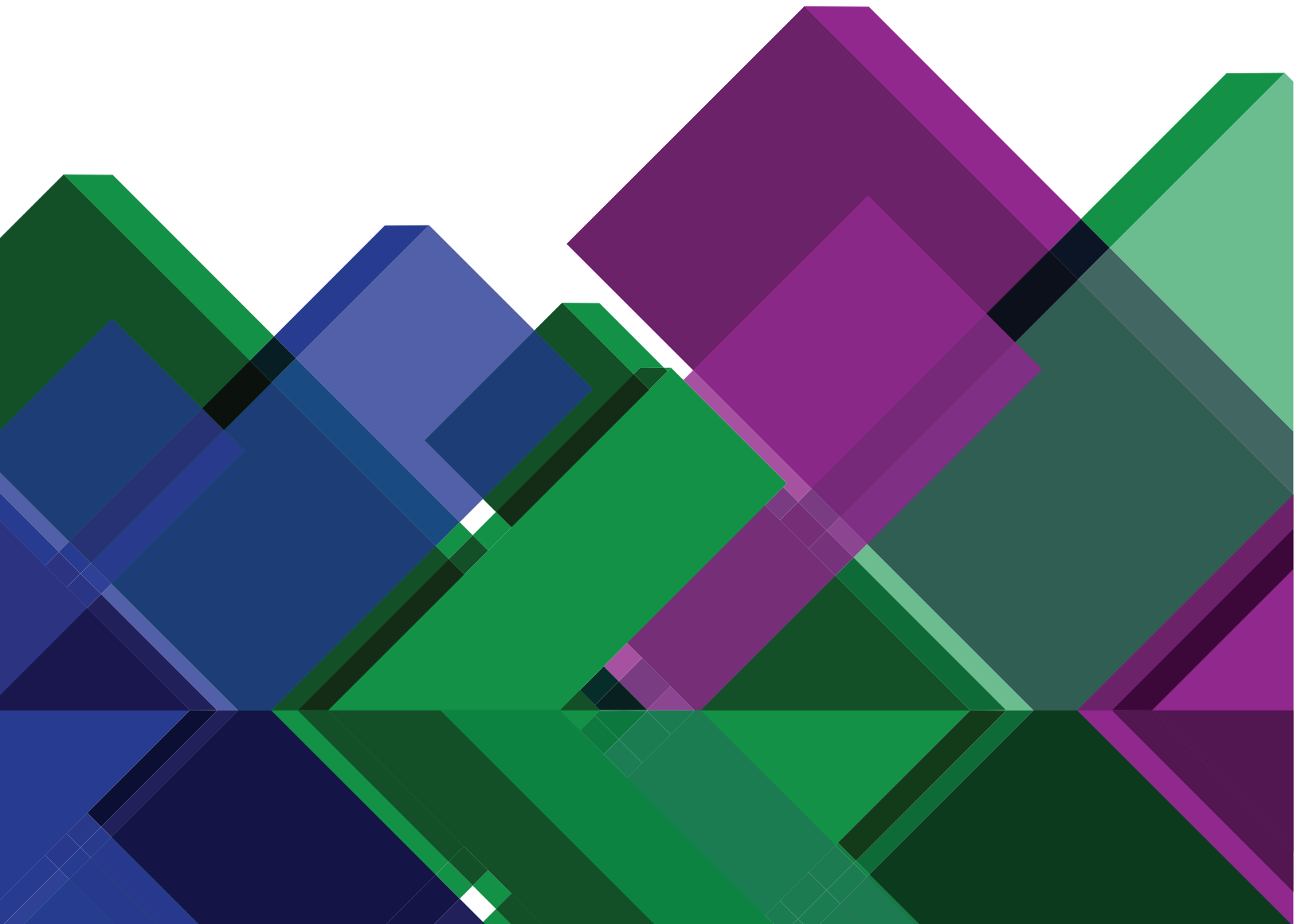
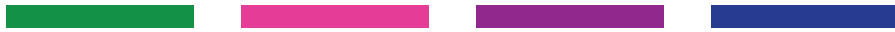




NSRF

National Suicide
Research Foundation

Annual Report



Published by
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Compiled by: Emer McEvoy
Designed by: Emer O'Callaghan

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Cork,
Ireland.

Tel: +353214205551
Email: info@nsrf.ie

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 2017, as tabled at the meeting of the Board of Directors on April 25th 2018 and at the Annual General Meeting of the Board of Members on July 4th 2018. The Annual Report also contains a summary report on the research and associated activities undertaken by the team in 2017/2018.

The NSRF 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.nsrfl.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 September 27th 2017, 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) was put in place. Training for the Board of Directors in relation to their duties and responsibilities has been provided.

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 HEA's PRTL1-V.

