AMPARO
support following suicide

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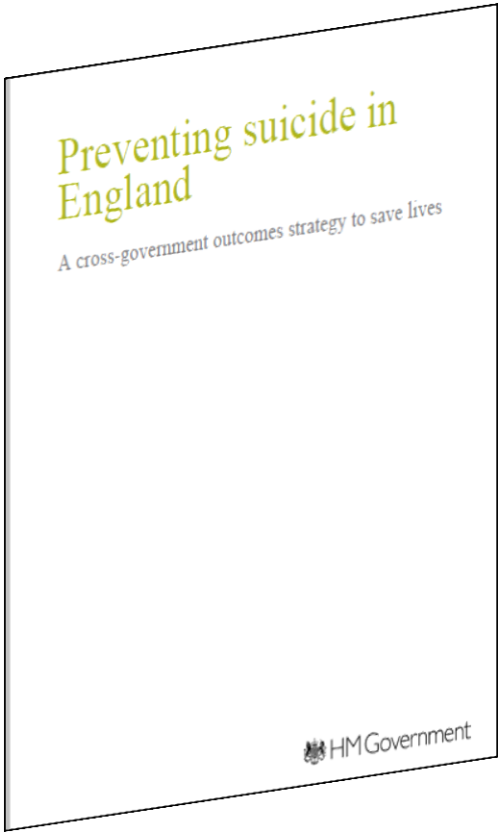
Collaborative

National Suicide Prevention Alliance Conference – 2nd February 2016

Richard Brown – Listening Ear
Christine Hurst - Senior Coroners' Officer
Katie Donnelly – Warrington Public Health

working together to improve health and wellbeing in Cheshire & Merseyside

Support is accessible for those who are exposed to suicide



NO MORE
Zero Suicide

Preventing Suicide in Cheshire & Merseyside

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Why offer a suicide liaison service?

- Public health – those bereaved by suicide have a 3 x greater risk of dying from suicide themselves
- Moral case - caring & support for people at a time of great need
- Financial – absence from work, health & social care needs

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Impact of suicide

It is an individual tragedy, life altering for those bereaved and a traumatic event for the community and local services involved.

May lead to:

- Long term psychological trauma
- Destruction of social bonds
- Reduced quality of life and increased ill-health
- Suicidal behaviour and suicide

It's estimated that a further **6** people on average suffer a severe emotional impact as a result of the death.

Cheshire Merseyside 234 deaths p.a. (2012-14 PHOF data) : 1404 affected

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Timeline 2012

- Cheshire and Merseyside Suicide Reduction Network (CMSRN) key priority
- Northern Ireland model highlighted at Annual Summit
- Providing effective and timely support for families bereaved or affected by suicide
- Having an effective local response to the aftermath of a suicide
- A task and finish group was established, including Public Health, Commissioners, Survivors of Bereavement by Suicide (SOBS), Police, Coroners

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Task and Finish Group

Sept 2013 – May 2014

- Secured commitment from both Merseyside and Cheshire Police
- Discussions with the Coroners' offices
- A scoping exercise was undertaken to identify what support services are currently available
- Explored a range of different options of provision:
  1. 'Help is at Hand' booklet
  2. Telephone support service e.g. Samaritans
  3. Cornwall's Suicide Liaison Service
  4. Community response e.g. Northern Ireland and Australian models
- Developed a business case.

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Commissioning

June 2014 – To Dec 2014

- Funding secured from 8 local authorities across Cheshire & Merseyside – agreed by Directors of Public Health
- Service specification developed and agreed using learning from Northern Ireland
- Procurement process undertaken
- Provider selected

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Implementation plan

January to March 2015

- Implementation plan was actioned for a ‘go live’ date of 1st April
- Overseen by task and finish group
- Plan included:
  - Marketing, communications and partnerships
  - Stakeholder engagement
  - Workforce development
  - Information sharing and pathways
  - I.T.
  - Information governance
  - Performance and quality

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Every morning, for the past 20 years Dan has walked his dogs on the playing fields adjacent to the local senior school.

07:45 am Thursday 11th December

Dan entered the playing fields and walked towards the football pitch. It was dawn, visibility was poor. He noticed a man standing in the goal post area, he was not moving but seemed to be looking at the ground. Dan's dog ran off started barking at the man. The man didn't react. Dan pointed his torch toward the man, he felt very uneasy. Walking towards the man he called out "Are you alright mate?" There was no response. As Dan got closer he could see the man was suspended by a rope attached to the cross bar of the goal posts.

Dan staggered backwards in shock and ran towards the nearby school shouting for help.

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08:00 Thursday 11th December

A teacher responded to Dan's shouts and arrived at the scene. Whilst waiting for the emergency services, he and Dan attempted to get the man down, but could not undo the ligature. The light had improved and a small group of children had begun to take a short cut to school through the playing fields. They had a clear view of what has happened and became very distressed.

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08:03

More teachers arrived, who took care of the children and moved them out of sight of the scene. They also prevented anyone else from entering the playing field area.

08:10

The police and ambulance arrived. Dan and the teacher provide police officers with a verbal account of what happened. Dan was shaking violently. Another police officer and the paramedics attend to the deceased who was taken down and put into the ambulance. The police took photographs, and the paramedics then attend to Dan.

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08:45

The police found evidence of identification on the man his name is Steven and they have his address. They radioed this information through to their control room to locate the whereabouts of the next of kin. A note indicating that the man intended to take his own life was been found in a rucksack nearby.

