

National Suicide Research Foundation

ANNUAL REPORT

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Designed by: Alan O'Shea

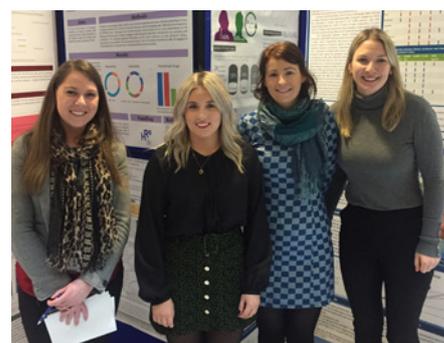
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Electronic copies of the Annual Report are available from the
National Suicide Research Foundation website: www.nsrf.ie

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Foreword

This Annual Report of the National Suicide Research Foundation (NSRF) serves a dual purpose. It contains the Members' Report and Financial Statements for the year ended December 31st 2018, as tabled at the meetings of the Board of Directors on May 15th 2019 and at the Annual General Meeting of the Company Members on July 3rd 2019. This Report also contains a summary report on the research and associated activities undertaken by the team. Throughout the report there is a focus on research undertaken in 2018 but, as many research studies are not completed within a calendar year, there is also references to milestones and deliverables in 2019.

The NSRF is constituted as a company limited by guarantee (Company Number 224676) as set out under the Companies Act 2014. Its purpose and objectives and how it conducts its business are set out in its Constitution which is posted on its website www.nsrif.ie under the About Us section and is publicly available from the Companies Registration Office website www.cro.ie and also the Charities Regulatory Authority website www.charitiesregulator.ie The Registered Charity Number is 20030889 and the Charity Tax Number is CHY11351.

At the Annual General Meeting of Company Members held on July 4th 2018, in compliance with the Companies Act 2014, a new Constitution for the NSRF (available on the website under the About Us section) was adopted and a revised Governance and Management Structure (described in detail on the website under the About Us section and on pages 7 to 10 of this report) was put in place. Training for the Board of Directors in relation to their duties and responsibilities was provided in 2018.

The NSRF was established by the late Dr Michael J Kelleher in November 1994 as the Suicide Research Foundation Limited. Permission was subsequently granted by the Companies Registration Office to dispense with the word Limited in the title of the company and, in 2001, the Registrar of Business Names granted permission to use the name of National Suicide Research Foundation. The NSRF relocated to the Western Gateway Building in University College Cork in 2012 as part of the National Health Services Research Institute which received capital funding from the Higher Education Authority's Programme for Research in Third Level Institutes V. In 2015, the NSRF was designated by the World Health Organisation (WHO) as a Collaborating Centre for Surveillance and Research in Suicide Prevention.

The mission of the NSRF when established, and now, is to provide a nationally and internationally recognised body of reliable knowledge from a multi-disciplinary perspective on the risk and protective factors associated with suicidal behaviour with an ultimate aim of providing solid evidence to inform policy development and intervention in the prevention of suicide and the management of patients presenting with self-harm.

In accordance with the Companies Act 2014, the Financial Statements 2018 have been prepared by independent auditors H&A Accounting Services Limited t/a Hickey & Associates, Cork. The Financial Statements 2018 have been approved by the Board of Directors and have been submitted to the Companies Registration Office. The turnover in 2018 was €1,214,123 and the net surplus for the year after taxation was €6,363. The NSRF employed



Dr Paul Corcoran
Head of Research



Ms Eileen Williamson
Chief Executive Officer



Professor Ella Arensman
Chief Scientist

thirty-five people during 2018. Costs in respect of salaries and social security were €917,108 and pension costs were €22,717. We are grateful to Ms Shelley Meenehan of Hickey & Associates for her sterling work on the audit of the NSRF accounts.

In 2018, the NSRF, in addition to its collaborative work on the Donegal SSIS-PAM, the National Dialectical Behaviour Therapy Project and the Northern Ireland Self-Harm Registry, co-ordinated four surveillance systems and eleven research projects in the area of suicide, self-harm and related mental health issues including the evaluation of intervention and prevention programmes for suicide and self-harm. The NSRF meets requests for information from a wide range of stakeholders in policy, health and social services as well as the general population. In 2018, NSRF staff members were involved in 21 papers published in peer-review journals, including a number of high impact journals. In addition, NSRF staff members presented more than 70 lectures at local, national and international seminars and conferences.

In 2018, the NSRF was represented on more than 40 advisory and steering groups at national and international level. In addition, NSRF staff members were involved in multiple international consultation and training programmes with the World Health

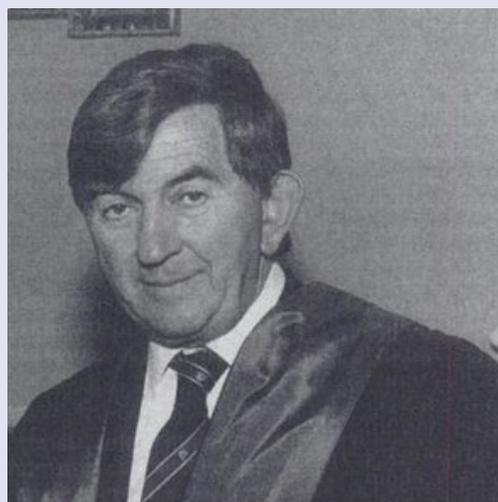
Organisation and the International Association for Suicide Prevention.

The NSRF works closely with the Health Service Executive's National Office for Suicide Prevention (NOSP) in relation to providing research and evidence in line with the objectives of *Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020*. The NSRF has an Overall Agreement with NOSP for the duration of *Connecting for Life* and receives annual funding, subject to a Service Arrangement, for the running of the National Self-Harm Registry Ireland and agreed research projects in the area of improved quality in suicide prevention. Additionally, the NSRF has a long track record in obtaining grant funding from research-funding bodies. A breakdown of the Income and Expenditure 2018, in respect of the different tranches of funding, is contained in the Financial Statements 2018 on page 83 to 87.

We would like to thank the members of the NSRF team (listed on pages 11 and 12) for their dedication and hard work in 2018 and look forward to continuing to work together in efforts to provide the strong research base necessary to underpin efforts in addressing the significant public health issue that is suicide.

This report marks the 25th anniversary of the formation of the National Suicide Research Foundation. The late Dr Michael J Kelleher together with his wife Dr Margaret Kelleher and the late Dr Maura Daly had been researching suicide and self-harm in Cork since the 1980s and in November 1994 took the brave step of formally establishing the National Suicide Research Foundation.

This report is dedicated to the memory of Dr Kelleher.



Dr Michael J. Kelleher 1938-1998

Fiche Cúig Bliain ag Fás 25 Years a-Growing 1994 - 2019

National Suicide Research Foundation Brief Historical Overview

The late Dr Michael J Kelleher, together with his wife Dr Margaret Kelleher, established the National Suicide Research Foundation on November 1st 1994. Dr Kelleher had been conducting research into suicide and suicidal behaviour for many years prior to 1994 and, in particular, with the late Dr Maura Daly, both of whom were psychiatrists working in St Anne's Hospital in Cork, where they had recognised that suicidal behaviour was an issue that needed to be addressed. Dr Kelleher had worked closely with Mr Dan Neville (then a member of Seanad Éireann and later a Teachtaire Dáile) and Mrs Theresa Millea, in having suicide decriminalised in 1993. Dr Kelleher and Mr Neville subsequently worked with Minister for Health, Michael Noonan TD, on setting up a Task Force on Suicide. The Task Force produced two reports that formed the foundation of the Irish government's suicide prevention/reduction initiatives.

Able assisted by Mr Dave Drohan, Dr Kelleher hosted the European Symposium on Suicide and Suicidal Behaviour in Cork in September 1994. Also in 1994, the then Minister for Health, Mr Brendan Howlin, TD provided funding for the establishment of the National Suicide Research Foundation. Paul Corcoran and Eileen Williamson were the first two employees who commenced work with the fledgling research organisation on November 1st 1994. They were soon followed by Dr Helen Keeley, Derek Chambers and Carmel McAuliffe. In 1996, the National Suicide Research Foundation was successful in an application to the Health Research Board Ireland for a five-years unit funding grant.

Very, very sadly Dr Kelleher died in 1998. Ar dheis Dé go raibh anam dílis. On the death of Dr Kelleher, Dr Margaret Kelleher was appointed Medical Director. In 1999, the National Suicide Research Foundation formed a link with the then newly established Department of Epidemiology and Public Health in University College Cork and Professor Ivan J Perry, Head of that Department, took on the role of Director of Research at the National Suicide Research Foundation. In 2000, at the request of the Department of Health, the National Suicide Research Foundation established the National Self-Harm Registry Ireland,

a system of monitoring incidents of hospital-treated self-harm, for which the Department provided funding, and when the HRB unit grant funding ceased in 2001, the Department provided core funding to the National Suicide Research Foundation.

In 2003, Professor Perry stepped down from his position as Director of Research whilst retaining the position as Director of the National Self-Harm Registry Ireland. This allowed for the appointment of Dr Ella Arensman (now Professor Arensman), firstly as a Senior Researcher and later as Director of Research.

Dr Paul Corcoran, Derek Chambers and Dr Ella Arensman were involved in the writing of Ireland's first suicide strategy, *Reach Out 2005 -2015*, and subsequently Professor Arensman and Eileen Williamson participated in the writing of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020. The National Suicide Research Foundation provided most of the research to inform the development of *Connecting for Life* and data from the National Self-Harm Registry Ireland is being utilised as one of the outcome measures of the strategy.

Since its establishment, the National Suicide Research Foundation has had close working relationships with the Department of Health, the former Health Boards and, since 2005, with the National Office for Suicide Prevention within the Health Service Executive. The National Suicide Research Foundation very much appreciates these good relationships and the opportunities for its research to be utilised in informing policy and practice.

Over the past twenty five years, the National Suicide Research Foundation has increasingly expanded the scope of its research from local to national and from national to global. In this regard, it is worth mentioning the longstanding collaboration with the Public Health Agency in Northern Ireland and with international colleagues and organisations such as the International Association for Suicide Prevention and the European Alliance Against Depression.

“With each death by suicide the question of responsibility should be considered. A society that can face questions such as: to what extent did his environment precipitate his death or fail to protect him from it?; to what extent was the treatment given to him inadequate for his needs?; and to what extent did society itself, including the formative forces of his youth, lead him to death by his own hand later?; is on the right pathway to better social and mental health.”

Dr Michael Kelleher - March 1990, St Patrick's Hospital, Dublin - source The Irish Times

“The contribution that Dr Michael Kelleher made to research on suicide and attempted suicide in Ireland cannot be underestimated. He dedicated much of his life to understanding why people die by suicide. He has been the leading light of suicidology in Ireland for many years and inspired others to look upon suicide in a more caring, less judgmental manner. In the early 90's, more than anyone else in Ireland, he was responsible for destigmatising the whole issue of suicidal behaviour. He was instrumental in setting up the National Suicide Foundation and the Irish Association for Suicidology. For this we are gratefully indebted. His contribution will continue to be acknowledged.”

Dr Rory O'Connor, The Irish Times, 1998

“It is unusual for a doctor and certainly for a psychiatrist to receive widespread tributes in the national as well as the professional press, and these have borne eloquent witness to Michael's qualities as a man and to his achievements as a psychiatrist.”

Irish Journal of Psychological Medicine 1998

“As a lecturer he had the unusual and rare ability to convey complex information simply. He was as much at home with an audience from the general public as from psychiatry, nursing, general medicine or international researchers. His clarity of thought and succinctness of style resulted in him being a much sought-after speaker. In removing the taboo surrounding suicide in Ireland, Michael Kelleher performed a service that is immeasurable. He was a great man and his early death, at the apogee of his career, will create a loss that will be felt by the profession and friends alike.”

The Irish Times, Opinion, 1998

The National Suicide Research Foundation relocated to the Western Gateway Building in University College Cork in September 2012 as part of the National Health Services Research Institute, established with capital funding from the Higher Education Authority's Programme for Research in Third Level Institutes (PRTL I V) and, in 2019, signed a Research Collaboration Agreement with University College Cork.

In 2015, Professor Ella Arensman was successful in an application to the Health Research Board for a Research Leaders Award and was appointed as a Research Professor within the College of Medicine and Health, University College Cork. Dr Paul Corcoran was then appointed as Head of Research in 2017. Eileen Williamson works as the Chief Executive Officer. Dr Eve Griffin is Manager of the National Self-Harm Registry and Research Fellow. Professor Ella Arensman is Chief Scientist.

In the twenty five years since its establishment, the National Suicide Research Foundation has been conducting ground-breaking research into suicidal

behaviour and has been to the forefront with establishing surveillance systems for self-harm and suicide. Both of these areas of expertise have been recognised by the World Health Organisation, and, in 2015, the National Suicide Research Foundation was designated as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention.

The National Suicide Research Foundation appreciates the contribution of the many staff members who have worked with the organisation over the past twenty five years in fulfilling its mission to provide a nationally and internationally recognised body of reliable knowledge from a multi-disciplinary perspective on the risk and protective factors associated with suicidal behaviour with an ultimate aim of providing a solid evidence base for policy development and intervention in the prevention of suicide and the management of patients presenting with self-harm. The book relating to the past twenty five years will be written and the National Suicide Research Foundation looks forward with enthusiasm to the next twenty five years.

Highlights of the Year 2018

Scopus



1,341
citations



17 Board Members

Google Scholar



2,201
citations

35 Staff Members



21
Publications

6 Directors



74
Presentations

Annual Turnover
€1,214,123



40

The NSRF is represented on 40 Advisory groups

In 2018 Tweets disseminating the outcomes of NSRF research reached **187,956 people**



5,574 people directly engaged with the content



The top NSRF tweet in 2018 was in relation to the **13 Reasons Why season 2 series**

Structure, Governance and Management of the National Suicide Research Foundation

The National Suicide Research Foundation is constituted as a company limited by guarantee (Company Number 224676) as set out under the Companies Act 2014. Its purpose and objects and how it conducts its business are set out in its Constitution which is posted on its website www.nsrp.ie under the About Us section and is publicly available from the Companies Registration Office website www.cro.ie and also the Charities Regulatory Authority website www.charitiesregulator.ie. The Registered Charity Number is 20030889 and the Charity Tax Number is CHY11351.

The National Suicide Research Foundation was initially established in 1994 as the Suicide Research Foundation Limited. Permission was subsequently granted, in 1997, by the Companies Registration Office to dispense with the word Limited in the title of the company and in 2001, the Registrar of Business Names granted permission to use the name of National Suicide Research Foundation.

Board of Directors

The National Suicide Research Foundation is governed by a Board of Directors with a minimum number of 5 and a maximum number of 11 people. The Board meets at least five times each year. Each Director's term of office is three years. A Chairperson is elected by the Board of Directors whose term of office is also three years. At each Annual General Meeting one third of the Directors elected from the membership retire by rotation and may be eligible for re-election. The process for nominations and voting is laid out in the Election Rules document which is posted on the website and made available to all Members.

Policies and Procedures for the Induction and Training of Board Members

All new Directors receive a Board Induction Folder on appointment. This contains the following documentation: a Board Handbook, the Board-member Code of Conduct, the NSRF Governing Documents, the Strategic Plan, Board Minutes from the previous 12 months, Reports of the Chief Executive Officer from previous 12 months, the annual Budget and other relevant documentation. Board Members also get complete information on how the NSRF demonstrates its full compliance with the Governance Code. The Chief Executive Officer schedules a 2-hour Induction Meeting with each new Director in the first month following appointment, at which a sub-set of information customised for each new member is made available.

Board Subgroups

The National Suicide Research Foundation has three Standing Board Sub-committees, namely:

- 1) Operations Sub-committee (with responsibility for the development of Policies & Procedures for approval by the Board of Directors and Human Resources relating to staff members with salaries not exceeding €40,000)
- 2) Research Advisory Sub-committee
- 3) Audit, Finance and Risk Management Sub-committee.

Organisational Structure and how decisions are made

The NSRF's main office is in Cork and staff members are based in Cork or in locations throughout the country. The team is led by the Chief Executive Officer, the Head of Research and the Chief Scientist who report to the Board.

Certain decisions are reserved for the Board and include:

- The Company's strategic plans and annual operating Budgets
- Projects outside the scope of the strategic plan
- Business acquisitions and disposals
- Litigation
- Appointment/Removal of Subgroup Chairs and Members
- Appointment/Removal of the Chief Executive Officer, the Head of Research, Chief Scientist
- Appointment/Removal of Auditors in accordance with decision taken by Company Members at the Annual General Meeting
- Approval of Borrowing/Finance Facilities
- Approval of all new staff positions
- Approval of Contracts exceeding €40,000 per annum and associated human resource issues for such staff members
- Annual Review of Risk and Internal Control
- Approval of policies and procedures and Board nominations.

Although ultimate responsibility for the governance of the NSRF rests with the Board of Directors, certain duties and responsibilities are delegated from the Board to the Chief Executive Officer, the Head of Research and the Chief Scientist and through them to the members of the staff team. These duties include implementation of the strategic plan; leading and managing the NSRF's staff members, programmes, projects, finances and all other administrative aspects so that the NSRF's on-going mission, vision, and strategies are fulfilled within the context of the NSRF's values as approved by the Board of Directors.

The Chief Executive Officer is responsible for preparing materials for Board consideration and for preparing materials for any strategic planning process.

When the NSRF agrees to co-operate formally with other organisations on specific projects or in specific work areas, the agreements are determined by a Memorandum of Understanding/Service Arrangement or a form of written agreement which is approved by the Board of Directors.

Internal Controls

The NSRF conducts an annual Risk Review process that is assessed in detail by the Audit, Finance and Risk Management subgroup with senior management and ultimately reviewed and signed off by the Board of Directors. This process involves identification of the major risks to which the NSRF is exposed, an assessment of their impact and likelihood of happening and risk mitigation actions for each.

The quarterly report of the Operations Subcommittee to the board contains a section on risk analysis updating the board regarding the status of the most acute risks to the NSRF and this is reviewed at each meeting of the Board of Directors.

Transparency and Public Accountability

The Board believes that the NSRF and all organisations with charitable status must be fully accountable to the general public, providing detailed information on where its funds come from and on what they are spent. The NSRF's annual Financial Statements when approved by the Board of Directors are submitted to the Companies Registration Office and are published on the website www.nsrfl.ie, under the About Us section.

Principles of Good Governance

We, the Executive Committee of National Suicide Research Foundation commit to:

Principle 1. Leading our organisation.

We do this by:

- 1.1 Agreeing our vision, purpose and values and making sure that they remain relevant;
- 1.2 Developing, resourcing, monitoring and evaluating a plan to make sure that our organisation achieves its stated purpose;
- 1.3 Managing, supporting and holding to account staff, volunteers and all who act on behalf of the organisation.

Principle 2. Exercising control over our organisation.

We do this by:

- 2.1 Identifying and complying with all relevant legal and regulatory requirements;
- 2.2 Making sure there are appropriate internal financial and management controls;
- 2.3 Identifying major risks for our organisation and deciding ways of managing the risks.

Principle 3. Being transparent and accountable.

We do this by:

- 3.1 Identifying those who have a legitimate interest in the work of our organisation (stakeholders) and making sure there is regular and effective communication with them about our organisation;
- 3.2 Responding to stakeholders' questions or views about the work of our organisation and how we run it;

- 3.3 Encouraging and enabling the engagement of those who benefit from our organisation in the planning and decision-making of the organisation.

Principle 4. Working effectively.

We do this by:

- 4.1 Making sure that our governing body, individual board members, committees, staff and volunteers understand their: role, legal duties, and delegated responsibility for decision-making;
- 4.2 Making sure that as a board we exercise our collective responsibility through board meetings that are efficient and effective;
- 4.3 Making sure that there is suitable board recruitment, development and retirement processes in place.

Principle 5. Behaving with integrity.

We do this by:

- 5.1 Being honest, fair and independent;
- 5.2 Understanding, declaring and managing conflicts of interest and conflicts of loyalties;
- 5.3 Protecting and promoting our organisation's reputation.

We confirm that our organisation is committed to the standards outlined in these principles. We commit to reviewing our organisational practice against the recommended actions for each principle every year.

Margaret Kelleher

Chairperson of Board

Date: 13/09/2017

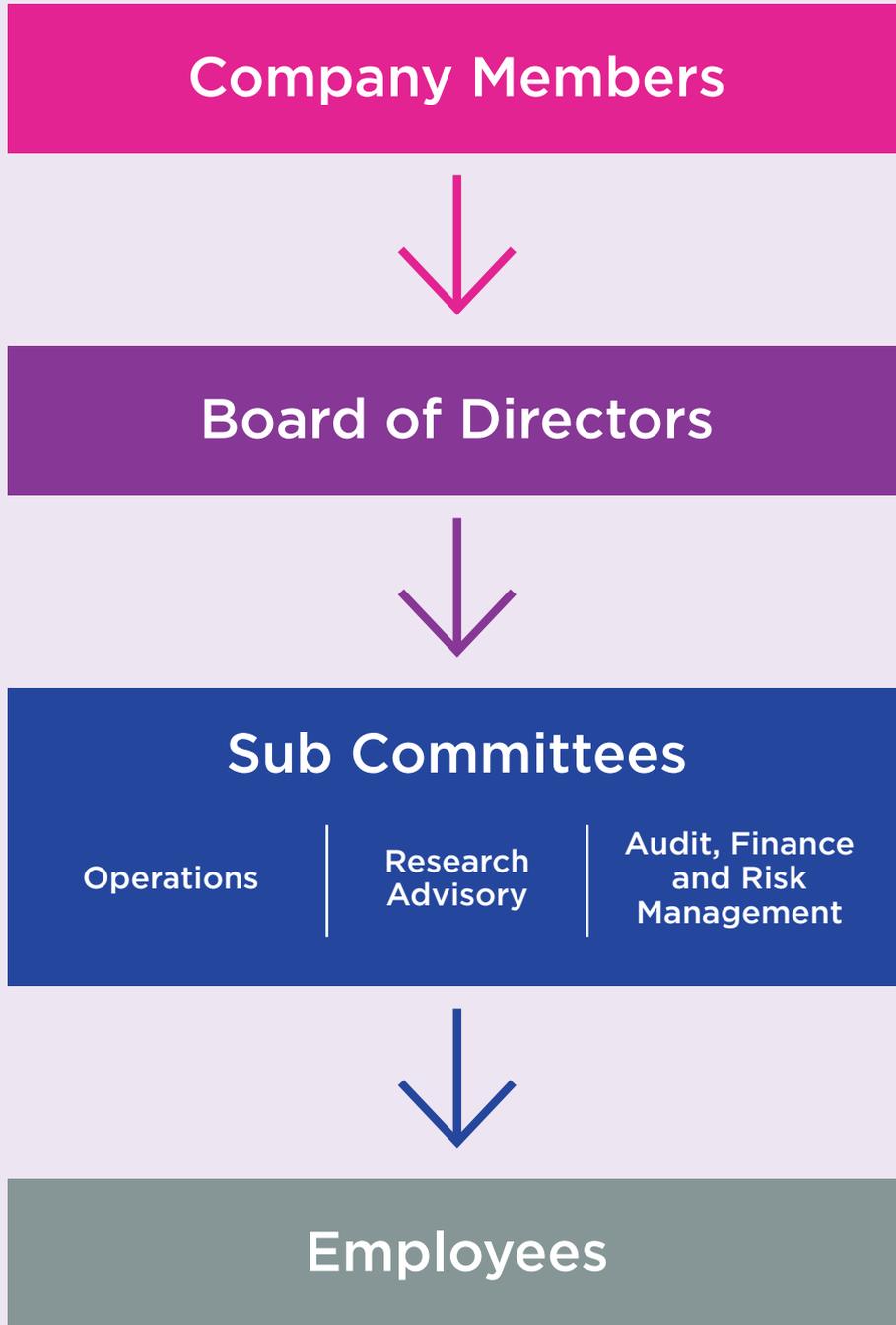
Eileen Williamson

Secretary of the Board

Date: 13/09/2017

Signed by Dr Margaret Kelleher and Eileen Williamson in the presence of, and on behalf of, the Board of Directors of the National Suicide Research Foundation.