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 a solid evidence base for 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 2017 have been prepared by independent auditors H&A Accounting Services Limited t/a Hickey & Associates, Cork. The Financial Statements 2017 have been approved by the Board of Directors and have been submitted to the Companies Registration Office. The turnover in 2017 was €1,178,070 and the net surplus for the year after taxation was €36,053. The NSRF employed thirty-six people during 2017. Costs in respect of salaries and pensions amounted to €815,807 and social security costs were €75,569. The total liability to the Revenue Commissioners in respect of 2017 PAYE/PRSI/USC was €237,471. We are grateful to Ms Shelley Meenehan of Hickey & Associates for her sterling work on the audit of the NSRF accounts.

In 2017, the NSRF co-ordinated 22 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 2017, NSRF staff members were involved in 18 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 2017, NSRF staff were 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 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. Data from the National Self-Harm Registry Ireland is utilised as one of the outcome measures of Connecting for Life. 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 2017, in respect of the different tranches of funding, is contained in the Financial Statements 2017 on Pages 49.

We would like to thank the members of the NSRF team (listed on Pages 10 and 11) for their dedication and hard work in 2017 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.



Dr Paul Corcoran
Head of Research



Ms Eileen Williamson
Chief Executive Officer
Company Secretary



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

About Us

Who We Are

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

The NSRF investigates the causes of suicide, self-harm and related mental health and social factors in Ireland. The NSRF 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. The NSRF 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.

The NSRF'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.

The NSRF is a 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, the NSRF's research contributes to international policy development in suicide prevention.

The members of the NSRF research team represent a broad range of disciplines, including psychology, psychiatry, medicine, epidemiology, public health, biostatistics, sociology, and health services research.

What We Do

The NSRF 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.

The NSRF'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.

The NSRF's research and publications provide an evidence-base on many key topics, including:

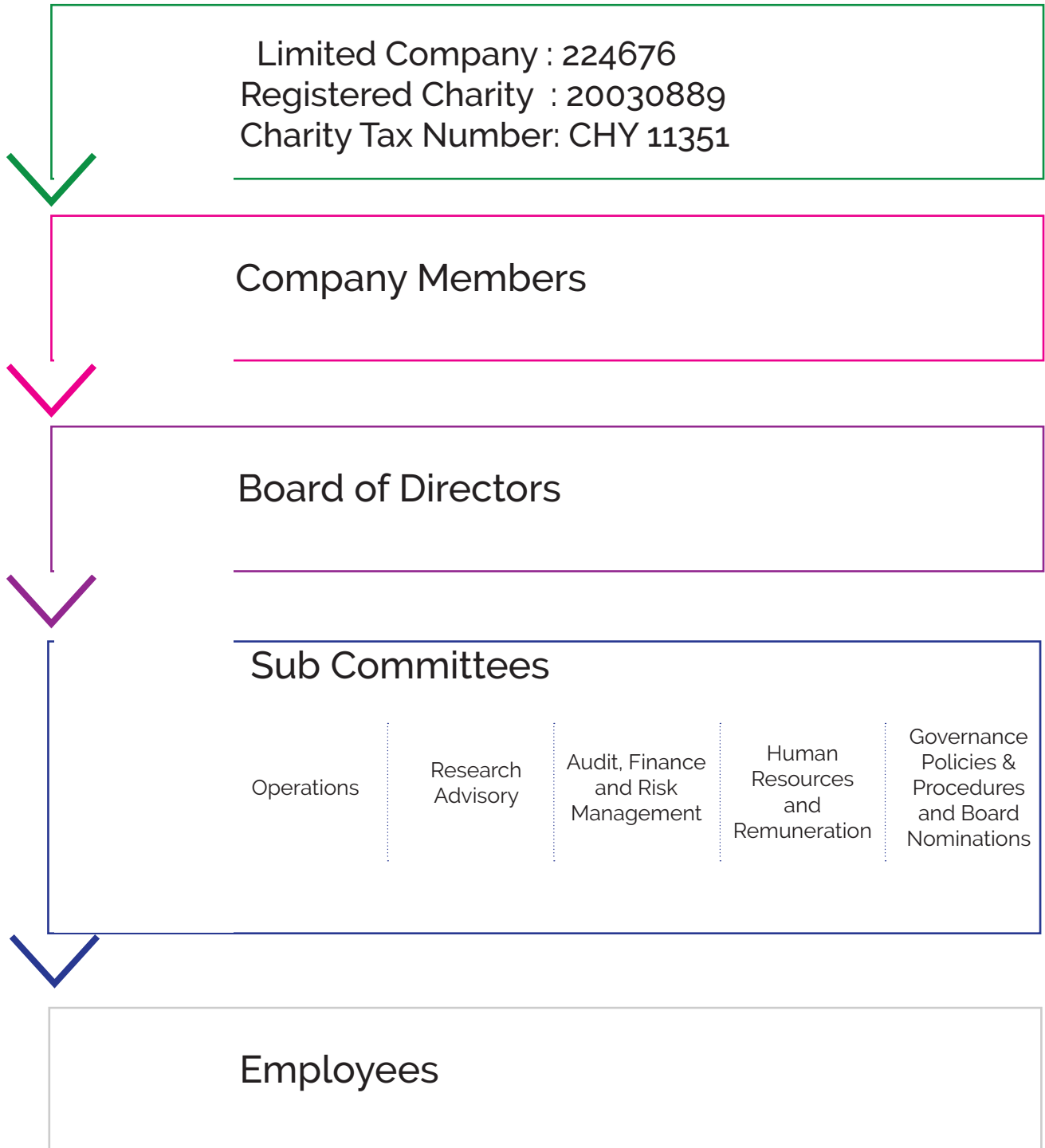
- Risk and protective factors associated with self-harm and suicide
 - Self-harm and related mental health and social factors among young people
 - Impact of alcohol and drugs on self-harm and suicide
 - Assessment and treatment of self-harm and depression
 - Contagion and clustering of suicide and self-harm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