09:00

The deceased was taken to the hospital mortuary.

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11:00

Steven's wife Carol was been located. She was living at a separate address with the couple's two teenage children who were students at the local Further Education College.

13:30

The police and Steven's wife attended the local hospital. mortuary where a formal identification was carried out. During the formal identification, Carol discloses that he was not behaving as 'normal' since the funeral last week of his best friend, who died by suicide, and who he was in the army with. The best friend lived 50 miles away in a different county. Police completed sudden death form and send it to coroners

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- Who is potentially affected?
- Who could benefit from a suicide postvention service?
- What are the key partnerships?
- Why is data sharing important?
- What would be the best pathway or response for those affected?

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Formal reporting and surveillance of suspected suicides:

- To develop data sharing protocols for the exchange of information between agencies
- Importance of partnership working especially with the police, and coroner
- Enabling the monitoring of patterns and trends of suicide in real time
- Allowing agencies to share information so those bereaved can be referred to a service for support
- Assessing the impact of each suicide – numbers exposed / affected.

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Friday 12th December 9.30am

Coroner's officer contacts Carol to talk about the requirement for a post mortem and inquest process. She offers referral to Amparo. Carol requests the referral to the service for herself and her children.

Coroner's officer referral to Amparo.

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Friday 12th December 2.00pm

Amparo contact Carol and arranged a follow up visit for Thursday 18th December.

Thursday 18th December

Amparo conducted initial visit, impact assessments and risk assessments.

As they found out more information in relation to the school and death of the friend, they contacted the local public health team to inform them of a potential ‘cluster’.

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Throughout December and into January

On-going support to Carol and her children during the inquest process.

2nd January

Steve's sister Susan contacted the Coroners office to see if she could be referred to Amparo, she lives locally so the Coroner sent a referral form to Amparo.

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- Why do you think it is important that Coroners are involved in the referral process?
- How quickly do you think initial contact by a suicide liaison service should be?
- What should a suicide liaison service offer?
- For how long should a suicide liaison service offer support? And what happens after?

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Liverpool City Council

Suspected Suicide

Police

Can offer & gain consent from NOK/family to contact Amparo via Sudden death form (Cheshire)

Death reported to the coroner

Person can self -refer or be offered the service at a later point if they decline at this stage.

Coroner officers offer and gain consent for referral to Amparo and forward referral form. Coroner officers logs all referrals

Amparo contact referee within 24hrs to arrange initial visit

Amparo to inform local Public health team.

Follow up visit within 1 week
Risk and initial impact assessments and safety plan carried out with clients

Bereavement, emotional and practical support by Amparo team

Referral to Primary Care and Non-Statutory Support Services

Referral to Secondary services eg . CMHT

Referral to Bereaved By Suicide Support Groups e.g. SOBS

Thursday 18th December

Amparo informed public health of the recent suicide and initial information about the potential wider impact of the death. Amparo provided as much information as was available at this stage.

Thursday 18th December

Public health spoke to the Coroner and school involved to try and find out any further information. Based on Coroner (of the suicide of the friend) and feedback from the school of the impact of the death they organised a ‘Community Response Plan’ meeting.

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Thursday 18th December

Public Health spoke with the army to discuss any need and offered support to other colleagues and those potentially affected.

Thursday 18th and Friday 19th December

Due to the Christmas break approaching for school, information was provided to all children as to who to contact if they needed support including contact numbers. A ‘drop-in’ facility was also provided which gave staff and children an opportunity to have someone to talk to and access relevant services.

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Monday 22nd December

A ‘Community Response Plan’ meeting was held and community response plan was activated. Discussed immediate actions already taken and planned work to be done over the next couple of weeks with clear actions and accountabilities.

Monday 29th December and 4th January

Reviewed actions and work to be done

11th January

De-activated community response plan as confident that there was a clear plan of action that was overseen by the suicide prevention group.

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Why is a community response plan important?

Who should lead it?

Who should be involved?

How quickly should a community response plan be activated?

How long should a community response plan last?

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Community response plan

- To provide a timely response by all sectors of the community to address the problem and prevent further deaths occurring
- To prevent the development of clusters of suicides occurring in a local council area
- To facilitate early detection of such clusters
- To provide a template for action that can be implemented in any council experiencing this problem.

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Key Steps / Lessons

- Practical issues such as secure IT system including Ministry of Justice e-mail, phone number for service
- Importance of regular meetings with commissioners
- Remote working and service footprint
- Internal communication
- Engagement with partners and stakeholders, particularly existing service providers and users
- Data capture and evaluation framework.

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Where are we now?

- Service launched on 1st April 2015 as planned
- By the end of Quarter 3:
- 81 beneficiaries – associated with 55 suicides
- Mixture of children and adults
- Initial contact within 24 hours (96-100%)
- Appointment offered within 7 days (100%)
- Full needs assessment and safety plan (100%)
- Developing practical processes such as collection of belongings

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Outcomes and evaluation

- Reduction in number of deaths by suicide and attempted suicides
- Alleviate the distress of those bereaved or affected by suicide
- Reduce the risk of imitative suicidal behaviour and clusters
- Promote the healthy recovery of the affected community
- Reduce the economic costs of suicide
- Service monitoring
- Beneficiary impact
- CLAHRC Evaluation (Quantitative & Qualitative)
- Support partnership evaluation

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