Governance Structure



Company Members

Mrs Patricia Behan

Founder, Suicide Aware Ireland

Professor Colin Bradley

Head, Department of General Practice, University College Cork

Bishop John Buckley

Catholic Bishop, Cork & Ross

Professor Patricia Casey

Professor of Psychiatry, University College Dublin
Consultant Psychiatrist, Mater Misericordiae University Hospital, Dublin

Professor Eugene Cassidy

Consultant Liaison Psychiatrist, Cork University Hospital
Clinical Professor, University College Cork

Bishop Paul Colton

Anglican Church of Ireland
Bishop, Cork Cloyne and Ross

Mr Dave Drohan

Former Public Servant, HSE South

Dr Birgit Greiner

Senior Lecturer, School of Public Health, University College Cork

Mr Bertie Kelleher

Retired Principal, Colaiste an Spiorad Naomh, Cork

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy

Director, Transaction Advisory Services, EY, Cork

Mr Barry McGale

Former Suicide Liaison Officer, Western Health & Social Care Trust, Derry Northern Ireland

Mr Tom O'Dwyer

Former Programme Manager
Community Care, HSE South

Mr Mike O'Sullivan

(resigned February 2019)
CEO Nano Nagle Place Cork

Board of Directors

Professor Eugene Cassidy

Consultant Liaison Psychiatrist, Cork University Hospital
Clinical Professor, University College Cork

Mr Dave Drohan

Former Public Servant, HSE South

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy (Chairman)

Director, Transaction Advisory Services, EY, Cork

Mr Barry McGale

Former Suicide Liaison Officer, Western Health & Social Care Trust, Derry Northern Ireland

Mr Mike O'Sullivan

(resigned February 2019)
CEO Nano Nagle Place Cork

Personnel in 2018

NOSP Funding

Ms Eileen Williamson

Chief Executive Officer

Dr Paul Corcoran

Head of Research

Dr Eve Griffin

Manager, National Self-Harm Registry Ireland
Research Fellow

Mr Niall McTernan

Senior Research Officer
Data Manager, National Self-Harm Registry Ireland

Mr Tiernan Hourihan

Research Support Officer, IT
(resigned May 2018)

Ms Caroline Daly

PhD Scholar
Research Officer International Association for Suicide Prevention

Dr Christina Dillon

Statistical Epidemiologist, National Self-Harm Registry Ireland
Post-Doctoral Researcher
(Resigned October 2018)

Mr Leon Fan

Research Support Officer, IT

Ms Sarah O'Meara

Research Support Officer

Ms Grace Cully

Research Officer

Ms Ailbhe Spillane

SPHeRE HRB Scholar

Mr Christian Gould

Operations Manager
(Resigned May 2018)

Ms Emer McEvoy

Operations Manager

Ms Eileen Hegarty

Operations Manager
(Finance)

RCSI/HRB

Dr Elaine Mc Mahon

Research Fellow

Donegal Project

Dr Colette Corry

Senior Research Officer

WHO Project

Ms Fenella Ryan

Research Officer
(Resigned December 2018)

HRB Research Leaders Award Funding

Professor Ella Arensman

Research Professor,
Chief Scientist

Ms Karen Mulcahy

Research Administrator

Dr Dorothy Leahy

Post Doctoral Researcher
(Resigned April 2018)

Dr Ana Paula Ramos Costa

Post-Doctoral Researcher

Ms Grace Cully

PhD Scholar

Ms Ruth Benson

PhD Scholar

Ms Sarah O'Meara

Research Support Officer

National Dialectical Behaviour Therapy Project

Dr Mary Joyce

Project Co-Ordinator

Dr Ailbhe Spillane

Project Co-Ordinator
(Maternity Cover)

Mr Conal Wrigley

Senior Research Officer

Ms Justina Hurley

Senior Research Officer

Ms Louise Dunne

Administrator

Mr Conall Gillespie

Research Officer
(Resigned June 2018)

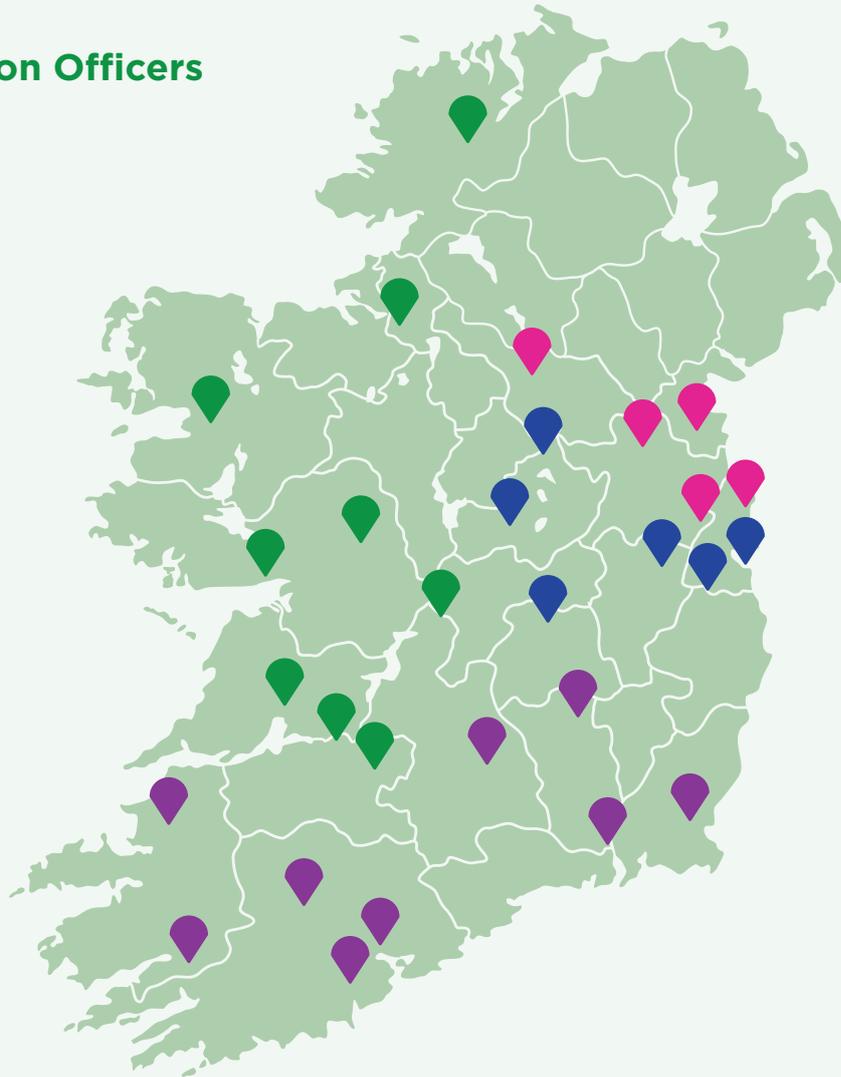
Ms Aoife Hayes

Research Officer
(Resigned May 2018)

Ms Edel Gallagher

Research Officer

Data Registration Officers



HSE West Region

Eileen Quinn

Letterkenny General Hospital

Mary Nix

Mayo General Hospital/Portiuncula Hospital Ballinasloe/
Galway University Hospital

Catherine Murphy

University Hospital Limerick/Ennis Hospital/Nenagh
Hospital/St. John's Hospital, Limerick

Ailish Melia

Sligo Regional Hospital

HSE South Region

Karen Twomey

University Hospital, Kerry

Tricia Shannon

University Hospital Wexford/Wexford General Hospital/
St. Luke's Hospital, Kilkenny

Una Walsh & Ursula Burke

Bantry General Hospital, Cork University Hospital, Mallow
General Hospital, Mercy University Hospital, Cork

HSE Dublin/North East Region

Agnieszka Biedrycka & James McGuiggan

Mater Misericordiae University Hospital, Dublin

Alan Boon

Beaumont Hospital/Connolly Hospital, Blanchardstown/
Childrens University Hospital, Temple Street Children's
Hospital

Rita Cullivan

Cavan General Hospital/ Our Lady of Lourdes Hospital,
Drogheda/Our Lady's Hospital, Navan

HSE Dublin/Midlands Region

Liisa Aula

St. Columille's Hospital, Loughlinstown/St. Michael's
Hospital, Dublin

Edel McCarra & Sarah McMahon

Our Lady's Children's Hospital, Crumlin.

Diarmuid O'Connor

Midland Regional Hospital, Mullingar/Naas General
Hospital, Midland Regional Hospital, Portlaoise
Midland Regional Hospital Tullamore/Adelaide and Meath
Hospital, Tallaght/National Children's Hospital, Tallaght

Laura Shehan

St James' Hospital

World Health Organisation Collaborating Centre for Surveillance and Research in Suicide Prevention

In December 2015, the National Suicide Research Foundation was designated as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention. The remit of WHO Collaborating centres is to conduct research and evaluation, and provide technical guidance to the WHO. The aim is to enhance countries' capacity to develop and implement national policies and plans in line with the 2013–2020 global mental health action plan. Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health service are stated WHO outputs.

Project Aims:

1. Development and implementation of surveillance systems of suicide and suicide attempts.
2. Implementation and evaluation of national suicide prevention programmes.
3. Training and education in suicide and suicide attempt surveillance, research and prevention.
4. Increasing awareness of suicide prevention among governments, stakeholders and the general public.
5. Providing advice and sharing resources in suicide research and prevention with countries globally.

Work plan:

In 2017/2018, the NSRF evaluated and provided guidance to National Suicide Prevention plans in Iran and Namibia. In addition, the NSRF facilitated workshops and presentations in Namibia and Luxembourg. Professor Ella Arensman has also provided expert input into WHO resources such as the community engagement toolkit launched in August 2018.

Project Deliverables:

World Health Organisation Evaluation of National Suicide Prevention and Suicide Registration Programs in Iran (January 2017)

The NSRF was commissioned by The WHO Regional Office for the Eastern Mediterranean Region, the WHO Country Office in Iran, and the Ministry of Health and Medical Education in Iran, to conduct an evaluation of the national suicide prevention and suicide registration programs in Iran.

Since 2009, a national registry system for suicide and attempted suicide has been established involving 42 universities of medical science and covering 83.6% of the country's population based on the districts included in the provinces. Data on non-fatal suicide attempts is obtained from general hospitals that report their data to the universities of medical science.

Recommendations included enhancing the standard operating procedures for surveillance of suicide attempts (self-harm) at national level, including guidance on data collection, case ascertainment, data items and analysis, in accordance with the WHO guidelines (WHO, 2016), which are based on the National Self-Harm Registry Ireland.

World Health Organisation sub regional workshop on suicide prevention, Windhoek, Namibia (May 2017)

Along with a representative from the Department of Mental Health and Substance Abuse at WHO, the NSRF co-facilitated a workshop in Namibia on:

- The process of developing suicide prevention strategies and programmes
- The process of establishing a hospital-based suicide attempt / self-harm surveillance system based on the template of the National Self-Harm Registry Ireland
- Evidence-based interventions in the African context.

Participants from Ghana, Namibia, Mozambique, Uganda, Kenya, Zambia, Zimbabwe, South Africa and Tanzania were in attendance. (Please see overleaf).

Luxembourg Ministry of Health Suicide Attempts Prevention Conference (November 2017)

The NSRF were invited to present at a conference on suicide attempts prevention in Luxembourg. Professor Ella Arensman delivered a presentation entitled 'WHO Guidelines for establishing and maintaining surveillance for suicide attempts and self-harm at global level', based on the National Self-Harm Registry Ireland. Supported by the Ministry of Health in Luxembourg, a national surveillance system for hospital treated self-harm, based on the WHO guidelines and NSHRI, will be implemented in Luxembourg.

Preventing Suicide: A Community engagement toolkit' (August 2018)

The NSRF contributed to the published document from the World Health Organisation 'Preventing Suicide: A Community engagement toolkit'. The aim of the booklet was to highlight the important role communities play in preventing suicide and provides guidance for community engagement.

Personnel Involved:

Professor Ella Arensman, Ms Eileen Williamson

Development of the 2nd National Strategic Action Plan for The Ministry of Health and Social Services and World Health Organisation in Namibia

Study Overview:

The World Health Organisation (WHO) Country Office, led by Dr Charles Sagoe-Moses, and the Ministry of Health and Social Services (MoHSS) in Namibia, represented by Dr Rene Adams, commissioned the development of the 2nd National Suicide Prevention Strategy in Namibia. The drafting of the 2nd National Strategic Action Plan for Suicide Prevention forms a core component of the strategy.

As part of its designation as a WHO Collaboration Centre, the WHO Office for Mental Health and Substance Abuse requested the involvement of the National Suicide Research Foundation.

Namibia regards suicide as a serious public health concern and is amongst the few countries in the WHO AFRO region with a National Suicide Prevention Strategy. At the conclusion of the National Strategic Plan on Prevention of Suicide in Namibia 2012-2016, the country under the leadership of the Ministry of Health and Social Services conducted a National Study on the Prevalence of and Interventions in Relation to Suicide. The overall goal of the study was to assess the prevalence, causes and precipitating factors of suicide, and to make recommendations for effective preventative programmes to reduce the incidence of suicide in Namibia.

The Ministry also established multi-sectoral national coordination mechanisms for suicide prevention to support the implementation of the recommendations from the study. In advancing its commitment to suicide prevention, a 2nd national suicide prevention strategy is being envisaged which will be guided by the findings of the first a National Study on the Prevalence of and Interventions in Relation to Suicide in Namibia, as well as global best practices and guidelines for suicide prevention.

Project Aims:

The aims of the project were to a) review of the National Study on the Prevalence of and Interventions in Relation to Suicide and other literature on suicide locally and globally, b) facilitate the stakeholder consultation workshop for the drafting of this Strategic Plan, and c) to draft the 2nd National Strategic Plan on Suicide Prevention in Namibia.

Work Plan 2018-2019:

The proposed project involved accessing multiple sources, including the outcomes of a review of national and international research, outcomes of the consultations with relevant stakeholders in Namibia, site visits and a consensus workshop, which were conducted between 22nd – 25th October 2018.

Progress meetings (by telephone or Skype) were held with members of the Task Force for the development of the 2nd National Strategic Action Plan for Suicide Prevention in Namibia between August 2018 and February 2019.

Project Deliverables 2018 -2019:

1. Literature review completed (August 2018)
2. Consultation meetings, interviews with stakeholders and site visits completed (October 2018)
3. Report on outcomes consultation meetings completed (November 2018)
4. Draft 2nd National Strategic Action Plan for Suicide Prevention in Namibia completed (January 2019)
5. Penultimate draft of the Action Plan completed (April 2019).

Personnel Involved:

Professor Ella Arensman, Ms Caroline Daly and Ms Eunice Philip

WHO Commissioned Work

E-Learning Programme for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm

Study Overview:

The WHO's report "Preventing suicide: a global imperative" published in 2014, identified a need for many countries to have guidance on the surveillance of suicide attempts presenting to general hospitals. Currently, the number of countries that have established a surveillance system for suicide attempts is limited, and comparison between established systems is often hindered by differences between systems.

Each year, close to 800,000 people die due to suicide, and for each suicide, there are likely to have been more than 20 suicide attempts. Having engaged in one or more acts of attempted suicide or self-harm is the single most important predictor of death by suicide. Consequently, long-term monitoring of the incidence, demographic patterns and methods involved in cases of attempted suicide and self-harm presenting at hospitals in a country or region provides important information that can assist in the development of suicide prevention strategies.

In 2018, the WHO commissioned the NSRF and the WHO Collaborating Centre for Surveillance and Research in Suicide Prevention (WHOCC) to develop an E-Learning Programme, based on the WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm (WHO, 2016).

Project Aims:

The aims of the E-Learning programme are to facilitate surveillance of suicide attempts and self-harm at global level and to improve the accuracy of hospital based suicide attempts and self-harm.

Work Plan 2018-2019:

In 2018, the NSRF and WHOCC, in collaboration with the Department of Mental Health and Substance Abuse of the World Health Organization (WHO), produced the E-Learning programme, based on the WHO Practice Manual. The work involved preparing different modules, including a training module with additional test vignettes.

It was required for the programme to facilitate training and capacity building in places where face-to-face training can be challenging.

Project Deliverables 2018-2019:

1. Outline of the E-Learning programme approved by WHO (September 2018)
2. Additional test vignettes completed (October, 2018)
3. Draft modules completed (November, 2018)
4. Website constructed and modules uploaded (December, 2018)
5. Modules approved by WHO (January, 2018)
6. E-Learning programme launched (February, 2019)

Personnel Involved:

Professor Ella Arensman, Ms Fenella Ryan, Mr Leon Fan

Surveillance Systems

National Self-Harm Registry Ireland

The National Self-Harm Registry Ireland is a national system of population monitoring for the occurrence of self-harm. The Registry collects data based on persons presenting to hospital emergency departments as a result of an episode of self-harm, as defined by the Registry. As of 2006 the Registry has obtained full coverage of all general and paediatric hospital emergency departments in the Republic of Ireland. The annual reports of the registry can be accessed at www.nsrif.ie/reports

The Registry Aims:

- To establish the extent and nature of hospital-treated self-harm in Ireland.
- To monitor trends over time and by area.
- To contribute to policy and development in the area of suicidal behaviour.
- To help the progress of research and prevention.

Personnel Involved:

Head of Registry: Dr Paul Corcoran

Registry Manager: Dr Eve Griffin

Personnel Involved: Professor Ella Arensman, Eileen Williamson, Niall McTernan, Sarah O'Meara, Conal Wrigley, Leon Fan

Data Registration Officers: Liisa Aula, Agnieszka Biedrycka, Alan Boon, Ursula Burke, Rita Cullivan, Sarah MacMahon, Edel McCarra, James McGuigan, Ailish Melia, Mary Nix, Catherine Murphy, Diarmuid O'Connor, Eileen Quinn, Tricia Shannon, Laura Shehan, Karen Twomey, Una Walsh.

Articles:

- Griffin E, McMahon E, McNicholas F, Corcoran P, Perry IJ, Arensman E. Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007-2016. *Social Psychiatry and Psychiatric Epidemiology* 53: 663-671
- Barrett P, Griffin E, Corcoran P, O'Mahony MT, Arensman E. Self-harm among the homeless population in Ireland: A national registry based study of incidence and associated factors. *Journal of Affective Disorders*. 229: 523 -531

- Daly C, Griffin E, Ashcroft DM, Webb RT, Perry IJ, Arensman E. Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study. *European Journal of Public Health* Vol 28, Issue 4: 681-686
- Arensman E, Griffin E, Daly C, Corcoran P, Cassidy E, Perry IJ. Recommended next care following hospital treated self-harm: Patterns and trends overtime. *PLoS ONE* 13:3.

Reports:

- National Self-Harm Registry Ireland Interim Report 2017. Feb 2018
- National Office for Suicide Prevention Annual Report 2017. Sept 2018
- Griffin E, Dillon CB, McTernan N, Arensman E Williamson E, Perry IJ, Corcoran P. National Self-Harm Registry Ireland Annual Report 2017
- Griffin E, Cully G, Corcoran P, Kelly ET, Hume S and O'Reilly D (2018) Self-harm in Irish Prisons 2017: First report from the Self-Harm Assessment and Data Analysis (SADA) Project. The Irish Prison Service
- Griffin E, Arensman E, Perry I.J, Bonner B., O'Hagan D, Daly C., Corcoran P. The Involvement of Alcohol in Hospital-Treated Self-harm and Associated Factors - Findings from Two National Registries. *National Institute of Health Sciences Research Bulletin*, Volume 8, Issue 1, Spring 2018.

Oral/ poster communications:

Oral presentations

- Cully G, et al. 'Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry.' Public Health Summer Scientific, Dublin, 30th-31st May 2018.
- Corcoran P, Griffin E, Hawton K. Multicentre and national studies of hospital-treated self-harm: Their value for national policies on self-harm. Symposium at ESSSB 17, Ghent, 5th-8th September 2018.
- Corcoran P, et al. 'The National Self-Harm Registry Ireland: Selected findings and impacts on policy'. ESSSB 17, Ghent, 5th-8th September 2018.

- Cully G, et al. 'Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry.' ESSSB 17, Ghent, 5th-8th September 2018.
- Daly C, et al. 'Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study'. ESSSB 17, Ghent, 5th-8th September 2018.
- Griffin E, et al. 'The association between self-harm and area-level characteristics in Northern Ireland: An ecological study'. ESSSB 17, Ghent, 5th-8th September 2018.
- Griffin E, et al. 'National Self-Harm Registry Ireland Annual Report 2017'. NOSP/NSRF Annual Report Launch, Dublin, 4th October 2018.
- Griffin E, et al. 'National Self-Harm Registry Ireland'. Connecting for Life Cross-Sectoral Meeting, Dublin, 11th October 2018.
- Corcoran P, et al. 'Release of 13 Reasons Why and hospital-presenting self-harm in Ireland'. The role of the media in suicide prevention, suicide clustering and contagion. Lancet Psychiatry Symposium, Oxford, 31st October 2018.
- Corcoran P, et al. 'Release of 13 Reasons Why and hospital-presenting self-harm in Ireland'. The Social Pathologies of Contemporary Civilisation Conference, UCC, 2nd November 2018.
- Griffin E, et al. 'Self-harm in children, adolescents and young people: A ten-year study'. The Social Pathologies of Contemporary Civilisation Conference, UCC, 2nd November 2018.
- Griffin, E. 'Self-harm and opportunities for prevention: Population-based approaches'. Joint Public Health Annual Conference: Early Intervention for Life. Belfast, 8th November 2018.
- Daly C, Griffin E, Ashcroft D, Webb R, Perry IJ, Arensman E. Multiple drug intentional overdose: An examination of national self-harm surveillance data. ESSSB 17, Ghent, 5th-8th September 2018.
- Daly C, Griffin E, Ashcroft D, Webb R, Perry IJ, Arensman E. Growing use of Gabapentinoids in Intentional Drug Overdose. ESSSB 17, Ghent, 5th-8th September 2018.
- Cully G, et al. 'Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry.' Public Health Summer Scientific, Dublin, 30th-31st May 2018.

Meetings:

- Meeting of Data Registration Officers, University College Cork, 22nd February 2018
- Meeting of Data Registration Officers, University College Cork, 10th May 2018
- Meeting of Data Registration Officers (joint meeting with Northern Ireland Self-Harm Registry), Naas, 17th-18th October 2018.

Poster presentations

- Griffin E, Bonner B, O'Hagan D, Corcoran P. A registry-based study of self-harm and ideation presenters to hospital in Northern Ireland: Two populations or one? Lancet Public Health Conference, Belfast, 23rd November 2018.



2018 findings at a glance

2018 Statistics at a Glance

Presentations
12,588

Persons
9,785



Rates in young people aged 10-24 years increased by 29% between 2007-2018

RATES:

210
per 100,000

1 in every 476
had a self-harm act

Male: 20-24 year-olds
(543 per 100,000)

1 in every 184

Female: 15-19 year-olds
(766 per 100,000)

1 in every 131

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time



11pm



3am

7pm

Almost **half (44%)** of presentations were made between 7pm-3am



Monday, Tuesday and Sunday had the highest number of self-harm presentations

METHOD:

2 in every 3 involved **overdose**



3 in every 10 involved **alcohol**



Men



Women

3 in every 10 involved **self-cutting**



TREATMENT:



72% received an assessment in the ED



79% received a follow-up recommendation after discharge



13% left ED before a recommendation was made

1 in 7

persons had a repeat attendance in 2018



Review of the National Self-Harm Registry Ireland (February 2018)

The HSE National Office for Suicide Prevention (NSOP) commissioned a review of the National Self-Harm Registry Ireland (NSHRI) in September 2017 as part of Connecting for Life (CfL) strategic objective “to improve access to timely and high quality data on suicide and self-harm (CfL 7.2)”. The review was conducted by Professor David Gunnell and Mr Jon Hallett, University of Bristol.

