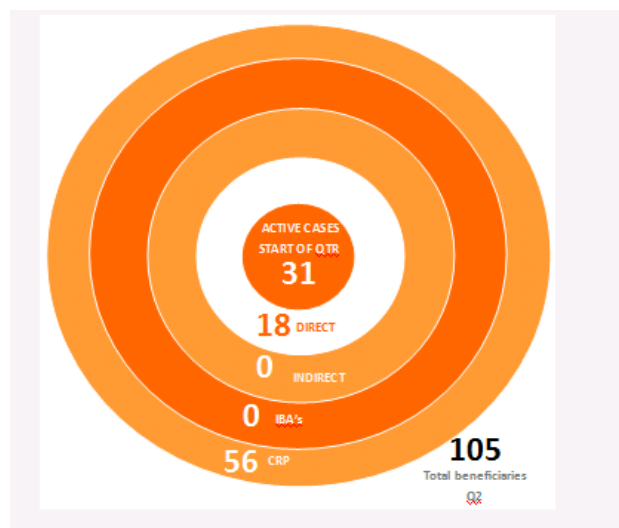
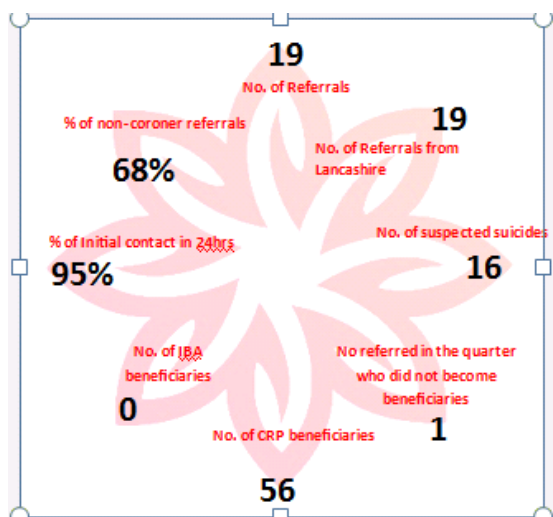
AMPARO is a seven days a week Suicide Liaison Service providing practical support to those bereaved by suicide, working with individuals and communities, providing accessible information and timely support to all those bereaved or exposed to a (suspected) suicide in order to minimise the emotional impact, 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
6	3	0	5	5	19

Age of referrals

<18	18-25	26-35	36-45	46-55	56-65	66+	No info	Total
1	2	3	2	5	4	2	0	19

Gender of referrals

Male	Female	Transgender	No info	Total
5	14	0	0	19

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

10 clients completed the scale and have shifted an average of **0.5** points pre and post intervention. **5** people showed a positive change, **1** persons score declined and **4** people showed no overall change.

Case study

The Police referred Client A following the sudden bereavement of a friend /colleague due to suicide by hanging. As Amparo's remit did not include Client A's locality, the commissioners agreed to put funding in place to support this client and several other clients linked to the same suicide. Following this suicide there were several referrals made for the other friends and wider community due to the age and nature of the death

- Contacted clients within 24 hours and made an appointment for a couple of days later. The client was very emotional, still in shock, and stated that they were hoping to have the body released on Monday with the funeral taking place on Friday. The client stated they would like to wait until after the funeral to speak to someone further.
- The client engaged well throughout the appointment at times becoming very emotional and very angry, although the anger wasn't towards me. The client felt that if they had spoken to the friend that the suicide could have been avoided.
- Spoke to the client at length after the funeral, as they had not been able to face going to the wake. Client A thanked me for phoning today as they felt that they really needed the support. Client A has decided to throw themselves into work and keep busy as it helps them to cope with the sad feelings. I assured them if they needed to talk, they can call me.
- Client A stated she has been struggling and feeling very emotional which was visible to see. Explored if they were feeling suicidal. They said, "No, I could not do that knowing how much it has affected everyone".
- Provided with a Hope line wristband and they promised to wear it and phone the number if they ever felt suicidal however they were adamant that this was not their mind.
- Phone call appointments took place on a weekly basis. Due to the lockdown, they were finding the isolation hard. During this time, we discussed making a memory box and each week; the client put something in her box and talked through the memories with me.

Feedback

The client stated, *"I honestly do not know what I would have done without you, and you have shown me there is a life after death, so Thank you"*.