

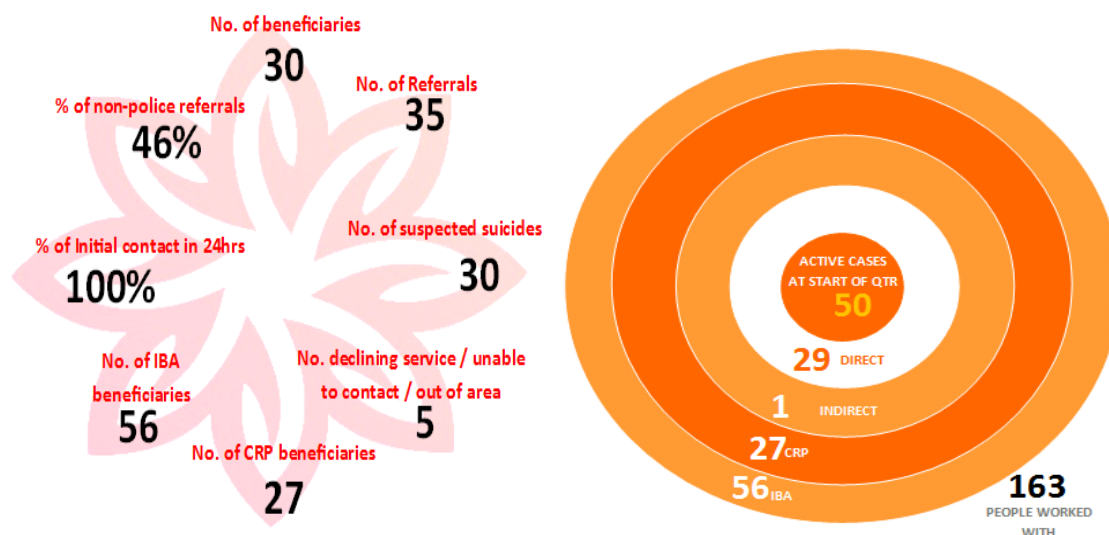


AMPARO is a seven days a week Suicide Liaison Service providing practical support to those bereaved by suicide, working with individuals and communities, providing accessible information and timely support to all those bereaved or exposed to a (suspected) suicide in order to minimise the emotional impact, 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	19	2	7	7	35

Age of referrals

<18	18-25	26-35	36-45	46-55	56-65	66+	No info	Total
0	2	10	10	8	1	0	4	35

Gender of referrals

Male	Female	Transgender	No info	Total
7	28	0	0	35

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

21 clients completed the scale in the last Quarter and have shifted an average of **6.53** points pre and post intervention. **10** people showed no change in their overall score. **11** people with positive change showed an average shift of **6.8** points.

Case study

Client 'A' referral from the Police for two members of a European family following the death of their child to suicide

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: Client was worried about the language barrier as they don't speak English very well. I explained to client that I can help with the translation and we can also look for an interpreter

Communication 3: We talked about the cultural differences in funeral arrangements. I agreed to look for a funeral director and come back with contacts, and we talked about having a priest to arrange the last blessing.

Communication 4: I called a selection of funeral directors but none could help with the translation, and in order to proceed with the funeral arrangements somebody would have to be with the Client in the room to directly translate. I then contacted the local vulnerable Person Unit to ask for an interpreter.

Communication 5: Client provided consent for me to contact the coroner's office. I contacted the coroner's office who explained when the post mortem was scheduled, what is happening with the body and when the body was going to be released. The Coroner also informed me that in order for the body to be released, the client must choose the funeral director

Communication 6: Clients had chosen the funeral director and I was asked to pass all the information to the coroner's office. Client also wanted me to ask coroner about the death certificate. I contacted the coroner with funeral director's information and was informed that after an open inquest the coroner will send 3 copies of the death certificate to each parent, the body will be ready to collect the next day alongside the paperwork. The Coroner also wanted me to pass the information about the hearing and asked me to explain to clients that the family doesn't have to attend

Communication 7: We spent time talking about Client feelings, I explained the process of grief and that the feelings of anger they were feeling about the deceased was normal. I

suggested that perhaps they could write a letter to the deceased, explaining how they are feeling and what they would like to tell the deceased and then put that letter into the coffin on the day of funeral.

Final Session : Ongoing

Where any risk/incident reports completed? N/A

The family felt well supported during the process despite the language barrier. By providing support so the family could communicate in their native language was a tremendous help in this difficult situation. This has shown 'best practice' in finding the right support for the client is very important