Key Findings include:

- > The NSHRI data and reports are valued by practitioners and policy makers throughout Ireland. Registry data are key to monitoring aspects of Ireland’s National Strategy to Reduce Suicide (2015-2020) – Connecting for Life (CfL).
- > NSHRI data have shone a light on the problem of hospital presenting self-harm in Ireland, leading to a number of national programmes, most notably the National Clinical Programme for the assessment and management of patients presenting to the Emergency Department following Self-Harm (NCP) and the National Dialectical Behaviour Therapy (DBT) service.
- > Elements of the NSHRI data collection processes and IT are now somewhat dated and the NSHRI team are not closely linked in with the hospitals where data are collected. Variations in approaches to data collection and the quality of data between hospitals mean that some apparent differences between areas/hospitals in the incidence, management and risk factors for self-harm are likely to be biased.
- > Procedures for data collection need reviewing and updating, and the data collection application needs replacing. The NSHRI team needs to work more closely with local clinicians to improve data quality, feedback findings from NSHRI and ensure appropriate governance / ethical approvals are in place.
- > There has been a suggestion that data collected by the National Clinical Programme (NCP) for self-harm may render the NSHRI redundant. In our assessment, the completeness, depth and breadth of NSHRI data are stronger than the NCP data, but would be further strengthened by the inclusion of some core data on NCP referrals and aftercare.
- > The costs of the NSHRI appear to be reasonable compared to those of two major UK-based registries.
- > The NSHRI has produced 2-6 peer-reviewed research outputs per year since 2013; however, NSHRI data are under-used for evaluating Ireland’s major suicide / self-harm prevention initiatives.

Key recommendations include:

Integration and expansion of Registry

- > A single shared data collection system between the Registry and National Clinical Programme (NCP), led by Registry team
- > Each hospital should have named clinical and medical records leads. Medical record lead should have responsibility for facilitating data collection (space, IT access, etc.). Clinical lead should have oversight of governance and ethical approvals.

Data protection and IT-related Issues

- > Assess the impact of the GDPR on the Registry.
- > Commission an audit of the information security of the NSHRI and its processes against best-practice standards.
- > The NSRF should replace the current data collection application with one that can be maintained for foreseeable future.

Data quality and assurance

- > Comparison of Hospital In-Patient Enquiry System (HIPE), National Clinical Programme (NCP) and Registry data
- > Training of coding presentations involving self-harm for hospital administrative staff and clinical staff
- > Differences between centres in data completeness should be reviewed.

Ongoing research

- > Research programme should focus more on evaluating impact and effectiveness of HSE initiatives, including NCP, National DBT Project and SCAN Service.
- > To improve relevance of Registry’s research programme and connectedness with services a regular (e.g. annual) meeting between Registry lead, NCP Lead, NOSP lead, SCAN nurse lead and Liaison Psychiatry lead might be helpful.

Specific to data collection

- > Review data retrieval, transcription and excel entry procedures
- > Standardised form for transcribing from paper records
- > Ensure laptops are up-to-date.

Statistical Analysis and Independent Verification of Northern Ireland Registry of Self-harm

The Northern Ireland Registry of Self-harm was established by the Public Health Agency. In 2012 the Self-Harm Registry initiative was extended to all 12 acute hospitals in Northern Ireland, as part of the action plan to address self-harm and suicide prevention under the Protect Life Strategy. The regional introduction of the Registry followed an initial piloting of the service in the Western Health and Social Care Trust from 2007 to 2012. The National Suicide Research Foundation provides statistical analysis, support and independent verification of data recorded by the Northern Ireland Registry of Self-harm.

NSRF Personnel:

Dr Eve Griffin, Dr Christina Dillon, Ms Grace Cully, Dr Paul Corcoran.

Project Deliverables:

1. Data from Q2 (Jun-Aug) 2017/18 to Q1 (Apr-Jun) 2018/19 were processed for Department of Health, Social Services and Public Safety (DHSSPS) summary reports in 2018. These reports are published for Northern Ireland and each HSCT on a quarterly basis.
2. Full-year summary reports for 2017/18 published.
3. A total of 29 data requests were prepared in 2018.

Articles published:

- Griffin E, Bonner B, O'Hagan D, Corcoran P (2018). Self-harm and suicide ideation presentations to hospitals in Northern Ireland: A registry-based study. Lancet Meeting Abstracts. November 2018.
- Griffin E, Arensman E, Perry I.J, Bonner B., O'Hagan D, Daly C., Corcoran P. The Involvement of Alcohol in Hospital-Treated Self-harm and Associated Factors - Findings from Two National Registries. National Institute of Health Sciences Research Bulletin, Volume 8, Issue 1, Spring 2018.

Oral/ poster communications:

- Griffin E et al. The association between self-harm and area-level characteristics in Northern Ireland: An ecological study. Oral presentation. 17th European Symposium on Suicide and Suicidal Behaviour. Ghent, 5-8th September 2018.
- Bonner B, and Griffin E. Early intervention, prevention and treatment of self-harm. Joint Public Health Annual Conference. Workshop. Belfast, 8th November 2018.
- Griffin E. Self-harm and opportunities for prevention: Population-based approaches. Joint Public Health Annual Conference. Oral presentation. Belfast, 8th November 2018.
- Griffin E, Bonner B, O'Hagan D, Corcoran P. Self-harm and suicide ideation presentations to hospital in Northern Ireland: A registry-based study. Poster presentation. Lancet Public Health Conference. Belfast, 23rd November 2018.

Meetings:

- Performance review meeting. Dublin, 5th June 2018.
- Regional Steering Group Meeting. 25th June 2018.
- Meeting of Data Registration Officers (joint meeting with National Self-Harm Registry Ireland), Naas, 17th-18th October 2018.

Improving Surveillance and Monitoring of Self-Harm in Irish Prisons: The Self-Harm Assessment and Data Analysis (SADA) Project

Study Overview:

As part of its role in Connecting for Life, Ireland's National Suicide Prevention Strategy, The Irish Prison Service has committed to reviewing, analysing and learning from each episode of self-harm within the prison estate. The SADA project provides robust information relating to the incidence and profile of self-harm within prison settings, identifies individual- and context-specific risk factors relating to self-harm, as well as examining patterns of repeat self-harm. Such information can be used as an evidence base to inform the identification and management of prisoners who engage in or who are at-risk for self-harm, and to develop effective prevention initiatives. Findings from this project are disseminated back to the Irish Prison Service National Suicide and Harm Prevention Steering Group (NSHPG) on a quarterly basis.

This project is supported by the National Office for Suicide Prevention, and the National Suicide Research Foundation (NSRF) co-ordinate the data management, data analysis and reporting of findings from the SADA Project.

Project Aims:

1. To collate, enter and analyse data from the Irish Prison Service's Self-Harm/Suicide Surveillance & Monitoring System (lead by NSRF).
2. To undertake a case-study to understand and document the design and implementation of the Self-Harm/Suicide Surveillance and Monitoring system (lead by NOSP).

Work Plan:

From December 2016, data on each episode of self-harm has been recorded using the standardised SADA form by Irish Prison Service staff at regular meetings of multidisciplinary prison teams at local Suicide

and Harm Prevention meetings. The completed forms are then forwarded to the Care and Rehabilitation Directorate and subsequently transferred to the NSRF where they are recorded onto an encrypted computer in the NSRF. Data collection, which will continue into 2019, is conducted according to standard operating procedures outlined in the SADA manual which was updated and finalised October 2018. National and prison specific interim and annual reports were prepared and findings communicated with relevant IPS staff at National Suicide and Harm Prevention Steering Group Meetings. The 2017 Annual Report was launched in October 2018.

Project Deliverables:

1. Data collection for 2017 calendar year (August 2018)
2. Interim Report (December 2016 - August 2017) (February 2018)
3. Annual report (January 2017 - December 2017) (October 2018)
4. SADA manual published (October 2018)
5. Prison specific annual reports (October 2018).

Personnel Involved:

National Suicide Research Foundation: Dr Eve Griffin, Grace Cully, Dr Paul Corcoran
Irish Prison Service: Sarah Hume, Enda Kelly, Deirdre O'Reilly
National Office for Suicide Prevention: Dr Gemma Cox.

2017 findings at a glance

In Irish prisons in 2017...

223
episodes
of self-harm were recorded, involving
138 individuals

Rate
4 per 100
prisoners



Female rate
Female rate was
4 times higher

x4

3.1
per 100

Sentenced Prisoners

x2

7.4
per 100

Prisoners on Remand

Rate was x2 higher among prisoners on remand compared to sentenced prisoners

62%

62% involved self-harm by **sharp objects** (2 in every 3)

21%

21% involved **attempted hanging** (1 in every 5)

1 in 8
hospitalised



1 in 6
high suicidal intent

M T W T F S S

One in five episodes occurred on **Tuesdays**



Half of episodes occurred between **2pm and 8pm**



1 in 4
repeated self-harm in 2017

Contributory factors

58%

Mental health

36%

Environmental

38%

Relational

26%

Procedural

5%

Medical

Suicide Support and Information System

Project Overview:

The Suicide Support and Information System (SSIS) is a suicide surveillance system that was developed in 2008 to provide access to support for those bereaved by suicide, while also, collecting information on risk factors associated with suicide and deaths classified as open verdicts.

The SSIS aims to:

- Improve the support available to people bereaved by suicide
- Identify and better understand the causes of suicide
- better define the incidence and pattern of suicide in Ireland
- Identify and improve the response to clusters of suicide and murder-suicide e.g. (filicide-suicide and familicide)

A unique element of the SSIS is that it accesses multiple sources of information relating to consecutive cases of suicide and open verdicts upon completion of an inquest conducted by a coroner. The SSIS obtains information on all consecutive cases of suicide in the HSE Southern region from multiple sources including coroner's records, health care professionals and family informants using a psychological autopsy approach. The SSIS has been proven to effectively identify suicide clusters by accessing information from multiple sources and hence establishing direct and indirect relationships among suicide cluster cases.

Project Aims:

1. To improve the support available to people bereaved by suicide
2. To identify and better understand the causes of suicide
3. To identify and improve the response to clusters of suicide and murder-suicide e.g. (filicide-suicide and familicide)
4. To better define the incidence and pattern of suicide in Ireland
5. To identify persons who present for medical treatment following self-harm and who subsequently die by suicide.

Work Plan:

Specific objectives of the SSIS in 2018-2019 are to ensure the continuation of the SSIS and renewal of the ethical approval taking into consideration the General Data Protection Regulation (GDPR, 2018). In addition, further objectives relating to wider dissemination, implementation and exploitation of the SSIS approach was pursued, with the SSIS template being adopted by other regions and countries as well. In collaboration with the Centre for Geocomputation at Maynooth University, first geospatial analyses were conducted using the SSIS data.

Project Deliverables:

1. Paper based on SSIS data: 'The mental and physical health profile of people who died by suicide: findings from the Suicide Support and Information System', submitted to Psychological Medicine (March 2018)
2. Presented the SSIS enhanced psychological autopsy approach at the IASP Asia Pacific Conference, New Zealand (May 2018)
3. Updated SSIS data collection for North, South, East and West Cork (June 2018)
4. Obtained ethical approval for the continuation of the SSIS in Cork City and County (July 2018)
5. First geospatial analysis conducted on SSIS data (September 2018)
6. Surveillance workshop for AISRAP and stakeholders in Queensland, Australia (September 2018)
7. Provided template and Standard Operating Procedures of the SSIS for a Psychological Autopsy Study on Suicide in young people aged 10-19 years in The Netherlands (November 2018)
8. Evidence brief on locations in Cork City and County where people frequently die by suicide involving drowning for Connecting for Life Cork and Cork City Council (March 2019).

Personnel Involved:

Professor Ella Arensman, Dr Paul Corcoran, Ms Eileen Williamson, Ms Ruth Benson, Dr Dorothy Leahy, Dr Daniel Leahy, Ms Karen Mulcahy, Professor Jan Rigby, Professor Chris Brunson.

Suicide and Self-Harm Observatory

Study Overview:

This initiative stems from a need for real-time suicide data collection due to a delay in the availability of official suicide mortality statistics that are released approximately every two years by the Irish Central Statistics Office (CSO). The process of verification, registration and classification of sudden premature deaths (including deaths by suicide) in Ireland is often delayed due to the requirement of an inquest and the involvement of coroners, An Garda Síochána, registrars and pathologists. A reliance on mortality statistics published by the CSO two years after the calendar year in which they took place results in delays to reviews and modifications of suicide prevention plans. Having access to a real-time surveillance system which can be measured against CSO statistics may assist in the implementation of timely response and support plans, and the prevention of further cases of suicide and self-harm during this time period. This research builds on the Suicide Support and Information System (SSIS), which has been implemented and evaluated successfully in Cork City and County since September 2008.

Project Aims:

1. To ensure accuracy and reliability of reported suicide statistics
2. To facilitate early detection of emerging suicide contagion and clustering
3. To identify at risk groups and implement targeted intervention in a timely manner
4. To facilitate effective and timely support for families bereaved by the sudden death of a family member.

Work Plan:

The SSHO is currently in pilot phase in Cork City and County and will undergo a 6-month evaluation in June 2019, wherein recommendations will be made for the continuation of the SSHO.

Preparations are currently in place in additional CHO areas across Ireland, with the aim of wider implementation in 2019. This will require liaison with key stakeholders and the establishment of advisory panels in each county in order to guide and support the implementation of the SSHO, as well applications for ethical approval for the implementation of the SSHO within the respective counties to local ethics committees.

A collaborative paper based on Best Practice of real-time suicide surveillance is currently in draft with colleagues from Australia, New Zealand and the UK. It is anticipated that this paper will be submitted for publication in July 2019.

Project Deliverables:

1. Ethical approval granted (July 2018).
2. Data agreements developed and signed by data sources for the Suicide and Self-Harm Observatory (SSHO), the Health Service Executive CHO 4 and the Coroners for Cork City and County (September 2018).
3. 3 meetings of the Advisory Panel for the development of the SSHO in Cork (Feb, July, October 2018)
4. Establishment of an Advisory Panel for the implementation of the SSHO in Kerry (February 2018).
5. Preparations for establishment of an Advisory Panel for the implementation of the SSHO in Donegal (November 2018).
6. Implementation of the SSHO in Cork City and County, commencement of data collection (December 2018).
7. Presentation: The development of a Suicide and Self-Harm Observatory. 17th European Symposium on Suicide and Suicidal Behaviour. Ghent, September 2018.

Personnel Involved:

Professor Ella Arensman, Ms Ruth Benson, Professor Jan Rigby, Professor Chris Brunsdon, Dr Paul Corcoran, Mr Martin Ryan.

Studies

Individual and Ecological Factors Associated with Intentional Drug Overdose

Study Overview:

This research will inform legislation and recommendations for means restriction interventions related to suicidal behaviour. This study affects Goal 6 of Connecting for Life, Irelands National Strategy to Reduce Suicide in Ireland 2015-2020: To reduce and restrict access to means of suicidal behaviour, by informing goals 6.1: To reduce access to frequently used drugs in intentional drug overdose and 6.2: To reduce access to highly lethal methods used in suicidal behaviour.

Project Aims:

1. To examine the profile of persons engaging in IDO, detail drugs used and to quantify the contributions of alcohol involvement and multiple drug use
2. To describe the emerging use of a group of antiepileptic's known as gabapentinoids in IDO in Ireland; to describe the characteristics of fatal and non-fatal IDO
3. To establish which drug types are linked with greater risk of a fatal outcome
4. To describe trends in IDOs with psychotropic drugs and to explore the association between their use and prescribing patterns, and
5. To identify changes in clinical presentations predictive of method switching or escalation in patients with repeat self-harm following IDO.

Work Plan:

This research is being conducted as part of a PhD programme (2015-2019) in collaboration with the University of Manchester. This research will involve the use of data from the National Self-Harm Registry, Ireland. Additional data sources include data from the National Drug Related Death Index (Health Research Board) and the General Medical Services Scheme under the Primary Care Reimbursement Scheme. Other agencies involved in this work include The National Centre for Geocomputation, Department of Pharmacy, UCC and the Crisis Nurse Specialists within the HSE.

Project Deliverables:

1. Publication: Intentional Drug Overdose Involving Pregabalin and Gabapentin: Findings from the National Self-Harm Registry Ireland, 2007-2015. Clinical Drug Investigation (December 2017)
2. Publication: Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study. European Journal of Public Health (March 2018)
3. Publication: A national case fatality study of drugs taken in intentional overdose (May 2020)
4. Publication: Trends in psychotropic drugs used in intentional drug overdose relative to usage patterns in Ireland, 2007-2014 (September 2019)
5. Publication: Repeat Intentioned Drug Overdose in Young People (September 2019).

Personnel Involved:

PhD Researcher: Ms Caroline Daly

PhD Supervisors: Professor Ella Arensman, Dr Eve Griffin

Official advisors: Professor Ivan Perry (University College Cork), Professor Darren Ashcroft and Dr Roger Webb (University of Manchester).

Review of the Health Service Executive Suicide Crisis Assessment Nurse (HSE SCAN) Service

Study Overview:

Each year, there are approximately 11,500 presentations to hospital emergency departments as a result of self-harm, recorded by the National Self-Harm Registry Ireland (Griffin et al, 2018). However, internationally, there are indications that a considerable number of self-harm acts present to primary care settings, without further referral to hospital emergency departments (Carr et al, 2016). In Ireland, no reliable data are available on the prevalence of self-harm, suicidal ideation or related mental health problems presenting to primary care. The Health Service Executive Suicide Crisis Assessment Nurse (HSE SCAN) service was developed to link general practitioners (GPs) directly to a specialist mental health nurse so that individuals experiencing a suicidal crisis could be referred for prompt assessment. At present, there are 13 SCAN service nurses in operation nationally. In 2017, the NSRF were commissioned to conduct an evaluation of the service. The results from this project will estimate the prevalence of mental health-related referrals to and from the HSE SCAN Service and such data may inform recommendations regarding further development of the service. In particular, findings from this project will inform the statement of purpose for the service as well as the alignment of the service with that of the National Clinical Care Programme. The findings may identify potential improvements for the treatment of individuals at risk of suicidal behaviour. The findings will also raise awareness of the significance and range of mental health problems among the general population that presents to primary care services. Such findings may inform general population mental health promotion initiatives.

Project Aims:

1. To describe the operational structure of the SCAN service.
2. To review referrals made to services.

Work plan:

In mid-2018, information was gathered using a semi-structured survey of each SCAN service nurse so that the operational structure of the service can be described for each area where it is operating. Information was sought regarding current governance structure, availability of guidelines and protocols, access to supervision and peer support, accommodation and administrative support. From May to November 2018, anonymised data was obtained on referrals made to the HSE SCAN service during the year 2017. Each nurse collates data on the referrals to their service, the assessments provided and the onward referrals made. A standard data set was agreed and an electronic form created for data entry. A data protocol was signed by the SCAN service nurses and their line managers and co-signed by the NSRF researchers before any data was transferred. Data from other sources may be accessed in due course, if available, in order to explore the impact of the SCAN service on related health settings and services.

Project Deliverables:

1. Ethical approval granted (February 2018)
2. Project description agreed between HSE NOSP and NSRF (March 2018)
3. Standard dataset agreed with SCAN service nurses (April 2018)
4. Semi-structured survey drafted and agreed (April 2018)
5. Signed data protocols from SCAN Service sites to permit data collection (May 2018)
6. Data collection from SCAN Service sites (May-November 2018)
7. Draft report (December 2018)
8. Final report (March 2019)

Personnel Involved:

Dr Paul Corcoran, Dr Eve Griffin, Mr Niall McTernan.

Young People's Mental Health: A Population-based Research Programme

Study Overview:

Mental ill-health is the major source of burden of disease in otherwise healthy young people. It is estimated that up to 50% of young people will experience at least one diagnosable episode of mental ill-health with a major impact on earning potential, educational outcomes, and social integration in adulthood. From puberty, with the associated biological upheavals, young people face a series of challenges including forming a stable identity, negotiating educational environments, forming secure relationships, managing the drive to risk-taking and finding a vocational pathway. Adolescent self-harm is a major public health problem, with a prevalence of approximately 10% based on community-based studies and with higher rates among girls than boys. Internationally, hospital-treated self-harm has greatly increased in frequency among adolescents over the past 50 years. Due to high rates of self-harm and suicide among young people in Ireland, those aged 15-24 years have been identified as a priority group at whom to target approaches to reduce suicidal behaviour and improve mental health. The overall aim of this research programme is to use existing high quality population-based datasets, including the Saving and Empowering Young Lives in Europe (SEYLE) study and the National Self-Harm Registry Ireland to address important research questions relating to youth mental health and self-harm. In the SEYLE study participants were recruited from 168 schools in ten European countries (Austria, Estonia, France, Germany, Hungary, Ireland, Italy, Romania, Slovenia and Spain) and the study evaluated school-based interventions for prevention of suicidal behaviour. In Ireland, 17 schools in Cork and Kerry participated. Data were gathered on mental health and wellbeing, lifestyle, risk behaviours, demographics and history of self-harm.

Project Aims:

1. To examine the prevalence and correlates of mental ill-health, risk behaviours and self-harm in European adolescents.
2. To examine patterns of hospital-treated self-harm among young people aged 10 to 24 years in Ireland, using national data across a ten-year period (2007-2016).
3. To examine the risk and protective factors for psychotic experiences in Irish adolescents.

Work Plan:

Collaboration with the ten centres of the international Saving and Empowering Young Lives in Europe (SEYLE) consortium continued throughout 2018, with ongoing dissemination of study findings.

A study of patterns of self-harm among young people over a ten-year period was completed, using the unique resource of the National Self-Harm Registry Ireland. For the purposes of this study, all presentations made by children (10-14 years), adolescents (15-19 years) and young adults (20-24 years) during the ten-year period January 2007 to December 2016 were included. Trends in rates and methods of self-harm between 2007 to 2016 according to age and gender were assessed.

Collaboration with the Psychiatric Epidemiology Research across the Lifespan (PERL) at RCSI on population-based research into the prevalence and correlates of adolescent mental ill-health continued in 2018.

A study of risk and protective factors for psychotic experiences in Irish adolescents was completed in late 2018, as part of the SEYLE study. Few modifiable protective factors have been identified for psychotic experiences in young people. In this study analyses examined associations between a range of psychopathological, adverse life event, coping and social support factors and psychotic experiences in a general population sample of Irish adolescents.

Project Deliverables:

Work was presented at the European Symposium on Suicide and Suicidal Behaviour international conference in September 2018.

In March 2018, a proposal was submitted to the Health Research Board (HRB) for funding for Dr McMahon to develop this research programme under the Applying Research into Policy and Practice funding scheme. This was successful, with work beginning in February 2019 under the mentorship of Professor Arensman. The research programme is entitled "Investigating the iceberg model of self-harm and suicide in children, adolescents and young adults: a multi-method study of predictors of onset, escalation and premature mortality".

Four articles were published in peer-reviewed journals in 2018, with one article under review.

Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007–2016 (Griffin et al., 2018).

Correlates of sexual initiation among European adolescents. (Gambadauro et al., 2018).

Psychopathology is associated with reproductive health risk in European adolescents Gambadauro et al., 2018).

A cost-effectiveness analysis of the SEYLE cluster-randomised, controlled trial of school-based suicide prevention programme (Ahern et al., 2018).

Risk and Protective Factors for Psychotic Experiences in Adolescence: a population-based study. (McMahon et al., under review).

Personnel Involved:

Dr Elaine McMahon, Dr Eve Griffin

Dr Paul Corcoran, Professor Ella Arensman

Dr Helen Keeley, Ms Eileen Williamson.

Cyberbullying and Young People: Behaviours, Experiences, Resolutions (CY:BER)

Study Overview:

The CY:BER Study aims to channel young people's voice in the discourse on cyberbullying. It seeks to understand cyberbullying from young people's unique perspective as "digital natives". Findings will inform the development of relevant and appropriate interventions to tackle this contemporary public health issue. In the course of the study a systematic review and meta-ethnographic synthesis of young people's perceptions of the nature of cyberbullying were conducted. Utilising a rights-based approach a young person's advisory group was established comprising 16 Transition Year students from four schools. The Advisory Group collaborated with researchers in the design, conduct, and interpretation of a qualitative study to explore cyberbullying from the perspective of young people. Eleven focus groups were conducted with 64 young people across four secondary schools. Findings from the focus groups were validated by the advisory group and members identified priority areas for intervention development. A participatory evaluation of Advisory Group members' involvement in the project was also conducted.

Project Aim:

The aim of the CY:BER study is to better understand cyberbullying from the perspective of young people with a view to informing the development of an intervention to address the issue.

Work Plan:

In 2018, the systematic review and meta-ethnographic synthesis were completed. The collaboration process and participatory evaluation were drafted in 2018 and published in Health Expectations in

2019. Analysis on the priority areas for intervention as identified by the Advisory Group was completed in 2019.

Project Deliverables:

1. Poster presentation of evaluation findings at SPHeRE Conference (Jan 2018)
2. Collaboration process and evaluation published in Health Expectations (Oct 2018)¹
3. Oral presentation of findings from the meta-ethnography presented at the Children's Research Network Conference (Dec 2018)
4. Oral presentation of CY:BER methods and findings at SPHeRE Conference (Jan 2019)
5. Systematic review and meta-ethnographic synthesis submitted for publication in academic journal (Feb 2019)
6. Article discussing qualitative findings on cyberbullying through the non-consensual distribution of nude images submitted for publication in academic journal (April 2019)
7. Article discussing the mental health impact of cyberbullying drafted (May 2019) to be submitted to academic journal (June 2019)
8. Oral presentation on meta-ethnography and second presentation on study methods and overall findings presented at World Anti-Bullying Forum (June 2019)

¹Dennehy R, Cronin M, Arensman E. Involving young people in cyberbullying research: The implementation and evaluation of a rights-based approach. Health Expectations. 2019;22(1):54-64.

Personnel Involved:

Ms Rebecca Dennehy, Professor Ella Arensman, Ms Mary Cronin, Dr Sarah Meaney.

The Role of the Media in Suicide Prevention

Study Overview:

The media may have both a positive and negative influence in the development of self-harm and suicidal behaviour. While the copycat and imitation effects of media reporting are well established, recently there is an increasing evidence base in relation to using the media in a positive way - the so called 'Papageno' or preventative effect (Niederkrötenhaler et al 2010).

The first study in this project sought to examine the quality of media reporting of four cases of suicide in Ireland between September 2009 and December 2012, and investigated the degree to which the media guidelines for reporting of suicide were adhered to for each of the four cases examined. The second study sought to obtain people's perceptions on the impact of a television documentary on awareness of mental health, wellbeing and help-seeking behaviour.

Project Aims:

1. Examine the quality of media reporting of suicide and adherence to media guidelines in Ireland
2. Identify specific guidelines which require reinforcement
3. Examine if the media can have a positive impact in terms of reducing stigma related to mental health, addressing common misconceptions and encouraging help seeking behaviour.

Work Plan:

In 2018, the NSRF published a paper on Media reporting of suicide and adherence to guidelines in Ireland. In addition to the dissemination of this paper, a media seminar was organised in University College Cork in October. Further to this, in line with the increasing evidence base in relation to using the media in a positive way, the NSRF conducted a survey, aimed to obtain people's perceptions on the impact of a television documentary on awareness of mental health, wellbeing and help-seeking behaviour, following the airing of the documentary 'My Other Life: Ireland's Young and Their Mental Health' on RTE. In December 2018, a briefing document outlining the initial findings was prepared for stakeholders.

Project Deliverables:

1. Work with stakeholders as outlined in Connecting for Life to explore ways of restricting access to sites that primarily exist to promote suicide or self-harm (March 2018)
2. Preparation of a paper on media reporting of suicide and adherence to guidelines for submission to a peer reviewed journal (July 2018)
3. Organise a seminar for local media, stakeholders involved in suicide prevention and the general public (October 2018)
4. Preparation of briefing documents for circulation among relevant stakeholders in government, media and the voluntary sector (Throughout the year)
5. Ensure that the dialogue between journalists and representatives from other relevant disciplines is on-going and work with statutory and non-statutory agencies, the Press Ombudsman and media organisations to promote the implementation of media guidelines by organising media reporting seminars countrywide (March 2019)
6. Preparation of a paper on using a television programme as a tool to increase awareness of mental health and wellbeing (May 2019).

Personnel Involved:

Mr Niall McTernan, Professor Ella Arensman, Ms Eileen Williamson

Our Mental Health Survey

Study Overview:

The Our Mental Health Survey was conducted by the NSRF in October 2018, and was linked to the documentary *My Other Life*, which communicates the personal mental health stories of young people from across Ireland. The documentary shines a light on the power of talking and human connection in the complex context of young people's emotional expression and the current culture of self-reliance – even in face of severe mental health difficulties.

While this research proposal is relatively novel, it is linked to the recent Australian project which involved a public health evaluation of a documentary exploring masculinity and suicide – *Man Up* (King et al, 2018). The evaluation of the impact of that documentary was resoundingly positive and demonstrated the potential for health outcomes to be significantly improved by media-based public health interventions.

The documentary provided an opportunity to disseminate information and to promote conversations about mental health. The programme may have a positive impact in terms of reducing stigma related to mental health, addressing common misconceptions and encouraging help seeking behaviour.

Project Aims:

The aim of the Our Mental Health Survey was to obtain information on people's perceived awareness of the impact of a television documentary on awareness of mental health and to examine people's wellbeing, mental health difficulties and help-seeking behaviour. The survey targeted men and women in the general population aged 18 years and older.

Work Plan:

Preparations for conducting the survey took place in September-October 2018, including obtaining ethical approval. A link to an anonymous online survey was promoted at the end of the documentary, both on-screen and by the continuity announcer.

The online survey included a mix of open and closed purpose designed questions that reflect the themes of the documentary. In addition, the survey also includes two short standardised and internationally validated measures:

- Help-seeking intentions, assessed by the General Help-Seeking Questionnaire (GHSQ; Wilson et al, 2005).
- Wellbeing, assessed by the Short form Warwick-Edinburgh wellbeing scale (SWEMWBS, Clarke et al, 2005).

Data entry and data analysis commenced in November 2018 and first findings were including in an Evidence Brief for key stakeholders in December.

Project Deliverables:

1. Outline of Our Mental Health Survey (September 2018)
2. Final Survey proposal and application to the Social Research Ethics Committee (October, 2018)
3. Survey completed (October 2018)
4. Data checking and cleaning completed (December 2018)
5. Evidence Brief completed (December 2018)
6. Data analysis quantitative data completed (April 2019)
7. First draft of paper based on quantitative data (May 2019).

Personnel Involved:

Ms Fenella Ryan, Mr Niall McTernan, Ms Eileen Williamson, Mr Derek Chambers, Professor Ella Arensman.

Psychosocial, Psychiatric and Work-related Risk Factors Associated with Suicide in Ireland: A Case-control Study (SSIS-ACE)

Study Overview:

Psychological autopsy studies have become more widely used in suicide research, however, most studies fail to include a control group. Where controls are used, methodological shortcomings include absence of a matched comparison and an imbalance of data sources. This case-control psychological autopsy study examined the predictive value of psychiatric, psychological, psychosocial and work-related factors associated with suicide and high-risk self-harm.

Two interlinked case-control studies were conducted: 1) Main case-control study, comparing consecutive suicide cases to GP controls (n=133 cases with coroners' data completed; n=33 completed psychological autopsy interview) to GP controls (n=53); 2) Comparative study between suicide cases and patients with high-risk self-harm (n=52). Males were overrepresented among both the suicide cases and GP controls: 71.4% vs. 71.7%; mean age: 48.8 years vs. 46.7 years. Factors significantly associated with suicide included history of previous self-harm, symptoms of depression and mania, history of psychiatric treatment (inpatient and outpatient), dysfunctional impulsivity, unemployment and low decision latitude at work. High-risk self-harm patients and suicide cases shared many risk factors.

Project Aims:

The main aim of the SSIS-ACE study is to examine the predictive value of psychiatric, psychological, psychosocial and work-related factors associated with suicide and high-risk self-harm.

Work Plan:

A key priority for 2018-2019 as underlined by the Steering Group and Advisory Panel, was the completion of a methodological paper, detailing the unique design of SSIS-ACE integrating different data sources (primary health practitioner, coroners and family informants). The study also includes three different groups, suicide cases, high-risk self-harm cases and GP controls, allowing for specific comparisons to be made. A particular methodological strength of the SSIS-ACE case control study design is the matching of suicide cases with controls from the same GP

practices, thereby controlling for confounders, such as socio-economic aspects and neighbourhood effects. Moreover, the study design pays careful consideration to the potential effects of proxy report on ascertainment of risk and protective factors.

In addition, analyses were conducted to obtain first outcomes, which were disseminated via conference presentations and training programmes.

Project Deliverables:

1. SSIS-ACE outcomes presented as part of a training programme for GPs in Letterkenny (February, 2018)
2. Presentation of outcomes at the ESSSB17 Conference in Ghent, Belgium (September 2018)
3. SSIS-ACE outcomes presented as part of a training programme for GP trainees in Cork (May 2018)
4. SSIS-ACE Methodological paper submitted to BMC Public Health; recommended submission to BMC Psychiatry (February, 2019).

Personnel Involved:

Professor Ella Arensman, Dr Birgit Greiner, Dr Celine Larkin, Ms Jacklyn McCarthy, Dr Sara Leitao, Dr Paul Corcoran P, Ms Eileen Williamson, Dr Dorothy Leahy, Ms Grace Cully, Dr Eve Griffin, Dr Christina Dillon C, Mr Niall McTernan, Dr Carmel McAuliffe, Professor Ivan Perry, Professor Eugene Cassidy, Professor Colin Bradley, Professor Nav Kapur, Professor James Kinahan, Dr Anne Cleary, Dr Tom Foster, Professor John Gallagher, Professor Kevin Malone.

The Societal and Individual Impact of Suicidal Behaviour in Ireland: A Mixed-methods Study

Study Overview:

Suicidal behaviour is a complex and multifaceted problem encompassing individual, social and environmental components. There are numerous studies examining the adverse psychological health effects of suicide bereavement, but high quality research in this area is still limited. However, the physical health consequences of both suicide and self-harm on family members is lacking. There is also a paucity of research exploring the specific support needs of people bereaved by suicide and people experiencing a family member's self-harm, regardless of severity, both in the short and long-term. In 2014, the NSRF funded a four-year PhD to address this gap in the knowledge. This doctoral work adopted a mixed methods approach and comprised four studies, including a systematic review, a mixed methods study (inc. a protocol paper) and two qualitative studies.

Project Aims:

The aim of this thesis is to examine the health effects of fatal and non-fatal suicidal behaviour on family members and how the legal process of the inquest after a suicide affects family members physically, psychologically and socially.

Work Plan:

A systematic review of the physical and psychosomatic health outcomes of suicide bereavement compared to other modes of death has been completed. Semi-structured interviews with family members bereaved by suicide and people who experienced a family member's high-risk self-harm took place from April 2016 to March 2017. Three superordinate themes were identified from the interviews with suicide-bereaved family members: (1) co-occurrence of grief and health reactions; (2) disparity in supports after suicide and (3) reconstructing life after deceased's suicide. Four superordinate themes were identified from the interviews with people experiencing a family member's high-risk self-harm: (1) implications for health and wellbeing; (2) process of meaning-making; (3) feelings of responsibility and (4) challenges with support network. A further study was conducted exploring the inquest process on suicide-bereaved family members. The analysis identified four superordinate themes about experiencing an inquest following a family member's suicide: (1) inquest as fearfully unknown; (2) structural processes of the inquest; (3) enduring public and private pain to obtain answers and (4) gaining answers and making sense.

Project Deliverables 2018-2019:

1. Spillane et al. What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. *BMJ Open*, 13;8(1):e019472. (January 2018).
2. Presentation: Overcoming methodological and ethical challenges in qualitative research involving vulnerable populations. 16th Qualitative Methods Conference, Banff, Canada; Spillane et al (May 2018)
3. Press release: The impact of suicide bereavement on family members in Ireland; Arensman E, Spillane A (May 2018).
4. Presentation: How do people experience a family member's highly lethal self-harm? A qualitative study. 32nd Annual Conference of the European Health Psychology Society, Galway, Ireland; Spillane et al (August 2018)
5. Overall winner of the HSE Open Access Research Awards for the publication: What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. *BMJ Open*, 13;8(1):e019472. (December 2018).
6. Spillane et al. How suicide-bereaved family members experience the inquest process: A qualitative study using thematic analysis. *International Journal of Qualitative Studies on Health and Well-being*, 14; 1. (January 2019).
7. Spillane et al. How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis. *Archives of Suicide Research*. (February 2019).

Personnel Involved:

Dr Ailbhe Spillane, Dr Paul Corcoran, Professor Ella Arensman, Dr Karen Matvienko-Sikar, Dr Celine Larkin.

European Alliance Against Depression (EAAD) & The iFightDepression Programme

Study Overview:

The European Alliance Against Depression (EAAD) is an international non-profit organisation based in Leipzig, Germany, with several members and more than 100 regional network partners in Europe, Canada, South America and Australia.

Specific objectives of the EAAD 4-level approach include: 1. Primary care and mental health care GPs will be invited to educational workshops on how to recognise and treat depression and explore suicidal tendency in the primary care setting. 2. General public: Depression awareness campaign. The aim is to improve knowledge about adequate treatments of depression in general and to reduce the stigmatization of the topic “depression” and the affected individuals. 3. Patients, high-risk groups and relatives: Emergency Cards will be handed out to high risk groups (first of all young people in adolescent crisis and persons after suicide attempt) guaranteeing direct access to professional help in a suicidal crisis. Partnerships with patient associations will be established and intensified. 4. Community facilitators and stakeholders: Educational workshops will be held with various target groups playing an important role in disseminating knowledge about depressive disorders and suicidal behaviour.

The iFightDepression programme was developed as an additional resource to the four-level intervention programme of the European Alliance Against Depression.

The main objectives are 1) to provide internet-based guided self-management protocols for depression in young people and adults with mild forms of depression: the iFightDepression programme and 2) to increase awareness of depression among health professionals and community facilitators working with adolescents and young adults in order to improve early identification of depression and adequate treatment referral for young people with depression.

Project Aims:

The main aim of the European Alliance Against Depression is to improve care and optimise treatment for patients with depressive disorders and to prevent suicidal behaviour.

Work Plan 2018-2019:

Key priorities for 2018-2019 were a) ongoing implementation of EAAD training among health and community based professionals, b) research development and innovation and preparing new grant applications, and c) dissemination of peer review papers and dissemination of EAAD outcomes via policy briefs and newsletters.

Project Deliverables 2018-2019:

1. EAAD based training programme for trainee Guidance Counsellors (February, 2018)
2. EAAD based training programme for trainee GPs (May, 2018)
3. EAAD Symposium in conjunction with the IASP Asia Pacific Conference in New Zealand (May 2018)
4. Submission Prevention of suicidal behaviour: Results of a multisite controlled community based intervention study in Europe to Lancet Psychiatry (September, 2018)
5. EAAD Symposium in conjunction with the ESSB17 Conference in Ghent (September, 2018)
6. EAAD related grant application for EU Horizon 2010 and enhance consortium: MINDUP (October, 2018)
7. Briefing at EAAD AGM (November, 2018).

Personnel Involved:

Professor Ella Arensman, Ms Eileen Williamson, Mr Niall McTernan, Professor Ulrich Hegerl, Professor Victor Perez, Ms Juliane Hug, Ms Pia Driessen

Health Research Board Research Leaders Award Programme

Examination of predictive factors associated with short- and long-term risk of repetition of non-fatal self-harm and suicide and high risk groups

Study Overview:

This study is part of the HRB funded 5-year research programme, in particular: Improving Prediction and Risk Assessment of Suicide and Self-Harm (IMPRESS).

IMPRESS part 1: Risk of self-harm repetition has consistently been shown to be higher following self-cutting compared to intentional drug overdose (IDO) and other self-harm methods. The utility of previous evidence is limited due to the large heterogeneous method categories studied. This study examined risk of hospital presented self-harm repetition according to specific characteristics of self-harm methods.

IMPRESS part 2: The IMPRESS part 2 study employs an infrastructure that has been established as part of the SSIS-ACE study in the Cork hospitals for developing procedures to approach consecutive patients with high risk self-harm (high lethality self-harm presentations and low lethality self-harm presentations with high level of suicide intent) and those who have engaged in 5 or more previous acts of self-harm (i.e. major repeaters). Each patient that fulfils the inclusion criteria will be invited to take part in a baseline interview shortly after the index self-harm presentation and a follow-up interview six months after the index presentation.

Project Aims:

The objectives of this study are:

1. To examine psychosocial, psychiatric and work related factors associated with repeated self-harm among major repeaters (i.e. those with 5 or more previous self-harm acts) and patients with high risk self-harm.
2. To examine the sensitivity and specificity of risk factors associated with repeated self-harm.
3. To develop a risk assessment procedure for repeated self-harm and suicide for use in a general hospital setting. The recruitment for the IMPRESS study is ongoing until September 2018.

Work Plan:

In terms of the IMPRESS research (part 1), in 2018-2019, the main emphasis was on data analyses involving consecutive self-harm presentations to hospital emergency departments (2010-2016) were obtained from the National Self-Harm Registry Ireland. Associations between self-harm method and repetition were analysed using survival analyses, and a first paper was published in a peer review journal. For part 2 of the IMPRESS research, in 2018-2019, the main focus was on completing baseline and follow-up interviews were conducted among high risk self-harm patients and major self-harm repeaters. First findings were presented to key stakeholders.

Project Deliverables:

1. Transcription of all audio-recorded follow-up interviews completed (n=32) (March 2018).
2. Oral presentation: O'Regan G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. Faculty of Public Health's Annual Summer Scientific Meeting, Royal College of Physicians of Ireland (May 2018).
3. Poster presentation: O'Regan G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. Faculty of Public Health's Annual Summer Scientific Meeting, Royal College of Physicians of Ireland (May 2018).
4. Baseline psychosocial assessment data collection for patients with high risk self-harm completed (N=355) (August 2018).
5. Oral presentation: O'Regan G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. 17th European Symposium on Suicide and Suicidal Behaviour (September 2018).

6. Follow-up interviews for patients with high risk self-harm completed (n=35) (September 2018).
7. Oral presentation: Cully G, Leahy D, Corcoran P, Shiely F, Cassidy E, Arensman E. Hospital management following high risk suicidal behaviour and patient experience of care received. 25th British Isles Research Workshop on Suicide and Self-Harm (October 2018).
8. Internship with Centre for Mental Health and Safety, University of Manchester, completed by Grace Cully (November 2018).
9. Peer review publication: Cully G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F, Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. *Journal of Affective Disorders* (March 2019).

Personnel Involved:

Professor Ella Arensman, Ms Karen Mulcahy, Ms Grace Cully, Ms Ruth Benson, Dr Dorothy Leahy, Dr Ana Paula Ramos Costa, Ms Sarah O'Meara, Dr Paul Corcoran, Ms. Eileen Williamson, Dr Eve Griffin, Professor Eugene Cassidy, Professor John Browne, Professor Jan Rigby, Professor Chris Brunsdon Professor Joe Eustace, Dr Frances Shiely, Dr Anne Jeffers.

Socio-Ecological and Geo-Spatial Analysis of Suicide and Self-Harm Clustering

Study Overview:

This study is part of the HRB funded 5-year research programme: Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services. This research builds on exploratory geographical analysis using data from the Suicide Support and Information System (SSIS) and the National Self-Harm Registry Ireland that has revealed a significant association between suicide and self-harm clustering in terms of space-time proximity amongst the male population. Advanced geospatial methods are applied to suicide mortality data to establish the presence of suicide clusters in a population. Probable suicide clusters in locations such as Bridgend, Wales and New Zealand have previously been verified using geospatial analysis (Jones, 2012; Larkin & Beautrais, 2012). Patterns of clustering, in terms of space and time, can also be assessed using this form of analysis. Geocoding software, which translates residential addresses to their point locations on a map, will be utilised in the analysis of such patterns in Ireland. The need for enhanced understanding of suicide clustering is necessary because strategies to manage and contain clusters are lacking. Research examining socio-ecological and area-level factors is warranted to ensure the development of appropriate intervention and postvention strategies.

Project Aims:

1. To identify geographic areas in Ireland with recurrent clusters of suicide and self-harm over a specific period (2006-2017)
2. To examine the association between clustering of self-harm and suicide
3. To identify area-level and individual factors associated with clustering of suicide and self-harm
4. To develop a real-time surveillance system for suicide: Suicide and Self-Harm Observatory.

Work Plan:

For identifying geographic areas in Ireland with recurrent suicide clusters, the CSO suicide mortality data will be accessed for the period 2006-2017 based on the ICD classification for intentional self-harm. For self-harm, data from the Registry, available from 2003 onwards, will be accessed. Geospatial analyses will be conducted in collaboration with the Centre for Geocomputation, Maynooth University (Professor Jan Rigby and Professor Chris Brunsdon). Geocoded data will be analysed using a series of spatial analytical techniques, such as SaTScan, in order to examine the spatial and temporal patterning of self-harm and suicides.

In the HSE Southern region, data from the Suicide Support and Information System (SSIS), which was established by the NSRF in 2008, will be accessed to examine the association between recurring clusters of suicide and individual factors, such as psychosocial and psychiatric factors. The geocoding approach will also enable research into associations with socio-environmental data e.g. neighbourhood quality, distance to services. The SSIS obtains information on all consecutive cases of suicide in the HSE Southern region and accesses information from coroner's records, health care professionals and family informants using a psychological autopsy approach.

A systematic review of quantitative techniques applied in the statistical analysis of suicide and self-harm clustering is currently underway and will be published in 2019. The findings of this review will be presented as part of a symposium titled 'Early Identification of Suicide Clustering and Responding' at the International Association for Suicide Prevention World Congress in Derry, September 2019.

Project Deliverables:

1. Ethical approval granted (July 2018)
2. Data agreements developed and signed by data sources for the Suicide and Self-Harm Observatory (SSHO), the Health Service Executive CHO 4 and the Coroners for Cork City and County (September 2018)
3. Establishment of Advisory Panel for the development of SSHO in Kerry (February 2018)
4. Implementation of the SSHO in Cork City and County (December 2018)
5. Updated SSIS data collection for North, South, East and West Cork (June 2018)
6. Completed first PhD panel review - Ruth Benson (July 2018)
7. Presentation: The development of a Suicide and Self-Harm Observatory in Ireland. 17th European Symposium on Suicide and Suicidal Behaviour. Ghent, September 2018
8. Presentation: Suicide & self-harm clustering and the importance of real-time surveillance data. Social Pathologies of Contemporary Civilisation. Cork, November 2018
9. Poster Presentation: A systematic review of quantitative analysis of suicide and self-harm clustering. New Horizons in Medical Research. Cork, December 2018.

Personnel Involved:

Ms Ruth Benson, Professor Ella Arensman, Professor Jan Rigby Professor Chris Brunsdon, Dr Paul Corcoran, Ms Grace Cully, Dr Tiffany Too.

Collaborations

Donegal Suicide Support and Information System – Psychological Autopsy Model (SSIS-PAM)

Study Overview:

This research was commissioned by the Donegal Mental Health Service (DMHS). The study examined untimely sudden deaths and those who took their lives while in the care of Donegal Mental Health Service between October 2011 and May 2015. Information was obtained in accordance with the principles of the Suicide Support and Information System – Psychological Autopsy Model, SSIS-PAM (Arensman et al, 2016).

A key component of the SSIS-PAM is its capacity to collect information from multiple sources to corroborate the clinical history of the deceased while also reaching out to family members who may need support in the aftermath of such a tragic event. A total of 34 deaths were included. Of these, 24 family informant interviews took place. Over 92% of those approached agreed to take part. The study report was launched on 26th April 2016 (Corry et al, 2016). As a result of the current research, DMHS now has a ‘real-time’ database of information on socio-demographic, psychosocial and psychiatric risk factors which may have contributed to the deaths of those in their care through untimely events or suicide. In May 2016, immediately after the publication of the report, a start was made with the implementation of the evidence-informed actions, funded by the HSE Donegal.

Project Aims:

The aims of the SSIS-PAM implementation plan are to:

1. Provide training in communicating with families as an important feature of induction for all clinical staff including NCHDs, and as a core component of subsequent training.
2. Upskill all clinical staff members to engage with and recognise the value of collateral information provided by family members during the treatment process.
3. Support family members of mental health service users on an on-going basis; d) Ensure family members are aware of MHS procedures such as the admission process.

Work Plan:

Core tasks of the SSIS-PAM in 2018 were the ongoing monitoring of suicide cases among people who were in contact with the DMHS at the time of death, and proactive facilitation of support to family members. Based on the agreed actions, new tasks were undertaken, in particular the development, implementation and evaluation of an advanced suicide and self-harm risk assessment training programme for all staff within Mental Health Services and the GP Pathway to Manage Suicide Risk in General Practice. As part of an Audit procedure, one to one educational sessions were arranged with Clinical Nurse Specialists and Psychiatric Nurses.

Information and consultation sessions were held with Management and staff in other counties who had expressed an interest in implementing the SSIS-PAM model within their mental health services.

Project Deliverables:

1. Awareness and skills training relating to depression and suicidal behaviour for trainee GPs (all years) (February 2018).
2. Database on quality assured mental health and support services in Donegal (February 2018).
3. GP Pathway to Manage Suicide Risk in GP Practice (completed, March 2018).
4. Advanced Suicide Awareness Programme (ASAP) integrated as a mandatory training module for: all trainee GPs, all Psychiatric NCHDs, Nursing staff in the Acute Psychiatric unit (March, September, 2018).
5. Roll out of SSIS-PAM model to counties Cavan and Monaghan (started, November 2018).
6. Presentation SSIS-PAM outcomes at ESSSB17, Ghent (September 2018).
7. Workshop SSIS-PAM for psychiatrists at national level in connection with the Conference of the College of Psychiatrists Ireland (November, 2018).

Personnel Involved:

Dr Colette Corry, Professor Ella Arensman, Ms Eileen Williamson.

The National Dialectical Behaviour Therapy (DBT) Project

Study Overview:

The National Dialectical Behaviour Therapy (DBT) Project, Ireland was established in 2013 through funding provided by the National Office for Suicide Prevention. This project is a multi-year project which aims to train DBT teams in Community Mental Health settings across Ireland and to conduct an extensive evaluation of this national implementation. The Health Service Executive and National Suicide Research Foundation have come together as two organisations to collaborate in implementing and evaluating DBT programmes across Ireland.

Project Aims:

The aims of the national DBT project are to:

1. Coordinate and support the administration of a national implementation of DBT in Adult and Child/Adolescent Community Mental Health Services across Ireland.
2. Conduct a comprehensive evaluation of the national implementation of DBT across Community Mental Health Services in Ireland.
3. Evaluate the national implementation of DBT, focusing on the clinical effectiveness of the intervention, the economic effectiveness of a coordinated implementation of DBT in a public health service, and to evaluate the implementation process at a national systems level.

Work Plan:

Following the success of a pilot study which implemented and evaluated a DBT programme in Adult Mental Health Services in Cork, the National Office for Suicide Prevention agreed to fund training DBT teams across Ireland, in a coordinated manner based on clinical and population need. In this way, the National DBT project was established in Ireland in 2013. The DBT project was a quasi-experimental design, which was conducted in Community Mental Health Services, within the Health Service Executive (HSE). All participants who started the DBT programme at the multiple study sites between February 2014 and February 2016 were invited to participate in the research study. These participants who consented to be part of the research completed surveys at a number of time-points, which evaluated the effectiveness and implementation of the project, as well as having an economic evaluation component also.

Results of analyses completed on data collected for this national evaluation show that DBT is an effective treatment for individuals with BPD attending community mental health services in Ireland. An economic evaluation conducted as part of the project found DBT to be cost effective when compared to treatment-as-usual for managing BPD for the duration of the programme (one year) and one year follow-up. The probability of DBT being cost-effective after one year is 72%. DBT continues to be cost effective at 3, 5 and 10 years. The probability of DBT being cost-effective at 10 years is 79%.

Project Deliverables:

1. Flynn et al. Dialectical behaviour therapy for treating adults and adolescents with emotional and behavioural dysregulation: study protocol of a coordinated implementation in a publicly funded health service. *BMC Psychiatry*, 18: 51 (May 2018)
2. Bourke et al. Borderline personality disorder: resource utilisation costs in Ireland. *Irish Journal of Psychological Medicine*, 1-8 (May 2018)
3. Presentation: Effectiveness of a DBT STEPS -A skills training for emotional problem solving for adolescents. European Society for the Study of Personality Disorders (ESSPD), Sitges, Barcelona; Flynn et al. (September 2018)
4. Presentation: Implementing DBT in a publicly funded community mental health setting at a national level: Key outcomes and challenges to sustainability European Society for the Study of Personality Disorders (ESSPD), Sitges, Barcelona; Flynn et al. (September 2018)
5. Presentation: Family Connections: Its Impact in Ireland. European Society for the Study of Personality Disorders (ESSPD), Sitges, Barcelona; Kells et al. (September 2018)
6. Award: Health and Social Care Professional Best Practice and Innovation Awards - Professional Leadership Award for the Dialectical Behaviour Therapy Project. Flynn et al. (October 2018)
7. Presentation: The Co-ordinated Implementation and Evaluation of Dialectical Behaviour Therapy in Adult and Child and Adolescent Mental Health Services at a National Level across Ireland. National Health and Social Care Profession Office Innovation and Best Practice Awards. Flynn (October 2018).

8. Flynn et al. Multisite Implementation and Evaluation of 12-Month Standard Dialectical Behaviour Therapy in a Public Community Setting. *Journal of Personality Disorders*, 11; 1-17 (October 2018)
9. Presentation: Adapted DBT for behaviourally stable adults presenting with emotional dysregulation. SfDBT Annual Conference, Cork, Ireland; Hayes and Spillane (November 2018)
10. Presentation: Does a dialectical behaviour therapy skills training programme result in positive outcomes for participants with a dual diagnosis of mental health and addiction issues. SfDBT Annual Conference, Cork, Ireland; Flynn et al. (November 2018)
11. Flynn, Kells, and Joyce. Implementation in national systems: the case of Ireland. In *The Oxford Handbook of Dialectical Behaviour Therapy*, ed. M. Swales. Oxford University Press (November 2018)
12. Flynn et al. Innovations in Practice: Dialectical behaviour therapy – skills training for emotional problem solving for adolescents (DBT STEPS-A): evaluation of a pilot implementation in Irish post-primary schools. *Child and Adolescent Mental Health*, 23; 4, 376-80 (December 2018)
13. Flynn et al. Innovations in Practice: Dialectical behaviour therapy for adolescents: multi-site implementation and evaluation of a 16-week programme in a public community mental health setting. *Child and Adolescent Mental Health*, 24; 1, 76-83 (February 2019)
14. Gillespie et al. Dialectical behaviour therapy for adolescents (DBT-A): a comparison of 16-week and 24-week programmes delivered in a public community setting. *Child and Adolescent Mental Health* (February 2019).

NSRF Personnel Involved:

Louise Dunne, Conall Gillespie, Justina Hurley, Ailbhe Spillane, Claire O’Sullivan, Conal Wrigley, Edel Gallagher, Aoife Hayes, Mary Joyce, Catalina Suarez, Marieke Weihrauch, Siobhan O’Connor, Paula Hurley and Michael Murphy.



Launch of the report on the Planning, Implementation and Evaluation Outcomes for Dialectical Behaviour Therapy in the Irish Community Mental Health Service 2013-2018

Publications

Peer Review Papers / Reports / Book Chapters/Briefings

PAPERS PUBLISHED/ IN PRESS 2018		
Editorial - Preventing Suicide – What Precedes Us Will Propel Us	Daly C , Morch CM, Kirtley OJ.	<i>Journal of Crisis Intervention and Suicide Prevention</i> 39: 409-415
Multisite Implementation and Evaluation of 12-Month Standard Dialectical Behaviour Therapy in a Public Community Setting	Flynn D, Kells M, Joyce M , Corcoran P , Hurley J , Gillespie C, Suarez C, Swales M, & Arensman E .	<i>Journal of Personality Disorders</i> 1-17
The iceberg model of self-harm: new evidence and insights	Arensman, E., Corcoran, P., & McMahon, E.	<i>Lancet Psychiatry Feb; 5(2): 100-10</i>
Correlates of sexual initiation among European adolescents	Gambadauro, P., Carli, V., Wasserman, C., Hadlaczky, G., Sarchiapone, M., Apter, A., Balazs, J., Bobes, J., Brunner, Cosman, D., Haring, C., Hoven, CW., Iosue, M., Kaess, M., Kahn, JP, McMahon, E. , Postuvan, V., Värnik, A. and Wasserman, D.	<i>Plos One</i> 13 (2)
Patterns of self-harm methods over time and the association with methods used at repeat episodes of non-fatal self-harm and suicide: A systematic review	Witt K, Daly C , Arensman E , Pirkis J, Lubman D.	<i>Journal of Affective Disorders</i> 245: 250-264
Comorbidity of Physical and Anxiety Symptoms in Adolescent: Functional Impairment, Self-Rated Health and Subjective Well-Being.	Balázs J, Miklósi M, Keresztény A, Hoven CW, Carli V, Wasserman C, Hadlaczky G, Apter A, Bobes J, Brunner R, Corcoran P , Cosman D, Haring C, Kahn JP, Postuvan V, Kaess M, Varnik A, Sarchiapone M, Wasserman D	<i>Int J Environ Res Public Health</i> . Aug 9; 15 (8)
Involving young people in cyberbullying research: The implementation and evaluation of a rights-based approach	Dennehy R, Cronin M, Arensman E .	<i>Health Expectations</i> 1-11
Borderline Personality Disorder: Resource Utilisation Costs in Ireland	Bourke J, Murphy A, Flynn D, Kells M, Joyce M & Hurley J.	<i>Irish Journal of Psychological Medicine</i>
Media reporting of suicide and adherence to media guidelines	McTernan N , Spillane A , Cully G , Cusack E, O'Reilly T, Arensman E	<i>International Journal of Social Psychiatry</i> Vol 64, Issue 6
Treatment as usual (TAU) as a control condition in trials of cognitive behavioural-based psychotherapy for self-harm: Impact of content and quality on outcomes in a systematic review	Witt K, Pache de Moraes D, Taylor Salisbury T, Arensman E , Gunnell D, Hazell P, Townsend E, van Heeringen K, Hawton K.	<i>Journal of Affective Disorders</i> 235:434-447
Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007-2016	Griffin E , McMahon E , McNicholas F, Corcoran P , Perry IJ, Arensman E	<i>Social Psychiatry and Psychiatric Epidemiology</i> 53: 663-671
Acute hospital reconfiguration and self-harm presentations: a before-and-after study	Griffin E , Murphy C, Perry IJ, Lynch B, Arensman E , Corcoran P	<i>Irish Journal of Medical Science</i>
Self-harm among the homeless population in Ireland: A national registry based study of incidence and associated factors	Barrett P, Griffin E , Corcoran P , O'Mahony MT, Arensman E	<i>Journal of Affective Disorders</i> 229: 523 -531
What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland	Spillane A , Larkin C, Corcoran P , Matvienko-Sikar K, Arensman E.	<i>BMJ Open</i> 8:1
Innovations in Practice: Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A): Evaluation of a Pilot Implementation in Irish Post-primary Schools	Flynn D, Joyce, M. , Weihrauch, M, & Corcoran P.	<i>Child and Adolescent Mental Health.</i>
Dialectical behaviour therapy for treating adults and adolescents with emotional and behavioural dysregulation: study protocol of a coordinated implementation in a publicly funded health service	Flynn, D, Kells, M, Joyce, M , Suarez C, Gillespie C.	<i>BMC Psychiatry</i> 18:51.
Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study	Daly C , Griffin E , Ashcroft DM, Webb RT, Perry IJ, Arensman E	<i>European Journal of Public Health</i> Vol 28, Issue 4: 681–686

Recommended next care following hospital treated self-harm: Patterns and trends overtime	Arensman E, Griffin E, Daly C, Corcoran P , Cassidy E, Perry IJ	<i>PLoS ONE 13:3</i>
A cost-effectiveness analysis of school-based suicide prevention programmes	Ahern, S., Burke, L.A., McElroy, B., Corcoran, P., McMahon, E.M. , Keeley, H., Carli, V., Wasserman, C., Apter, A., Balazs, J., Bobes, J., Brunner, R., Cosman, D., Haring, C., Hoven, C., Kahn, J.P., Postuvan, V., Sarchiapone, M., Varnik, P., Wasserman, D	<i>European Child Adolescent Psychiatry Vol 27, Issue 10: 1295–1304</i>
Psychopathology is associated with reproductive health risk in European adolescents	Gambadauro P, Carli V, Wasserman C, Hadlaczky G, Sarchiapone M, Apter A, Balazs J, Bobes J, Brunner R, Cosman D, Haring C, Hoven CW, Iosue M, Kaess M, Kahn JP, McMahon E , Postuvan V, Varnik A, Wasserman D.	<i>Reprod Health. Nov 6; 15(1):186</i>
Associations between physical behaviour patterns and levels of depressive symptoms, anxiety and well-being in middle-aged adults: a cross-sectional study using isotemporal substitution models	Dillon CB, McMahon E, O'Regan G , Perry IJ	<i>BMJ Open 8:e018978</i>

REPORTS 2018

National DBT Project Report 2013-2018	Flynn D, Joyce M, Hurley J.	<i>National DBT Project/ National Suicide Research Foundation</i>
National Self-Harm Registry Ireland Annual Report 2017.	Griffin E, Dillon CB, McTernan N, Arensman E, Williamson E, Perry IJ, Corcoran P	<i>National Suicide Research Foundation</i>
Self-Harm in Irish Prisons Annual Report 2017	Griffin E, Cully G, Hume S, O'Reilly D, Kelly E, Corcoran P	<i>The Irish Prison Service</i>
The Involvement of Alcohol in Hospital-Treated Self-harm and Associated Factors - Findings from Two National Registries.	Griffin, E, Arensman, E., Perry, I.J, Bonner, B., O'Hagan, D., Daly, C., Corcoran P	<i>National Institute of Health Sciences Research Bulletin, Volume 8, Issue 1, Spring 2018</i>
A registry-based study of self-harm and ideation presenters to hospital in Northern Ireland: Two populations or one?	Griffin E, Bonner B, O'Hagan D, Corcoran P.	Lancet Public Health Conference Proceedings, November

BOOK CHAPTERS 2018

Implementation in National Systems: DBT in an Irish context	Flynn D, Kells M, Joyce M	In: Swales M (Ed.) <i>The Oxford Handbook of Dialectical Behaviour Therapy. (In press)</i>
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BRIEFING DOCUMENTS 2018

HRB 5-year research programme – Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services	National Suicide Research Foundation/UCC	December
Mental Health and Wellbeing Among Young People and Adults in Ireland	National Suicide Research Foundation	December
Risk and protective factors associated with suicide and high-risk self-harm – Findings from SSIS-ACE and IMPRESS	National Suicide Research Foundation/UCC	25 th September
Recent publication - Increasing rates of self-harm among children, adolescents and young adults: A 10-Year National Registry Study 2007-2016	National Suicide Research Foundation	22 nd May
Briefing in connection with the release of season two of Netflix series '13 Reasons Why'	National Suicide Research Foundation/NOSP	17 th May
Recent publications on the impact of suicide bereavement on family members in Ireland	National Suicide Research Foundation/UCC	25 th April
NSRF Newsletter: Issue 16	National Suicide Research Foundation	7 th March
Recent publication: Self-Harm among the homeless population in Ireland: A national registry-based study of incidence and associated factors	National Suicide Research Foundation	17 th January

Presentations

JANUARY

Arensman E. Workshop Grant writing. School of Public Health and National Suicide Research Foundation. 9th January 2018.

Spillane A, Matvienko-Sikar K, Larkin C, Corcoran P, Arensman E. What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. Poster presentation at the SPHeRE Network 4th Annual Conference, Dublin, 11th January 2018.

FEBRUARY

Arensman E, Benson, R. The Suicide and Self-Harm Observatory. Presentation, Suicide Prevention Forum Kerry, 5th February 2018.

Arensman E. Third EU Compass Forum on Mental Health and Well-being. Luxembourg, 8th–9th February 2018

Corcoran P, E Griffin et al. Self-harm in Irish Prisons: First outcomes Dec 2016 – May 2017. Limerick Prison Service Meeting. 13th February 2018

O'Regan, G and Griffin, E. Self-harm in Irish Prisons: First outcomes Dec 2016 – May 2017. Cork Prison. Cork, 14th February 2018

Griffin, E. Self-harm in Irish Prisons: First outcomes Dec 2016 – May 2017. Wheatfield and Cloverhill Prisons. Dublin, 15th February 2018

Arensman E. Leadership in Public Health. Master class, School of Public Health, 15th February 2018

Arensman E, Leahy D. Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services. Presentation, Interim Review Panel, HRB, Dublin, 20th February 2018.

Arensman E. Listening, understanding and responding when dealing with distressed people. Workshop – Meeting Data Registration Officers National Self-Harm Registry. Cork, 22nd February 2018.

MARCH

Corcoran P et al. Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland. HSE South Department of Public Health. 20th March 2018

Arensman, E. Suicide Prevention in International Context: Progress and Challenges. 1st Polish Congress of Suicidology, Lodz, Poland, 22nd March 2018

Griffin, E and Corcoran, P. Assessment of self-harm: Findings from the National Self-Harm Registry Ireland. National Clinical Programme Research and Audit Meeting. Dublin, 27th March 2018

APRIL

Arensman E. Effects of Media with Suicidal Content in the Past and Present. Guest Lecture at Mt Gravatt campus - AISRAP, Griffith University, Brisbane, Australia, 26th April 2018

Arensman E, Cassidy E. Train-The-Trainer programme: Self-Harm and Suicide Awareness among Emergency Healthcare staff, UCC, 19th April 2018.

Arensman E. Self-Harm and suicide among young people and those in the middle age group: Associated risk factors and implications for treatment and prevention. Keynote lecture, Spring Conference, College of Psychiatrists, Athlone, 12th–13th April 2018.

Arensman E, Corry C. Suicide Support and Information System – Psychological Autopsy Approach. Spring Conference, College of Psychiatrists, Athlone, 12th–13th April 2018.

MAY

Arensman E. Self-harm and suicide in young people: Associated risk factors and evidence based interventions. IASP Asia Pacific Conference, Keri Keri, New Zealand, 2nd–5th May 2018

Arensman E. Community based suicide prevention strategies: Awareness and skills training for GPs. IASP Asia Pacific Conference, Keri Keri, New Zealand, 2nd–5th May 2018.

Arensman E. Suicide Prevention in International Context: Progress and Challenges – Symposium lecture. IASP Asia Pacific Conference, Keri Keri, New Zealand, 2nd–5th May 2018.

Arensman E, Benson R. Development of a Suicide and Self-Harm Observatory. IASP Asia Pacific Conference, Keri Keri, New Zealand, 2nd–5th May 2018.

Arensman E. Suicide and Self-Harm: Risk and Protective Factors. Workshop for GP Trainees. UCC, 23rd May 2018.

O'Regan G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F, Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. Faculty of Public Health's Annual Summer Scientific Meeting, Royal College of Physicians of Ireland, 31st May 2018

Spillane A, Matvienko-Sikar K, Arensman E. Overcoming methodological and ethical challenges in qualitative research involving vulnerable populations. Oral presentation at the 16th Qualitative Methods Conference, Banff, Canada May 2018.

JUNE

Griffin, E. and Corcoran, P. Self-harm in Irish Prisons: First outcomes Jan – Dec 2017. Irish Prison Service National Suicide and Harm Prevention Steering Group Meeting. Dublin, 8th June 2018

Arensman E. Increasing Awareness and Skills relating to Depression and Suicidal Behaviour: A Gatekeeper Training Programme for professionals working in healthcare and community based services. 9th Triple i conference, 7th-8th June 2018, Portorož, Slovenia

Corcoran P et al. Self-harm data in Ireland. HSE NOSP Evaluation Advisory Group Meeting. 19th June 2018

AUGUST

Spillane A, Matvienko-Sikar K, Larkin C, Corcoran P, Arensman E. How do people experience a family member's highly lethal self-harm? A qualitative study. 32nd Annual Conference of the European Health Psychology Society, 21st-26th August, Galway.

SEPTEMBER

McTernan N. Media reporting of suicide and adherence to guidelines. ESSSB17 Conference, Ghent, Belgium, 7th September 2018

Corry C. Findings from a study of untimely deaths including suicide among users of Donegal Mental Health Services. European Symposium on Suicide and Suicidal Behaviour, Ghent, 7th September 2018

Griffin, E. The association between self-harm and area-level characteristics in Northern Ireland: An ecological study. 17th European Symposium on Suicide and Suicidal Behaviour. Belgium, 8th September 2018

Arensman E. Suicide prevention in international context: Progress and challenges. ESSSB 2018, Ghent, Belgium, 5th to 8th September 2018

Arensman E. Examples of countries where the development and implementation of national suicide prevention programmes recently has been initiated. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Arensman E. Self-harm and suicide in young people: A literature review of risk factors and evidence based interventions. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Arensman E. Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: Outcomes of a case-control psychological autopsy study. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Griffin E, Dillon CB, McTernan N, Arensman E, Williamson E, Corcoran P. The National Self-Harm Registry Ireland: Selected findings and impacts on policy. Presented at the 17th European Symposium on Suicide & Suicidal Behaviour. Ghent, Belgium, 5th to 8th, September 2018

Cully G. Method of self-harm and risk of self-harm repetition: Findings from a national self-harm registry. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Benson R. A systematic review of research into suicide and self-harm clustering and developing a real-time suicide surveillance system. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Arensman E. The national strategy to reduce suicide in Ireland, 2015-2020: Links with the EAAD 4-level approach. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018

Arensman E. How do people experience a family member's high risk self-harm? A qualitative study. 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, Belgium, 5th to 8th September 2018 (poster)

Arensman E. Multi-level suicide prevention programs: Impacts beyond the sum of individual interventions. World Suicide Prevention Day Community Forum organised by AISRAP, Brisbane, Australia. 14th September 2018

Arensman E. Current Status of Suicide Prevention Internationally: Enhancing Suicide Prevention in Ireland. University College Cork WSPD Seminar, 21st September 2018.

Cully G. Researching vulnerable populations: overcoming ethical, methodological and personal challenges. HRB Research Leaders Network Meeting, RCSI, Dublin, 24th September 2018

Cully G. Methodological and ethical aspects of research involving vulnerable people. HRB RL Network meeting, Dublin, 24th September 2018.

Arensman E. The role of the Media in Suicide Contagion – Clustering and access to real-time data. Seminar. Lunchtime seminar for public and media, UCC, 26th September 2018

McTernan N. Media reporting of suicide and adherence to guidelines. World Suicide Prevention Day Seminar, University College Cork, Cork, 26th September 2018

Arensman E, Leahy D, O'Regan G, Benson R, Mulcahy K. Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services – Progress of the HRB RL 5-year research programme. HRB Research Leaders Network Meeting, UCC, 29th September 2017.

OCTOBER

Griffin, E. Determinants of Health: Mental Health. EH1009 Lecture (BSc in Public Health). University College Cork, 2nd October 2018

Griffin, E. Key Findings from the National Self-Harm Registry Ireland Annual Report 2017. HSE NOSP 2017 Annual Reports Launch. Dublin, 4th October 2018

Griffin, E. National Self-Harm Registry Ireland. Connecting for Life Cross-Sectoral Steering and Implementation Group Meeting. Dublin, 11th October 2018

Arensman E. Evaluation of "Connecting for Life, 2015-2020" in Ireland. WHO mhGAP Forum, Geneva, 11th-12th October 2018

Arensman E, Ramos Costa A. High risk self-harm and major self-harm repeaters. Workshop for Clinical Nurse Specialists, Dublin, 17th October 2018.

Arensman E. Mental Health Promotion. Lecture SPHeRE, Cork, 16th October 2018.

Arensman E. National Suicide Prevention Strategies: Progress and Challenges, Windhoek, Namibia, 25th October 2018.

Corcoran P, Griffin E, Dillon CB, McTernan N, Fitzgerald AP, Arensman E. Release of 13 Reasons Why and hospital-presenting self-harm in Ireland. Lancet Psychiatry and Oxford Centre for Suicide Research Symposium. Oxford, England, 31st October 2018.

NOVEMBER

Cully G. Hospital management following high risk suicidal behaviour and patient experience of care received. 25th British Isles Research Workshop on Suicide and Self-Harm. Oxford, UK, 1st November 2018.

Griffin, E. Self-harm in children, adolescents and young people: A ten-year study. Social Pathologies of Contemporary Civilisation Conference, University College Cork, 2nd November 2018

Corcoran P, Griffin E, Dillon CB, McTernan N, Fitzgerald AP, Arensman E. Release of 13 Reasons Why and hospital-presenting self-harm in Ireland. Presented at the Contemporary Challenges in Suicide Symposium at the Conference on Social Pathologies of Contemporary Civilisation. Cork, 2nd November 2018

Arensman E. Psychiatric, psychosocial and work related risk factors associated with suicide in Ireland: Outcomes of a case-control study. Conference- Social Pathologies of Contemporary Civilisation, UCC, 2nd November 2018.

Benson R. Suicide and self-harm clustering and the importance of real time surveillance data. Social Pathologies of Contemporary Civilisation, UCC, 2nd November 2018.

Griffin, E. Self-harm and opportunities for prevention: Population-based approaches. Joint Public Health Annual Conference: Early intervention for Life. Belfast, 8th November 2018

Arensman E. Self-Harm, Suicide and associated Mental Health problems. Lecture Doctorate Clinical Psychology, Cork, 9th November 2018.

Arensman E. Social Psychiatry and Psychiatric Epidemiology. Lecture, UCC, 13th November 2018.

Arensman E. Update of the work of the WHO Collaborating Centre for Research and Surveillance in Suicide Prevention. Meeting of the European WHOCCs in Mental Health and Suicide Prevention, Madrid, 16th-17th November, 2018.

Hayes A. Adapted DBT skills training for behaviourally stable adults presenting with emotional dysregulation. Society for Dialectical Behaviour Therapy (SfDBT) Annual Conference, Cork, Ireland, 20th November 2018

Gillespie C. Dialectical behaviour therapy for adolescents: multi-site implementation and evaluation of a 16-week programme in Ireland. Society for Dialectical Behaviour Therapy (SfDBT) Annual Conference, Cork, Ireland, 20th November 2018

Gillespie C. Standard 12-month Dialectical Behaviour Therapy for adults with Borderline Personality Disorder in a public community health setting. Society for Dialectical Behaviour Therapy (SfDBT) Annual Conference, Cork, Ireland, 20th November 2018

McTernan N. Media reporting of suicide and adherence to guidelines. Jacqueline Horgan Bronze Medal Meeting, Royal Academy of Medicine in Ireland, Dublin, 22nd November 2018

Arensman E. Suicide and Self-Harm Awareness. Train-The-Trainer Programme on Suicide and Self-Harm Awareness for Healthcare and Community Based Professionals. University of Koper, Slovenia, 30th November 2018

DECEMBER

Griffin, E. Suicide and self-harm Trends, risk factors and opportunities for prevention. Diploma Psychology of Criminal Behaviour. University College Cork, 1st December 2018

Ramos Costa A, O'Meara S. Physical comorbidities and pharmacological treatment of major self-harm repeaters presenting to emergency departments in Ireland (poster). New Horizons Conference UCC, Cork, 6th December 2018

Benson R. A systematic review of quantitative analysis of suicide and self-harm clustering (poster). New Horizons Conference UCC, Cork, 6th December 2018

Cully G. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry (poster). New Horizons Conference UCC, Cork, 6th December 2018

Arensman E. Suicide Prevention at Global Level: Progress and Challenges. Keynote Lecture at National Conference on Suicide Prevention, Amsterdam, 11th December 2018

Public Engagement 2018



In March, to mark World Self-Harm Day, the NSRF highlighted research findings on the link between self-harm and public holidays via an infographic, which was shared on NSRF social media platforms.



In September, the NSRF hosted a lunch time seminar on 'The Role of the Media in Suicide Prevention, Suicide Clustering and Contagion' in conjunction with the School of Public Health, University College Cork.



In May, the NSRF supported the green ribbon campaign to End Mental Health Stigma. Green ribbons were distributed to the Data Registration Officers who collect data for the National Self-Harm Registry Ireland from hospital emergency departments countrywide.



Also in September, Dr Lay San Too from the School of Population and Global Health, Melbourne, visited the NSRF for a week as part of an ongoing collaboration and presented her work on suicide cluster detection.



In May, the NSRF prepared a Press Release in connection with two publications exploring the health effects of suicide bereavement and family members' subsequent support needs based on Dr Ailbhe Spillane's PhD research.



In August, Professor Ella Arensman and Dr Birgit Greiner from the School of Public Health in UCC, co-facilitated a Gatekeeper Training for construction workers. The training was entitled 'Awareness and Skills relating to Depression and Suicidal Behaviour'.



In October, Minister Jim Daly launched the 2017 annual report of the National Self-Harm Registry Ireland at an event in Dublin in conjunction with the launch of the Annual Report of the National Office for Suicide Prevention.



In October, the NSRF supported the team at Ourmentalhealth.ie who premiered their documentary 'My Other Life' on RTE to mark World Mental Health Day 2018.



In November, Professor Ella Arensman visited Windhoek to offer guidance and expertise on the development of the 2nd National Suicide Prevention Strategy for Namibia. The visit was organised as part of the NSRF's designation as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention.



In October, the NSRF hosted a symposium on 'Contemporary Challenges in Suicide Prevention' at the Social Pathologies of Contemporary Civilisation Conference in UCC. A real-time surveillance system for suspected suicides in Cork City and County, developed by the NSRF in collaboration with the Health Service Executive and Coroners, was presented at the conference.



In November, the National DBT team launched its 5-year report. Mr John Meehan, HSE Assistant National Director and Head of the National Office for Suicide Prevention launched the report.



October saw the launch of the Self-Harm in Irish Prisons 2017 Report which was the first Report on episodes of self-harm recorded in Irish Prisons arising from the Self-Harm Assessment and Data Analysis Project



In November, NSRF staff members attended the 25th British Isles (and Ireland) Meeting in Oxford hosted by Professor Keith Hawton

Membership of Committees and Steering Groups

Dr Margaret Kelleher	
Irish Association of Suicidology.	Director
International Academy for Suicide Research	Member
Professor Ella Arensman	
International Association for Suicide Prevention - College of Presidents	Representative
European Alliance Against Depression	Vice-President
EuroSafe Task Force on Suicide and Deliberate Self-Harm	Coordinator
World Health Organisation	Advisor
Steering Group HRB 5-year programme	Chair
IASP Special Interest Group - Clusters and Contagion in Suicidal Behaviour	Co-Chair
Crisis, The Journal Of Crisis Intervention and Suicide Prevention	Co-Editor and Reviewer
CSO Liaison Group on Suicide Mortality Statistics	Member
National Cross Sectorial Steering and Implementation Group for Connecting for Life 2015-2020	Member
Graduate Studies and Research Committee, School of Public Health, University College Cork, Ireland	Member
IASP Special Interest Group on National Suicide Prevention Programs	Member
Programme Steering Group for the UK study on suicide and self-harm funded by the National Institute for Health Research, UK	Member
National Steering Group of the Mental Health Awareness Campaign - Ireland	Member
National Steering Group for the Implementation of the National Suicide Bereavement Liaison Service	Member
Steering Group for the National Implementation of Dialectical Behaviour Therapy	Member
Research Working Group for the National Implementation of Dialectical Behaviour Therapy	Member
Steering Group for the evaluation of the Pieta House Intervention Model	Member
Steering Group for the Study of Untimely Sudden Deaths and People who Took their Lives while in the care of the Donegal Mental Health Service	Member
Cork Connecting for Life Suicide Prevention Forum	Member
Connecting for Life Evaluation Advisory Group	Member
Executive Committee, School of Public Health	Member
Working Group Mental Health Triage Audit and Research Committee	Member
Working Group Research and Audit - National Clinical Programme for the Assessment and Management of Patients presenting to Emergency Departments following Self-Harm	Member
Steering Group of A Psychological Autopsy Study of Suicide Deaths among Children and Adolescents aged 10-20 years in The Netherlands	Member
Advisory Group for the National Suicide Prevention Programme in Germany	Member
Scientific Committee for the 17th European Symposium on Suicide and Suicidal Behaviour	Member
Scientific Committee for the 30th IASP World Congress in Derry Londonderry	Member
Local Organising Committee for the 30th IASP World Congress in Derry Londonderry	Member
Archives of General Psychiatry	Reviewer
Archives of Suicide Research	Reviewer
British Medical Journal	Reviewer
British Journal of Psychiatry	Reviewer
Irish Journal of Medical Science	Reviewer
Irish Medical Journal	Reviewer

Journal of Affective Disorders	Reviewer
Journal of Epidemiology and Community Health	Reviewer
Lancet	Reviewer
Lancet Psychiatry	Reviewer
Health Research Board, Ireland	Reviewer
Department of Health, UK	Reviewer
Department of Health – Research & Development, Northern Ireland	Reviewer
Dr Paul Corcoran	
Graduate Studies Board Committee, Department of Obstetrics and Gynecology and School of Epidemiology and Public Health, University College Cork	Member
CSO Liaison Group on Suicide Mortality Statistics	Member
Evaluation Advisory Group for Connecting for life	Member
School of Public Health Social Research Ethics Committee	Member
School of Public Health Medical Training Committee	Member
School of Medicine Oversight Committee	Member
Dr Eve Griffin	
HSE evaluation of Bereavement Services Working Group	Member
Northern Ireland Self-harm Registry Steering Group	Member
National Clinical Programme for the Assessment and Management of Self-harm in Emergency Departments Research and Audit Group	Member
Justina Hurley	
Cork Healthy Cities – PSYCHED, Mental Health Promoting Workplace initiative	Member
Mary C. Joyce	
Steering Group and Research Advisory Group for the National DBT Project	Member
Mr Niall McTernan	
Headline's Expert Advisory Panel	Member
Society for Social Medicine & IEA European Congress 2019 Local Organising Committee	Member
Cork City Profile 2018 Steering Group	Member
Connecting for Life Social Media Group	Member
Ms Eileen Williamson	
CSO Suicide Mortality Statistics Liaison Group	Co-chair and Member
Association for Child and Adolescent Mental Health, Special Interest Group	Member
International Association for Suicide Prevention	Member
Local Organising Committee for the 30th IASP World Congress Derry Londonderry	Member
Steering Group for the Study of Untimely Sudden Deaths and People who Took their Lives while in the care of the Donegal Mental Health Service	Member
Board of Management NICHE Health Project (Cork) CLG	Member
Steering Group for the National Implementation of Dialectical Behaviour Therapy	Member
Steering Group HRB 5-year programme	Member
International Journal of Injury Control and Safety Promotion	Reviewer
Irish Journal of Psychological Medicine	Reviewer

Awards & Achievements

HSE OPEN ACCESS RESEARCH AWARDS



Dr Ailbhe Spillane, SPHeRE scholar, School of Public Health/NSRF was selected as the overall winner of the HSE Open Access Research Award for her research on the physical and psychological health effects of suicide bereavement on family members.

RAMI JACQUELINE HORGAN BRONZE MEDAL AWARD



Mr Niall McTernan, Senior Research Officer, NSRF was shortlisted for the Jacqueline Horgan Bronze medal award, a prestigious national public health /health services research prize. Niall presented his topical research exploring the media reporting of suicide cases and adherence to guidelines at the Royal Academy of Medicine in Ireland on November 22nd. Ms Eunice Phillip, HRB KEDS/ School of Public Health, UCC who presented on 'Household air pollution from cooking fuel and anaemia in women and children in Sub-Saharan Africa' was the recipient of the award.

NATIONAL HEALTH & SOCIAL CARE PROFESSIONS OFFICE INNOVATION & BEST PRACTICE AWARDS 2018



Professional Leadership Award

Winner: Mr Daniel Flynn, Dr Mary Kells, Dr Mary Joyce and Ms Louise Dunne, National DBT Project: The coordinated implementation and evaluation of dialectical behaviour therapy in adult and child/adolescent mental health services at a national level across Ireland.

SUICIDE RESEARCH
FOUNDATION COMPANY LIMITED
BY GUARANTEE

ANNUAL REPORT
AND FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED
31 DECEMBER 2018

Financial Statements

Company Registration No. 224676 (Ireland)

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Company Information

Members

Margaret Kelleher
Bishop John Buckley
Bishop Paul Colton
Ella Arensman
Patricia Casey
Paul Corcoran
Dave Drohan
Patricia Behan
Tom O'Dwyer
Bertie Kelleher
Barry McGale
Eugene Cassidy
Birgit Greiner
James McCarthy
Colin Bradley

Directors

Margaret Kelleher
James McCarthy
Dave Drohan
Barry McGale
Eugene Cassidy

Secretary

Eileen Williamson

Company number

224676

Registered Office

1 Perrott Avenue
College Road
Cork

Auditor

H&A Accountancy Services Limited
t/a Hickey & Associates
Unit 2, Bowling Green White Street
Cork

Business Address

Room 4.36
Western Gateway Building
University College Cork
Cork
T12 YF9N

Bankers

Allied Irish Banks plc
66 South Mall
Cork

Solicitors

CCK Law Firm
66 Fitzwilliam Square
Dublin 2

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SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

The directors present their report and financial statements for the financial year ended 31 December 2018.

Introduction

The financial statements have been prepared by Suicide Research Foundation Company Limited by Guarantee in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)) as modified by the Statement Of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015.

The organisation is a charitable company with a registered office at 1 Perrott Avenue, College Road, Cork (the charity trades under the name National Suicide Research Foundation). The company's registered number is 224676. The Registered Charity Number (RCN) of the charity is 20030889.

The charity has been granted charitable tax status under sections 207 and 208 of the Taxes Consolidation Act 1997, Charity number CHY 11351 and is registered with the Charities Regulatory Authority.

Objectives and activities

The Suicide Research Foundation Company Limited by Guarantee (National Suicide Research Foundation) (NSRF) is an independent, multi-disciplinary research unit established in Cork, in 1994, by the late Dr Michael J Kelleher.

Suicide Research Foundation Company Limited by Guarantee investigates the causes of suicide, self-harm and related mental health and social factors in Ireland. Suicide Research Foundation Company Limited by Guarantee has a long-standing link with the School of Public Health in University College Cork and is a constituent part of the National Health Services Research Institute and has signed a research collaboration agreement with University College Cork. Suicide Research Foundation Company Limited by Guarantee works collaboratively with the Health Service Executive's National Office for Suicide Prevention in relation to providing research and evidence in line with the objectives of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020.

Suicide Research Foundation Company Limited by Guarantee's principal aims are to build capacity in knowledge and expertise to achieve greater understanding of the causes of suicide and self-harm in Ireland, and to improve evidence-informed programmes in self-harm intervention, suicide prevention and mental health promotion.

Suicide Research Foundation Company Limited by Guarantee is a World Health Organisation (WHO) Collaborating Centre for Surveillance and Research in Suicide Prevention and, as such, fulfils an advisory role to the WHO, and, additionally, provides guidance to countries internationally in developing and implementing registration systems and prevention programmes for self-harm and suicide. Furthermore, Suicide Research Foundation Company Limited by Guarantee's research contributes to international policy development in suicide prevention.

The members of Suicide Research Foundation Company Limited by Guarantee research team represent a broad range of disciplines, including psychology, psychiatry, medicine, epidemiology, public health, biostatistics, sociology, and health services research.

Suicide Research Foundation Company Limited by Guarantee undertakes research into a wide range of topics relating to suicide and self-harm and, accordingly, provides the knowledge base for suicide prevention, intervention and postvention strategies.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Suicide Research Foundation Company Limited by Guarantee's specialist areas of expertise include:

- Surveillance of self-harm and suicide
- Evidence-based treatments for self-harm and depression
- Guiding the implementation and evaluation of national suicide prevention programmes
- Development of the evidence base for the implementation of multi-level suicide prevention programmes

Suicide Research Foundation Company Limited by Guarantee's research and publications provide an evidence-base on many key topics, including:

- Risk and protective factors associated with self-harm and suicide
- Self-harm and related mental health and social factors among young people
- Impact of alcohol and drugs on self-harm and suicide
- Assessment and treatment of self-harm and depression
- Contagion and clustering of suicide and self-harm
- Restricting access to lethal and frequently used methods of self-harm and suicide
- Bereavement following suicide
- Murder-suicide
- Media reporting and suicide.

Review of activities in 2018

National Self-Harm Registry Ireland

The National Self-Harm Registry Ireland is a national system of population monitoring for the occurrence of self-harm. The Registry collects data based on persons presenting to hospital emergency departments as a result of an episode of self-harm, as defined by the Registry. As of 2006 the Registry has obtained full coverage of all general and paediatric hospital emergency departments in the Republic of Ireland. Please see the annual reports of the registry at www.nsrif.ie/reports.

The Registry Aims

- To establish the extent and nature of hospital-treated self-harm in Ireland.
- To monitor trends over time and by area.
- To contribute to policy and development in the area of suicidal behaviour.
- To help the progress of research and prevention.

Northern Ireland Registry of Self-harm

The Northern Ireland Registry of Self-harm was established by the Northern Ireland Public Health Agency in 2012. It has coverage of all 12 acute hospitals in Northern Ireland, as part of the action plan to address self-harm and suicide prevention under the Protect Life Strategy. The regional introduction of the Registry followed an initial piloting of the service in the Western Health and Social Care Trust from 2007 to 2012. The National Suicide Research Foundation provides statistical analysis, support and independent verification of data recorded by the Northern Ireland Registry of Self-harm. A contract is agreed with the Public Health Agency who provides annual funding.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Projects funded by the National Office for Suicide Prevention

Improving surveillance and monitoring of self-harm in Irish Prisons: The Self-harm Assessment and Data Analysis (SADA) Project

As part of its role in *Connecting for Life*, Ireland's National Suicide Reduction Strategy, The Irish Prison Service has committed to reviewing, analysing and learning from each episode of self-harm within the prison estate. The SADA project provides robust information relating to the incidence and profile of self-harm within prison settings, identifies individual- and context-specific risk factors relating to self-harm, as well as examining patterns of repeat self-harm. Such information can be used as an evidence base to inform the identification and management of prisoners who engage in or who are at-risk for self-harm, and to develop effective prevention initiatives. Findings from this project are disseminated back to the Irish Prison Service National Suicide and Harm Prevention Steering Group (NSHPG) on a quarterly basis. The National Suicide Research Foundation co-ordinates the data management, data analysis and reporting of findings from the SADA Project.

Review of the Health Service Executive Suicide Crisis Assessment Nurse Service (SCAN service)

Project Aim

- To describe the operational structure of the SCAN service.
- To review referrals made to services

Specific objectives

- The results from this project will estimate the prevalence of mental health-related referrals to and from the HSE SCAN Service and such data may inform recommendations regarding further development of the service.
- In particular, findings from this project will inform the statement of purpose for the service as well as the alignment of the service with that of the National Clinical Care Programme
- The findings may identify potential improvements for the treatment of individuals at risk of suicidal behaviour.

The findings will also raise awareness of the significance and range of mental health problems among the general population that presents to primary care services. Such findings may inform general population mental health promotion initiatives.

Individual and Ecological Factors Associated with Intentional Drug Overdose

Study Aim

This research aims to provide a comprehensive understanding of the individual and ecological factors contributing to IDO.

The specific objectives of this research are:

- To examine the profile of persons engaging in IDO, detail drugs used and to quantify the contributions of alcohol involvement and multiple drug use
- To describe the emerging use of a group of antiepileptic's known as gabapentinoids in IDO in Ireland; to describe the characteristics of fatal and non-fatal IDO,
- To establish which drug types are linked with greater risk of a fatal outcome
- To describe trends in IDOs with psychotropic drugs and to explore the association between their use and prescribing patterns, and
- To identify changes in clinical presentations predictive of method switching or escalation in patients with repeat self-harm following IDO.

The NSRF has an Overall Agreement with the National Office for Suicide Prevention for the duration of the *Connecting for Life*, Suicide Reduction Strategy, and agrees the terms of a Service Arrangement annually in respect of funding for the National Self Harm Registry Ireland and agreed research projects.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Additional NOSP-funded Project

Coronial Data Project

The Health Research Board/Health Service Executive Coronial Data Study is being carried out in order to fulfil five key strategic commitments made by the HSE NOSP and other key partners under Goal 7 of Connecting for Life.

The aim of this study is twofold, firstly to improve access to timely and high-quality data on suicide and self-harm and secondly to review (and, if necessary, revise) current recording procedures for death by suicide.

The study requires the secondment from the NSRF of a Post-Doctoral Researcher to a Data Analyst Post to work with the NOSP's Evaluation Manager and the study's Technical Advisory Group.

A Change Control note to the HSE NOSP/NSRF Service Arrangement has been agreed.

A Study of Untimely Sudden Deaths and People who took their Lives while in the care of the Donegal Mental Health Service

This research was commissioned by the Donegal Mental Health Service (DMHS). The study examined untimely sudden deaths and those who took their lives while in the care of Donegal Mental Health Service between October 2011 and May 2015.

Information was obtained in accordance with the principles of the Suicide Support and Information System – Psychological Autopsy Model, SSIS-PAM (Arensman et al, 2013; 2012). A total of 34 deaths were included. Of these, 24 family informant interviews took place. Over 92% of those approached agreed to take part.

The study report was launched in April 2016. As a result of the research, DMHS now has a 'real-time' database of information on socio-demographic, psychosocial and psychiatric risk factors which may have contributed to the deaths of those in their care through untimely events or suicide. Following publication of the report, a start was made with the implementation of the evidence-informed actions, funded by the CHO1. These include:

- A service response, which is sent to family members on behalf of the HSE in the event of a service user fatality.
- An information pack for family members at the time of admission of a family member to the Department of Psychiatry.
- Awareness and skills training on self-harm and suicide as part of the induction of new mental health staff.
- Development of an advanced suicide and self-harm risk assessment training programme for all staff within Mental Health Services and beyond.

A Service Arrangement is agreed between CHO1 and the NSRF.

GLOW Project

The GLOW project, a follow-up programme was developed for behaviourally-stable participants with Borderline Personality Disorder who had completed a DBT programme in Cork. The four month programme comprised one individual two-hour session per month and a group activity with all participants at the end of the programme. An evaluation is being undertaken to assess whether a coaching psychology intervention post-DBT will result in increased goal attainment and wellbeing.

Funding for the DBT and GLOW Projects is provided by the HSE's National Office for Suicide Prevention to HSE CHO 4 and a Service Arrangement is agreed with the NSRF.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

National Dialectical Behaviour Therapy Project

The National Dialectical Behaviour Therapy (DBT) Project, Ireland was established in 2013 through funding provided by the National Office for Suicide Prevention. This project is a multi-year project which aims to train DBT teams in Community Mental Health settings across Ireland and to conduct an extensive evaluation of this national implementation. The Health Service Executive and National Suicide Research Foundation have come together as two organisations to collaborate in implementing and evaluating DBT programmes across Ireland.

Project Aims

Co-ordinate and support the administration of a national implementation of DBT in Adult and Child/Adolescent Community Mental Health Services across Ireland

Conduct a comprehensive evaluation of the national implementation of DBT across Community Mental Health Services in Ireland.

World Health Organisation Collaborating Centre

As part of its designation as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention, the NSRF provides advice and information to the WHO and to countries interested in establishing systems of monitoring self-harm. The WHO provides funding for travel and subsistence to these countries.

World Health Organisation Commissioned Work

Developing an e-learning programme for establishing and maintaining surveillance systems for suicide attempts and self-harm

Following on the WHO World Suicide Report of 2014, which stated the need for better availability and quality of suicide attempt and self-harm data, and further to the publication of the Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-harm in 2016, the WHO funded the NSRF to develop an e-learning programme to train staff in hospitals for data collection of cases of suicide attempts and self-harm.

Royal College of Surgeons in Ireland Health Research Board-funded Project

The RCSI funded a senior researcher for a period of six months commencing December 1st 2017 to work on the HRB-funded Project entitled Early Life Stress and the Pathogenesis of Auditory Hallucinations in Young People (Grant code 1918).

International Association for Suicide Prevention

The IASP provides funding for a Research Officer to work on a one-day per week basis on IASP-related research. The researcher acts as the Central Administration Office Assistant for the IASP Special Interest Group on Decriminalisation and the Special Interest Group on the Development of Effective National Suicide Prevention Strategy and Practice in addition to co-ordinating the IASP Special Interest Groups and co-Chairing the IASP Early Career Group. The researcher runs the IASP Twitter account, responds to crisis e-mails directed to IASP and assists with World Suicide Prevention Day content and graphics.

Our Mental Health

On World Mental Health Day, October 10th 2018, RTE broadcast a documentary that it had commissioned students to produce entitled Our Mental Health. The NSRF, in collaboration with the students, developed a website linked to the documentary and conducted a web-based survey in relation to mental health and help-seeking behaviour to which there were 2,500 respondents. Articles are in preparation for submission to peer-review journals.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Directors and secretary

The directors who held office during the financial year and up to the date of signature of the financial statements were as follows:

Margaret Kelleher	
Ivan J. Perry	(Resigned 18 April 2018)
James McCarthy	
Dave Drohan	
Michael O'Sullivan	(Resigned 28 February 2019)
Barry McGale	
Eugene Cassidy	(Appointed 29 May 2018)

The secretary who held office during the financial year and up to the date of signature of the financial statements was Eileen Williamson.

Financial Review

Results for the financial year

A summary of the results for the financial year are set out on page 16.

The members have no beneficial interest in the company as there is no share capital and the company is limited by guarantee.

The statement of financial activities shows net incoming funds for the financial year of €6,363 (2017: €36,161) with total incoming resources amounting to €1,214,123 (2017: €1,179,459) and total resources expended amounting to €1,207,760 (2017: €1,143,298).

The total incoming resources include grant income from the Health Service Executive and other agencies totalling €1,212,967 (2017: €1,179,251)

Reserves policy and financial position

Reserves policy

The charity has determined that it is not required to hold designated reserves given that it has significant cash reserves.

Financial position

The balance sheet shows total charity funds of €204,402 (2017: €198,039) all of which are required to:

- Ensure that the charity can continue to provide the services that are listed as the charity's principal objectives;
- Provide working capital when funding is paid in arrears;
- Meet contractual obligations as they fall due;
- Meet unexpected costs if these arise.

Based on this, the directors are satisfied that the charity holds sufficient reserves to allow the charity to continue to operate successfully.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Structure, governance and management

The organisation is a charitable company limited by guarantee. The company does not have a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required, not exceeding €1.00 per member.

The charity was established under a constitution which established the objects and powers of the charitable company and is governed by its constitution and managed by a board of directors. Permission has been granted by the Companies Registration Office to dispense with the words Company Limited by Guarantee in the title of the company and the Registrar of Business Names granted permission to use the name of National Suicide Research Foundation.

Board of Directors

The National Suicide Research Foundation is governed by a board of directors with a minimum number of 5 and a maximum number of 11 directors. The board meets at least five times each year. Each director's term of office is three years. A chairperson is elected by the board of directors whose term of office is also three years. At each Annual General Meeting one third of the directors elected from the membership retire by rotation and are eligible for re-election. The process for nominations and voting is laid out in the Election Rules document which is posted on the website and made available to all members.

There is a clear division of responsibility in the company with the board retaining control over major decisions. The board of directors retain overall responsibility for the strategic development of the company.

Policies and Procedures for the Induction and Training of board Members

All newly appointed directors receive a Board Induction Folder on appointment. This contains the following documentation: a Board Handbook, the Board-member Code of Conduct, the NSRF Governing Documents, the Strategic Plan, Board Minutes from the previous 12 months, Reports of the Chief Executive Officer from the previous 12 months, the annual budget and other relevant documentation. Board Members also get complete information on how the NSRF demonstrates its full compliance with the Governance Code. The Chief Executive Officer schedules a 2-hour Induction Meeting with each newly appointed director in the first month following appointment, at which a sub-set of information customised for each new member is made available.

Board Subgroups

The company has three Standing Board Sub-committees, namely:

- Operations Sub-committee
- Research Advisory Sub-committee
- Audit, Finance and Risk Management Sub-committee.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Organisational Structure and How Decisions are Made

The NSRF's main office is in Cork and staff members are based in Cork or in locations throughout the country. The team is led by the Chief Executive Officer, the Head of Research and the Chief Scientist who report to the board.

Certain decisions are reserved for the Board and include:

- The Company's strategic plans and annual operating Budgets
- Projects outside the scope of the strategic plan
- Business acquisitions and disposals
- Litigation
- Appointment/Removal of Subgroup Chairs and Members
- Appointment/Removal of the Chief Executive Officer, the Director of Research, Chief Scientist
- Appointment/Removal of Auditors
- Approval of Borrowing/Finance Facilities
- Approval of new staff positions
- Approval of HR Contracts exceeding €40,000 per annum
- Annual Review of Risk and Internal Control
- Approval of policies and procedures and Board nominations.

Although ultimate responsibility for the governance of the NSRF rests with the Board of Directors, certain duties and responsibilities are delegated from the Board to the Chief Executive Officer, the Director of Research and the Chief Scientist and through them to the members of the staff team. These duties include implementation of the strategic plan; leading and managing the NSRF's staff members, programmes, projects, finances and all other administrative aspects so that the NSRF's ongoing mission, vision, and strategies are fulfilled within the context of the NSRF's values as approved by the Board of Directors.

The Chief Executive Officer is responsible for preparing materials for Board consideration and for preparing materials for any strategic planning process.

When the NSRF agrees to co-operate formally with other organisations on specific projects or in specific work areas, the agreements are determined by a Memorandum of Understanding/Service Arrangement or a form of written agreement which is approved by the Board of Directors.

Internal Controls

The National Suicide Research Foundation conducts an annual Risk Review process that is assessed in detail by the Audit, Finance and Risk Management subgroup with senior management and ultimately reviewed and signed off by the Board of Directors. This process involves identification of the major risks to which the NSRF is exposed, an assessment of their impact and likelihood of happening and risk mitigation actions for each.

The quarterly report of the Operations Subcommittee to the board contains a section on risk analysis updating the board regarding the status of the most acute risks to the NSRF and this is reviewed at each meeting of the Board of Directors.

Transparency and Public Accountability

The Board believes that the National Suicide Research Foundation and all organisations with charitable status must be fully accountable to the general public, providing detailed information on where its funds come from and on what they are spent. The NSRF's annual Financial Statements when approved by the Board of Directors are submitted to the Companies Registration Office and are published on the website www.nsrfl.ie, under the About Us section.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Directors, trustees and other senior personnel

Mr. James McCarthy, Chairman

James is a Chartered Accountant and Director in Ernst and Young's Corporate Finance practice in Cork. He joined the NSRF Board as a Director in 2016 and has served as Chairman since early 2018. James brings more than 15 years of financial services experience to his role on the board.

Dr. Margaret Kelleher

Margaret has been involved in the investigation of suicide since 1987 when Dr. Michael Kelleher and Dr. Maura Daly decided to investigate the high level of suicide in a particular area of Cork. Margaret was a founding member of the NSRF in 1994, having helped secure funding that led to its establishment. On the death of Dr. Michael Kelleher in 1998, she became the director with overall responsibility for the foundation. In 2001 she invited Professor Ivan Perry to become director of research with overall responsibility for the registry. She arranged the appointment of Dr. Ella Arensman to the NSRF in 2003. She continues as the medical director of the NSRF and pursues her own interest as a general practitioner in Cork, with a special interest in suicide prevention. She is a fellow of the International Association of Suicide Research (IASR). She worked closely with the late Dr Michael Kelleher in having suicide decriminalised in 1993. She is a General Practitioner in Cork who has had a lifelong interest in suicide prevention. Margaret brings extensive clinical experience and insights to the board.

Mr. Dave Drohan

Dave worked in the Public Health Service for more than 30 years serving with the Southern and North Western Health Boards and the Health Service Executive in Management/Administration roles. The services he worked in include Mental Health, Disabilities and Community Services generally, as Local Health Manager in Cork. He also worked for a Private Health Care provider and currently works on behalf of the Mental Health Commission. He has been on the Board of the NSRF since its creation and was a founding member of the organisation. Dave brings his extensive management experience to the board.

Mr. Barry McGale

Barry is a retired mental health nurse and cognitive behavioural therapist. He is a suicide prevention consultant with Suicide Bereavement UK and Livingworks Canada. He has been a member of the NSRF board since 2013. Barry brings his vast experience of working with suicidal patients and bereaved families to the Board.

Professor Eugene Cassidy

Eugene graduated in Medicine (MBBChBAO) from UCD in 1992 and completed a Master of Medical Science (Physiology Hons) at UCD in 1995. He is a Clinical Professor at University College Cork and Consultant Liaison Psychiatrist with the HSE at Cork University Hospital. Eugene brings broad clinical and research experience to his position on the board.

Mr. Pat Madden

Pat worked in the Public Health Service for more than 30 years in the Southern Health Board and the Health Service Executive in Management/Administration roles. The services he worked in include Mental Health and Community Services. Pat brings his extensive management experience to the company.

Professor Ivan J. Perry

Ivan was appointed Professor of Public Health in the newly established Department of Epidemiology and Public Health in University College Cork in 1997 and is now Head of the School of Public Health. He was the Foundation Director of Ireland's National Self-Harm Registry, the first national registry of hospital treated self-harm to be established worldwide when he was Director of Research at the NSRF. Ivan brings his vast research and management experience to the company.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Eileen Williamson, Chief Executive Officer

Eileen commenced employment with the late Dr. Michael J. Kelleher in 1994 who was a founder member of the NSRF. She holds an MBS (Hons) Degree in Health Services Management from University College Cork. Eileen oversees the daily management of the NSRF research team and has specific responsibility for finance, legal and human resource related issues. In particular, she protects the financial assets and formulates, negotiates and controls the annual budget. She co-ordinates the Operations sub-group, and in this role contributes to the development of the NSRF's goals, policies and strategic focus. In addition, Eileen is the NSRF's Company Secretary. This role involves working with the auditors in the preparation of the statutory financial statements and audit and ensuring compliance with all laws and regulations relevant to the company.

Dr. Paul Corcoran, Head of Research

Paul is an epidemiologist with more than twenty years of experience in suicidal behaviour research. Paul is also a Senior Lecturer in Peri-natal Epidemiology with the National Peri-natal Epidemiology Centre in the Department of Obstetrics and Gynaecology and with the School of Public Health. Paul's degrees include a BSc in Statistics and Computer Science, a Master's degree in Statistics and a PhD in Epidemiology, all obtained at UCC. For the academic year 2008/2009, he was Visiting Professor at the Department of Psychiatry at the University of Oviedo in Spain and he is Chair of the International Association for Suicide Prevention Special Interest Group on National Systems for certifying Suicide Deaths. He has more than 100 peer-reviewed scientific publications and has contributed to international texts on suicide epidemiology as well as contributing to Irish national suicide prevention strategies.

Dr. Eve Griffin, Manager National Self Harm Registry Ireland and Research Fellow

Eve holds a PhD in Applied Psychology from UCC and is a post-doctoral researcher with the NSRF. She is also the manager of the National Self Harm Registry Ireland. Having worked with the NSRF since 2011, Eve has a particular interest in the profile of hospital-treated self-harm, the profile of intentional drug overdose presentations, as well as the management of self-harm patients. Eve also collaborates with the Northern Ireland Public Health Agency, on the Northern Ireland National Registry of Deliberate Self-Harm.

Professor Ella Arensman, Research Professor University College Cork and Chief Scientist National Suicide Research Foundation

For over 30 years, Professor Ella Arensman, MSc, PhD (Leiden University, The Netherlands), has conducted research into suicide, self-harm and related mental health problems, with particular expertise in epidemiological research, randomised controlled trials, health services research, health information systems, and programme evaluation. Since the early nineties, Ella has been involved in a large number of international research consortia including the WHO/Euro Multicentre study on Suicidal Behaviour, Child and Adolescent Self Harm in Europe, EAAD, Optimised Suicide Prevention programmes and their Implementation in Europe, Preventing Depression and Improving Awareness through Networking in the EU, and Mental Health Training through Research Network in Europe. Ella leads the programme of work on the Health Research Board funded Research Leaders Award.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Principal risks and uncertainties

The directors have ultimate responsibility for managing risk and are aware of the risks associated with the operating activities of the charity. The directors carry out an annual audit and review the risks on an ongoing basis. The directors are satisfied that adequate systems of governance, supervision, procedures and internal controls are in place to mitigate the exposure to major risks and that these controls provide reasonable assurance against such risks. The directors have identified that the key risks facing the company relate to the risk of a decrease in the level of grant funding, the increase in compliance requirements in accordance with company, health and safety and general data protection legislation, and ensuring security of the company's sensitive data, reputational risk and other operational risks.

The company mitigates these risks as follows:

Financial risk

- The charity continually monitors the level of activity, prepares and monitors its budgets and projections. The charity has a policy of maintaining significant cash reserves and it has also developed a strategic plan which will allow for the diversification of funding and activities
- Financial information is subject to detailed review at board level allowing for continuous monitoring of the company's operations and financial status.

Operational/internal control risk

- The risk is minimised by the implementation of procedures for authorisation of all transactions and projects and the requirements for budgets covering all activities
- Procedures are in place to ensure compliance with health and safety of staff and clients.

Reputational/compliance risk

- In common with many charities, the company's principal risk is reputational damage. Reputation damage could be caused by an event either within or outside the company's control. In order to mitigate this risk the charity continues to adopt best practices
- The charity closely monitors emerging changes to regulations and legislation on an on-going basis by ensuring all accreditation is up to date.

Accounting records

The company's directors are aware of their responsibilities, under sections 281 to 285 of the Companies Act 2014 as to whether in their opinion, the accounting records of the company are sufficient to permit the financial statements to be readily and properly audited and are discharging their responsibility by:

- 1) employing qualified and experienced staff,
- 2) ensuring that sufficient company resources are available for the task,
- 3) liaising with the company's auditors/seeking external professional accounting advice, and
- 4) arranging to guard against falsification of the records.

The accounting records are held at the company's business premises, Room 4.36 Western Gateway Building, University College Cork, Cork. T12 YF9N

Post reporting date events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of the affairs of the company in the financial period subsequent to the financial year ended 31 December 2018.

Future developments

The company's future plans include making applications to various organisations for new funding for a variety of research projects.

Auditor

In accordance with Section 383(2) of the Companies Act 2014, H&A Accountancy Services Limited t/a Hickey & Associates will continue in office as auditors of the company.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Statement on relevant audit information to auditor

Each of the directors in office at the date of approval of this annual report confirms that:

- so far as the director is aware, there is no relevant audit information of which the company's auditor is unaware, and
- the director has taken all the steps that he / she ought to have taken as a director in order to make himself / herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of section 330 of the Companies Act 2014.

On behalf of the board

Margaret Kelleher
Director

Dave Drohan
Director

15 May 2019

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' RESPONSIBILITIES STATEMENT

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

General responsibilities

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with Irish law and regulations.

Irish company law requires the directors to prepare financial statements for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with the Companies Act 2014 and accounting standards issued by the Financial Reporting Council (and promulgated by Chartered Accountants Ireland) including FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland (Generally Accepted Accounting Practice in Ireland) as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the profit or loss of the company for that financial year and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and profit or loss of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors' Report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the board

Margaret Kelleher
Director

Dave Drohan
Director

15 May 2019

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

Opinion

We have audited the financial statements of Suicide Research Foundation Company Limited by Guarantee (the 'company') for the financial year ended 31 December 2018 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Changes in Funds, the Statement of Cash Flows and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 *the Financial Reporting Standard applicable in the UK and Republic of Ireland*, as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015.

In our opinion the financial statements:

- give a true and fair view of the state of the assets, liabilities and financial position of the company's at 31 December 2018 and of its result for the financial year then ended;
- have been properly prepared in accordance with FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's *responsibilities for the audit of the financial statements* section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE MEMBERS OF SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

Opinions on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- the information given in the Directors' Report is consistent with the financial statements;
- the Directors' Report has been prepared in accordance with applicable legal requirements;
- we have obtained all the information and explanations which we consider necessary for the purposes of our audit;
- the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and;
- the financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report. We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of director's remuneration and transactions specified by sections 305 to 312 of the Act are not made.

Responsibilities of directors for the financial statements

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-\(Ireland\)/ISA-700-\(Ireland\)](http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-(Ireland)/ISA-700-(Ireland)). This description forms part of our auditor's report.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the company's members, as a body, in accordance with section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Owen Hickey
for and on behalf of:

H&A Accountancy Services Limited
t/a Hickey & Associates
Chartered Accountants
Statutory Auditors

15 May 2019

Unit 2, Bowling Green
White Street
Cork

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

STATEMENT OF FINANCIAL ACTIVITIES (INCLUDING THE INCOME AND EXPENDITURE ACCOUNT)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	Notes	Restricted funds €	Unrestricted funds €	Total 2018 €	Total 2017 €
Incoming Resources from:					
Private donations		-	1,120	1,120	100
Investment income		-	36	36	108
Grant income		1,190,497	22,470	1,212,967	1,179,251
Total incoming resources	3	1,190,497	23,626	1,214,123	1,179,459
Resources Expended on:					
Payroll costs including social insurance costs		(917,108)	-	(917,108)	(861,016)
Pension costs		(22,717)	-	(22,717)	(20,360)
Recruitment costs		(6,888)	-	(6,888)	(4,000)
Data collection costs		(10,323)	-	(10,323)	(10,323)
Data collection travel costs		(40,977)	-	(40,977)	(36,254)
Travel, meetings and conferences		(48,743)	-	(48,743)	(33,163)
Premises costs		(26,623)	-	(26,623)	(38,964)
Professional and related fees		(53,471)	(15,000)	(68,471)	(50,016)
IT costs		(44,897)	-	(44,897)	(44,664)
Intern cost		(15,000)	-	(15,000)	(29,690)
Other administration costs		(6,013)	-	(6,013)	(14,848)
Total resources expended	4	(1,192,760)	(15,000)	(1,207,760)	(1,143,298)
Net movement in funds for the financial year before taxation		(2,263)	8,626	6,363	36,161
Tax on net movement	9	-	-	-	-
Net movement in funds for the financial year		(2,263)	8,626	6,363	36,161
Reconciliation of funds:					
Net movement in funds for the financial year		(2,263)	8,626	6,363	36,161
Transfer at year end to unrestricted funds		2,263	(2,263)	-	-
Balances brought forward		-	198,039	198,039	161,878
Balances carried forward		-	204,402	204,402	198,039

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

BALANCE SHEET

AS AT 31 DECEMBER 2018

	Notes	2018 €	€	2017 €	€
Fixed assets					
Tangible assets	10		4,081		5,441
Current assets					
Debtors	12	77,522		131,085	
Cash at bank and in hand		369,919		226,590	
		<u>447,441</u>		<u>357,675</u>	
Creditors: amounts falling due within one year	13	(247,120)		(165,077)	
Net current assets			200,321		192,598
Total assets less current liabilities			<u>204,402</u>		<u>198,039</u>
Funds of the charity					
Restricted funds			-		-
Unrestricted funds			204,402		198,039
Total charity funds			<u>204,402</u>		<u>198,039</u>

The financial statements were approved by the board of directors and authorised for issue on 15 May 2019 and are signed on its behalf by:

Margaret Kelleher
Director

Dave Drohan
Director

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

STATEMENT OF CHANGES IN FUNDS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	Restricted reserves €	Unrestricted reserves €	Total €
Balance at 1 January 2017	-	161,878	161,878
Financial year ended 31 December 2017:			
Net movement in funds for the financial year	-	36,161	36,161
Balance at 31 December 2017	-	198,039	198,039
Financial year ended 31 December 2018:			
Net movement in funds for the financial year	-	6,363	6,363
Balance at 31 December 2018	-	204,402	204,402

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	Notes	2018 €	€	2017 €	€
Cash flows from operating activities					
Cash generated from/(absorbed by) operations	19		143,293		(100,439)
Investing activities					
Purchase of tangible fixed assets		-		(6,801)	
Interest received		36		108	
Net cash generated from/(used in) investing activities			36		(6,693)
Net cash used in financing activities			-		-
Net increase/(decrease) in cash and cash equivalents			143,329		(107,132)
Cash and cash equivalents at beginning of financial year			226,590		333,722
Cash and cash equivalents at end of financial year			369,919		226,590

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies

Company information

Suicide Research Foundation Company Limited by Guarantee is primarily engaged in the investigation into the causes of suicide and self-harm in Ireland and undertaking research into various topics relating to suicide and self-harm in order to provide a knowledge base for suicide prevention, intervention and postvention and to provide training and positive mental health programmes.

Suicide Research Foundation Company Limited by Guarantee is a company limited by guarantee without a share capital, and is domiciled and incorporated in Ireland, company registration number 224676. The company is tax resident in Ireland.

The registered office is 1 Perrott Avenue, College Road, Cork. The company's principal place of business is 4.36 Western Gateway Building, University College Cork, Cork.

The financial statements have been prepared by Suicide Research Foundation Company Limited by Guarantee in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102, the financial reporting standard applicable in the UK and Republic of Ireland as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015.

The significant accounting policies adopted by the company and applied consistently in the preparation of the financial statements are set out below.

1.1 Basis of preparation

The financial statements are prepared in accordance with applicable law and the accounting standards issued by the Financial Reporting Council and promulgated by Chartered Accountants Ireland (FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015), which have been applied consistently (except as otherwise stated).

The financial statements are prepared under the historical cost convention and on a going concern basis, modified to include certain items at fair value.

The financial statements are prepared in euros, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest €.

1.2 Going concern

At the time of approving the financial statements, the directors have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. Thus the directors continue to adopt the going concern basis of accounting in preparing the financial statements.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies

(Continued)

1.3 Incoming resources

Incoming resources are recognised in the financial year in which the charity is entitled to the income, when the amount of income can be measured reliably and it is probable that the income will be received.

Incoming resources represent grant income, private donations and investment income.

Grants from government and other agencies have been included in income from activities in furtherance of the charity's objectives where these amount to a contract for services provided, for example monies received for core funding, but as donations where the funds are given with greater freedom of use.

Income from government and other grants is recognised when the charity has entitlement to the funds, any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably. Grants, where related to performance and specific deliverables, are accounted for as the charity earns the right to consideration by its performance and included within grant income.

Voluntary donations are recognised when the charity is entitled to the income, has certainty of receipt and the amount can be measured with sufficient reliability.

Investment income is included when receivable and the amount can be reliably measured, which is normally upon notification of the interest paid or payable by the bank.

Grants relating to expenditure to be incurred in a future accounting period received in advance are deferred and recognised in the financial period to which they relate.

No incoming resources have been included in the statement of financial activities net of expenditure.

1.4 Resources expended

Resources expended are recognised on an accruals basis as a liability is incurred. Resources expended include any VAT which cannot be recovered, and are reported as part of the expenditure to which it relates. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis, for example on estimated usage.

Resources expended have been allocated to the categories listed on the statement of financial activities.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Professional and related fees, IT costs and other administration costs are costs associated with meeting the constitutional and statutory requirements of the charity and include audit and accountancy fees, costs of legal advice, maintenance of the data base and its security and costs linked to the strategic management of the charity including the cost of directors' meetings.

Resources expended are allocated based on activity (no fund raising activities) and liabilities are recognised as soon as there is a legal or constructive obligation to make a transfer of value to a third party as a result of past transactions or events.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies

(Continued)

1.5 Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving public accountability of the charity (including audit fees) and costs in respect of its compliance with regulation and good practice.

Support and governance costs are apportioned directly to the activity to which they relate.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at historical cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Computer equipment	20% Straight line basis
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The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to the statement of financial activities.

The company's policy is to review the remaining useful economic lives and residual values of assets on an ongoing basis and to adjust the depreciation charge to reflect the remaining estimated useful economic life and residual value.

1.7 Impairment of fixed assets

At each reporting end date, the company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in surplus or deficit, unless the relevant asset is carried at a revalued amount, in which case the impairment loss is treated as a revaluation decrease.

Recognised impairment losses are reversed if, and only if, the reasons for the impairment loss have ceased to apply. Where an impairment loss subsequently reverses, the carrying amount of the asset (or cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in surplus or deficit, unless the relevant asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies (Continued)

1.8 Cash at bank and in hand

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Trade debtors, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

Interest is recognised by applying the effective interest rate, except for short-term receivables when the recognition of interest would be immaterial. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating the interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the debt instrument to the net carrying amount on initial recognition.

Impairment of financial assets

Financial assets, other than those held at fair value through surplus and deficit, are assessed for indicators of impairment at each reporting end date.

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in the statement of financial activities.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in the statement of financial activities.

Classification of financial liabilities

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Taxation

No charge to current or deferred taxation arises as the charity has been granted charitable status under sections 207 and 208 of the Taxes Consolidation Act 1997, Charity Number CHY 11351.

1.11 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.

The cost of any unused holiday entitlement is recognised in the financial year in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.12 Retirement benefits

The company contributes to various defined contribution pension plans for the benefit of its employees. The cost to the company of the contributions payable are charged to the statement of financial activities in the financial year they are payable. The pension plans are held in the names of the individual employees/members and thus the assets held in those plans are not included in the company's assets.

1.13 Government grants

Current revenue grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received. Revenue grants are credited to the statement of financial activities in the financial year in which they are received, or when the relative expenditure takes place, whichever is the later.

1.14 Foreign exchange

Monetary assets and liabilities denominated in foreign currencies are translated into euro at the rates of exchange ruling at the financial year end. Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction payment or receipt. All differences in foreign currency translations between the rates ruling at the dates of the transactions and the dates of payment or receipt are credited or debited to the statement of financial activities.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1 Accounting policies

(Continued)

1.15 Borrowings

Borrowings are recognised at the transaction prices (present value of cash payable to the creditors). Interest expenses are recognised in the statement of financial activities in the financial year in which they are charged.

Borrowings are classified as appropriate, given that the company has a right to defer settlement of some of the liabilities for at least 12 months after the reporting date.

1.16 Fund accounting

The following funds are operated by the charity:

Restricted Funds

Restricted Funds represent grants, donations and sponsorships received which can only be used for particular purposes specified by the donors or sponsorship programmes binding on the directors/trustees. Such purposes are within the overall aims of the charity.

Unrestricted Funds

Unrestricted Funds includes general funds and designated funds and it represent amounts which are expendable at the discretion of the directors/trustees in furtherance of the objectives of the charity and which have not been designated for other purposes. Such funds may be held in order to finance working capital or capital expenditure.

1.17 Services provided by directors/trustees

For the purposes of these financial statements, no monetary value has been placed on the administrative and management services provided by the directors/trustees, except under contracts of employment by the company.

2 Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the financial year in which the estimate is revised where the revision affects only that financial year, or in the financial year of the revision and future financial years where the revision affects both current and future financial years.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

Critical judgements

Debtors accruals and deferred income

The company estimates the debtors accruals and deferred income liabilities in relation to projects on a basis of performance carried out under the contract before and after the financial year end. The basis for each debtor's accrual and deferred income liability is the contract term remaining as a proportion of the entire contract term in relation to the total funds received/receivable under the contract by the financial year end date less funding already received up to 31 December of each financial year.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

3 Incoming resources

The incoming resources of the company for the financial year have been wholly derived from its principal activity and is mostly undertaken in the Republic of Ireland.

Grant income comprises restricted revenue grants made by the Health Service Executive (HSE) and other agencies to fund the provision of specific deliverables under performance related contracts with each of the agencies. The amounts of such grants received in the financial year from each agency is detailed below. All grants from the Health Service Executive and other agencies where performance conditions were attached are classified as grant income in the statement of financial activities.

The incoming resources for the financial year have been derived from:

	2018 €	2017 €
<u>Restricted Income</u>		
HSE NOSP - National Suicide Research Foundation	300,000	300,000
HSE NOSP - National Self-Harm Registry Ireland	552,779	536,001
HRB ICE funding	-	33,682
Donegal Mental Health Service - Donegal Study	69,055	65,078
HSE NOSP/CHO 4 - National Dialectical Behaviour Therapy Project	155,580	144,513
HSE NOSP Information Officer funding	-	9,848
HRB SSIS ACE funding	-	16,290
International Association for Suicide Prevention Project	8,847	7,870
Electric Aid funding	-	4,952
Assist Evaluation funding	-	3,526
Manchester Pharma Study income	-	10,508
World Health Organisation Collaborating Centre	7,767	2,387
HRB KEDS funding	-	10,392
Royal College of Surgeons in Ireland Health Research Board Project	19,855	3,143
HSE NOSP/CHO 4 GLOW Project	6,168	-
World Health Organisation Commissioned Work	10,239	-
HSE NOSP - Coronial Data Project	27,960	-
Northern Ireland Registry of Self-Harm	32,247	31,061
	<u>1,190,497</u>	<u>1,179,251</u>
<u>Unrestricted Income</u>		
Overhead funding	22,470	-
Private donations	1,120	100
	<u>23,590</u>	<u>100</u>
 Total funding	 <u>1,214,087</u>	 <u>1,179,351</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

4 Analysis of Resources Expended

	Foundation and Research	Registry	2018 €	2017 €
Wages and salaries including social insurance costs	468,566	448,542	917,108	861,016
Pension costs	17,316	5,401	22,717	20,360
Recruitment costs	3,444	3,444	6,888	4,000
Data collection costs	-	10,323	10,323	10,323
Data collection travel costs	-	40,977	40,977	36,254
Travel, meetings and conferences	34,783	13,960	48,743	33,163
Fees and subscriptions	48,235	6,460	54,695	36,240
Stationery, printing and postage	1,129	4,194	5,323	14,149
Telephones	1,988	717	2,705	2,800
Rent	11,400	4,000	15,400	24,600
Insurance	3,579	3,579	7,158	7,122
Bank charges	345	345	690	699
Accountancy fees	3,198	3,198	6,396	6,000
Audit fees	3,690	3,690	7,380	7,776
Computer running costs	20,765	24,132	44,897	44,664
Sundry expenses	-	-	-	234
Intern cost	-	15,000	15,000	29,690
Depreciation	-	1,360	1,360	4,208
	<u>618,438</u>	<u>589,322</u>	<u>1,207,760</u>	<u>1,143,298</u>

5 Auditor's remuneration

	2018 €	2017 €
Fees payable to the company's auditors:		
For audit services		
Audit of the financial statements of the company	<u>7,380</u>	<u>7,776</u>
For other services		
All other non-audit services	<u>6,396</u>	<u>6,000</u>

6 Net Incoming Resources

	2018 €	2017 €
Net Incoming resources are stated after charging:		
Depreciation of owned tangible fixed assets	<u>1,360</u>	<u>4,208</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

7 Employees

The average monthly number of persons (including directors) employed by the company during the financial year was:

	2018	2017
	Number	Number
Foundation	14	15
Registry	14	14
	<u>28</u>	<u>29</u>

Their aggregate remuneration comprised:

	2018	2017
	€	€
Wages and salaries	840,197	785,447
Social security costs	76,911	75,569
Pension costs	22,717	20,360
	<u>939,825</u>	<u>881,376</u>

No remuneration was paid to any director during the financial year and the directors had no financial interests in the company at any time during the financial years. There was one employee (2017: One) who received employee benefits excluding employer pension costs of between €70,000 and €80,000 during the financial year.

8 Interest receivable and similar income

	2018	2017
	€	€
Interest income		
Interest on bank deposits	36	108
	<u>36</u>	<u>108</u>

Investment income includes the following:

Interest on financial assets not measured at fair value through statement of financial activities	36	108
	<u>36</u>	<u>108</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

9 Taxation

The company has obtained exemption from the Revenue Commissioners in respect of corporation tax, it being a company not carrying on a business for the purpose of making a surplus. DIRT tax is payable on any interest income received in excess of €32. No provision has been made in these financial statements for corporation tax as the company is exempt from corporation tax.

No provision has been made in the financial statements for deferred tax as the company is exempt from corporation tax.

10 Tangible fixed assets

	Computer equipment €
Cost	
At 1 January 2018 and 31 December 2018	31,064
Depreciation and impairment	
At 1 January 2018	25,623
Depreciation charged in the financial year	1,360
At 31 December 2018	26,983
Carrying amount	
At 31 December 2018	4,081
At 31 December 2017	5,441

11 Financial instruments

	2018 €	2017 €
Carrying amount of financial assets		
Debt & other financial instruments measured at amortised cost	447,441	357,675
Carrying amount of financial liabilities		
Measured at amortised cost	225,141	144,674

12 Debtors

	2018 €	2017 €
Amounts falling due within one year:		
Accrued income	76,131	130,282
Other debtors	1,391	803
	77,522	131,085

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

13 Creditors: amounts falling due within one year

	2018	2017
	€	€
PAYE and social security	21,979	20,403
Accruals	105,704	81,239
Deferred income	119,437	63,435
	<u>247,120</u>	<u>165,077</u>

Deferred income relates to grants received under contracts where the performance conditions have not been completed by the financial year end as the periods of these contracts extend over more than one financial year. All such funding received is deferred until the performance conditions have been met in accordance with the contracts.

14 Retirement benefit schemes

	2018	2017
	€	€
Defined contribution schemes		
Charge to statement of financial activities in respect of defined contribution schemes	22,717	20,360
	<u>22,717</u>	<u>20,360</u>

The company operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the company in an independently administered fund.

15 Members' liability

The company is limited by guarantee, not having a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding €1 per member.

16 Analysis of Net Assets by Fund

	Fixed Assets	Current assets	Current liabilities	Closing Balance
	€	€	€	€
Unrestricted income				
Unrestricted Funds	-	214,952	(10,550)	204,402
	<u>-</u>	<u>214,952</u>	<u>(10,550)</u>	<u>204,402</u>
Restricted income				
Restricted Funds	4,081	232,489	(236,570)	-
	<u>4,081</u>	<u>232,489</u>	<u>(236,570)</u>	<u>-</u>
	<u>4,081</u>	<u>447,441</u>	<u>(247,120)</u>	<u>204,402</u>

17 Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of the affairs of the company in the financial period subsequent to the financial year ended 31 December 2018.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

18 Related party transactions

During the financial year no remuneration or reimbursement of expenses was made to directors in connection with their duties as directors.

19 Cash generated from operations

	2018	2017
	€	€
Net incoming resources for the financial year after tax	6,363	36,161
Adjustments for:		
Investment income	(36)	(108)
Depreciation and impairment of tangible fixed assets	1,360	4,208
Movements in working capital:		
Decrease/(increase) in debtors	53,563	(43,088)
Increase/(decrease) in creditors	82,043	(97,612)
Cash generated from operations	<u>143,293</u>	<u>(100,439)</u>

20 Approval of financial statements

The directors approved the financial statements on the 15 May 2019

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL AFFAIRS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	€	2018 €	€	2017 €
Foundation income		322,470		300,000
HSE NOSP - National Suicide Research Foundation	300,000		300,000	
Overhead funding	22,470		-	
Foundation costs				
Salaries & wages	(203,004)		(171,109)	
Social welfare costs	(16,761)		(17,034)	
Staff recruitment costs	(3,444)		(4,000)	
Staff pension costs defined contribution	(9,529)		(6,168)	
Rent	(11,400)		(24,600)	
Insurance	(3,579)		(3,561)	
Travelling expenses	(4,558)		(70)	
Meeting & conference costs	(7,877)		(6,831)	
Postage, printing & stationery	(1,003)		(5,502)	
Bank charges	(345)		(349)	
Fees, training & subscriptions	(6,011)		(4,097)	
Accountancy fees	(3,198)		(3,000)	
Audit fees	(3,690)		(3,888)	
Computer running costs	(20,765)		(14,860)	
Telecommunications	(733)		(1,837)	
Sundry expenses	-		(117)	
		(295,897)		(267,023)
		26,573		32,977
HRB ICE		-		-
Funding receivable	-		33,682	
Salaries & wages	-		(25,534)	
Social welfare costs	-		(2,663)	
Travel costs	-		(48)	
Fees & subscriptions	-		(2,500)	
Meetings & conferences	-		(774)	
Pension costs	-		(2,163)	
HRB SSIS ACE		-		-
Funding receivable	-		16,290	
Salaries & wages	-		(9,263)	
Social welfare costs	-		(847)	
Travel costs	-		(648)	
Telephone	-		(205)	
Fees & subscriptions	-		(2,280)	
Meetings & conferences	-		(3,047)	

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL AFFAIRS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	€	2018 €	€	2017 €
International Association for Suicide Prevention Project		-		-
Funding receivable	8,847		7,870	
Salaries & wages	(8,151)		(5,995)	
Social welfare costs	(696)		(513)	
Travel costs	-		(1,362)	
	-----		-----	
Donegal Mental Health Service - Donegal Study		-		-
Funding receivable	69,055		65,078	
Salaries & wages	(52,067)		(52,067)	
Social welfare costs	(5,649)		(5,597)	
Travel costs	(961)		(1,957)	
Stationery & printing	-		(15)	
Fees & subscriptions	(4,694)		-	
Meetings & conferences	(1,484)		(892)	
Pension costs	(4,200)		(4,550)	
	-----		-----	
HSE NOSP - National Dialectical Behaviour Therapy Project		-		-
Funding receivable	155,580		144,513	
Salaries & wages	(119,415)		(117,404)	
Social welfare costs	(12,365)		(11,538)	
Travel costs	(627)		(4,584)	
Stationery & supplies	(126)		(144)	
Fees & subscriptions	(11,745)		(10,000)	
Meetings & conferences	(11,302)		(843)	
	-----		-----	
HSE NOSP Information Officer		-		-
Funding receivable	-		9,848	
Salaries & wages	-		(6,554)	
Social welfare costs	-		(646)	
Fees & subscriptions	-		(2,648)	
	-----		-----	
Manchester Pharma Study		-		-
Funding receivable	-		10,508	
Salaries & wages	-		(10,000)	
Fees & subscriptions	-		(93)	
Fees & subscriptions	-		(295)	
Meetings & conferences	-		(120)	
	-----		-----	
World Health Organisation Collaborating Centre		-		-
Funding receivable	7,767		2,387	
Travel costs	(1,235)		(1,125)	
Telephones	(1,255)		-	
Fees and subscriptions	(3,816)		-	
Meetings & conferences	(1,461)		(1,262)	
	-----		-----	

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL AFFAIRS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	€	2018 €	€	2017 €
HRB KEDS Project		-		-
Funding receivable	-		10,392	
Travel costs	-		(134)	
Fees & subscriptions	-		(7,199)	
Pension costs	-		(3,059)	
			<hr/>	
Electric Aid Project		-		-
Funding receivable	-		4,952	
Stationery, printing & postage	-		(2,145)	
Fees & subscriptions	-		(2,807)	
			<hr/>	
Assist Evaluation Project		-		-
Funding receivable	-		3,526	
Salaries & wages	-		(3,250)	
Social welfare costs	-		(276)	
			<hr/>	
Royal College of Surgeons in Ireland - Health Research Board Project		-		-
Funding receivable	19,855		3,143	
Salaries & wages	(13,167)		(2,561)	
Social welfare costs	(1,441)		(358)	
Fees & subscriptions	(4,124)		-	
Pension costs	(1,123)		(224)	
			<hr/>	
HSE NOSP/CHO 4 GLOW Project		-		-
Funding receivable	6,168		-	
Salaries & wages	(2,819)		-	
Social welfare costs	(214)		-	
Travel & subsistence costs	(290)		-	
Fees & subscriptions	(2,845)		-	
			<hr/>	
World Health Organisation Commissioned Work		-		-
Funding receivable	10,239		-	
Salaries & wages	(8,092)		-	
Social welfare costs	(791)		-	
Travel costs	(598)		-	
Meetings & conferences	(758)		-	
			<hr/>	
HSE NOSP - Coronial Data Project		-		-
Funding receivable	27,960		-	
Salaries & wages	(21,331)		-	
Social welfare costs	(2,603)		-	
Travel costs	(1,314)		-	
Meetings & conferences	(248)		-	
Pension costs	(2,464)		-	
			<hr/>	

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL AFFAIRS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

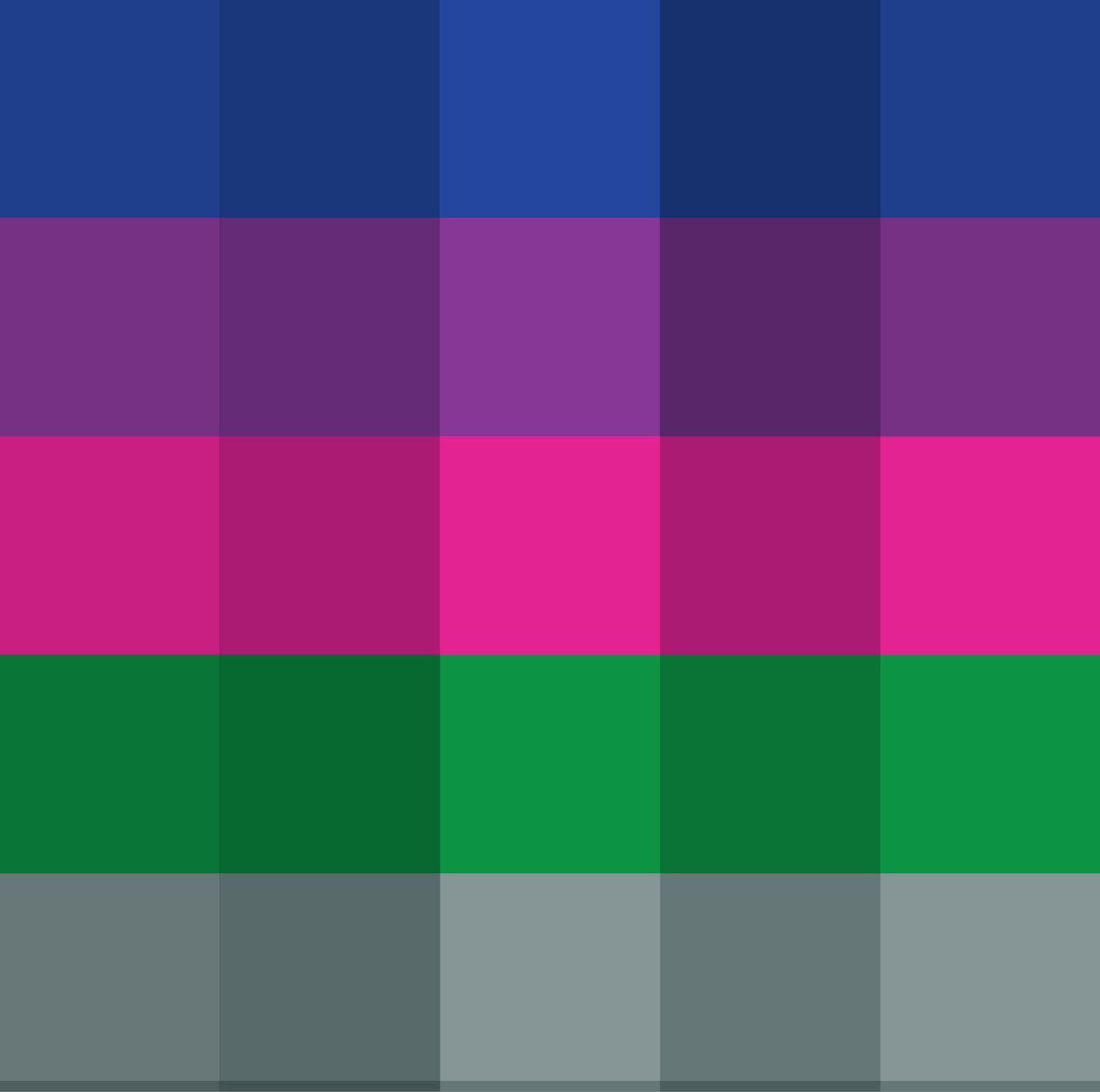
	€	2018 €	€	2017 €
Our Mental Health		(15,000)		-
Fees & subscriptions	(15,000)		-	
Private donations		1,120		100
Foundation net movement in funds		<u>12,693</u>		<u>33,077</u>
HSE NOSP - National Self-Harm Registry Ireland				
Funding receivable		552,779		536,001
National Self-Harm Registry costs				
Wages and salaries	(412,151)		(381,710)	
Social welfare costs	(36,391)		(36,097)	
Staff recruitment costs	(3,444)		-	
Staff pension costs defined contribution	(5,401)		(4,196)	
Data collectors	(10,323)		(10,323)	
Data collection travel costs	(40,977)		(36,254)	
Rent	(4,000)		-	
Fees to UCC - HRB scholar	(15,000)		(29,690)	
Insurance	(3,579)		(3,561)	
Travelling expenses	(2,335)		(2,057)	
Meetings & conferences	(11,625)		(6,035)	
Stationery, printing & postage	(4,194)		(6,343)	
Bank charges	(345)		(350)	
Fees, training & subscriptions	(6,460)		(4,414)	
Accountancy	(3,198)		(3,000)	
Audit fees	(3,690)		(3,888)	
Computer running costs	(24,132)		(29,804)	
Telecommunications	(717)		(758)	
Sundry expenses	-		(117)	
Depreciation	(1,360)		(4,208)	
		<u>(589,322)</u>		<u>(562,805)</u>
National Self-Harm Registry net movement in funds		<u>(36,543)</u>		<u>(26,804)</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL AFFAIRS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	€	2018 €	€	2017 €
Northern Ireland Registry of Self-Harm		30,177		29,780
Funding receivable	32,247		31,061	
Travel costs	(525)		(160)	
Meetings costs	(1,545)		(1,121)	
		<u>30,177</u>		<u>29,780</u>
Northern Ireland Statistical Consultancy		<u>30,177</u>		<u>29,780</u>
Overall National Self Harm Registry net movement in funds		<u>(6,366)</u>		<u>2,976</u>
Overall operating net movement in funds		<u>6,327</u>		<u>36,053</u>



National Suicide Research Foundation