The Team
& Governance Structure



National Suicide Research Foundation



Company Members

Mrs Patricia Behan

Founder, Suicide Aware Ireland

Professor Colin Bradley

Professor/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 the Mater Misericordiae University Hospital

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

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, Ernst & Young Cork

Mr Barry McGale

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

Mr Tom O' Dwyer

Self Employed Consultant,
Former Programme Manager Community Care, HSE South

Mr Mike O'Sullivan

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

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy (Chairman)

Director Transaction Advisory Services, Ernst & Young, Cork

Mr Barry McGale

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

Mr Mike O'Sullivan

CEO Nano Nagle Place Cork

Personnel

NOSP Funding

Dr Paul Corcoran
Head of Research

Caroline Daly
PhD Scholar
Research Officer International Association for Suicide Prevention

Dr Christina Dillon
Statistical Epidemiologist,
National Self Harm Registry Ireland
Senior Post Doctorate Researcher

Hugh Duane (R 17/02/2017)
NOSP Information Officer

Leon Fan
Research Support Officer Technical

Anne Fitzpatrick (R 31/05/2017)
Business Manager

Christian Gould (R 31/05/2018)
Operations Manager

Dr Eve Griffin
Manager, National Self Harm Registry Ireland
Senior Post Doc

Eileen Hegarty
Operations Manager Finance

Tiernan Hourihan (R 11/07/2017)
Research Support Officer Technical

Sara Leitao Alexandre (R 30/04/2017)
Research Officer

Aoife Murphy (R 28/02/2017)
Research Officer

Dr Elaine McMahon
Research Fellow HRB ICE Programme

Emer McEvoy
Operations Manager

Niall McTernan
Data Manager, National Self-Harm Registry Ireland
Research Officer

Emer O'Callaghan (R 10/11/2017)
Communications and Marketing Manager

Gretta O'Connell (R 30/11/2017)
Research Officer

Orla O'Connor (R 08/02/2017)
Research officer

Sarah O'Meara
Research Support Officer

Grace O'Regan
Research Officer

Eileen Williamson
Chief Executive Officer

Donegal Project

Dr Colette Corry
Senior Research Officer Donegal Project

HRB Researcher Leaders Award (HRB funded)

Professor Ella Arensman
Research Professor,
Chief Scientist

Ruth Benson
PhD Researcher

Karen Mulcahy
Research Administrator

Sarah O'Meara
Research Support Officer

Grace O'Regan
PhD Researcher

Dr Ana Paula Ramos Costa
Post-Doctoral Researcher

National Dialectical Behaviour Therapy (DBT) Project

Louise Dunne
Administrator

Edel Gallagher
Research Officer

**Conall Gillespie
(R 30/06/2018)**
Research Officer

**Aoife Hayes
(R 30/06/2018)**
Research Officer

Justina Hurley
Senior Research Officer

Dr Mary Joyce
Project Co-ordinator

**Claire O'Sullivan
(R 30/06/2017)**
Research Officer

Dr Ailbhe Spillane
Project Co-ordinator
(Maternity Cover)

Conal Wrigley
Senior Research Officer

Data Registration Officers

The Data Registration Officers (DRO's) collect data based on self-harm presentations to emergency departments in hospitals throughout the Republic of Ireland. The following are our DROs and their respective hospitals:

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 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

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

HSE Dublin/Midlands Region

Lisa Aula
St. Columille's Hospital, Loughlinstown
'Other' Hospital, Dublin
St. Michael's Hospital, Dun Laoghaire

Edel McCarra & Sarah MacMahon
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

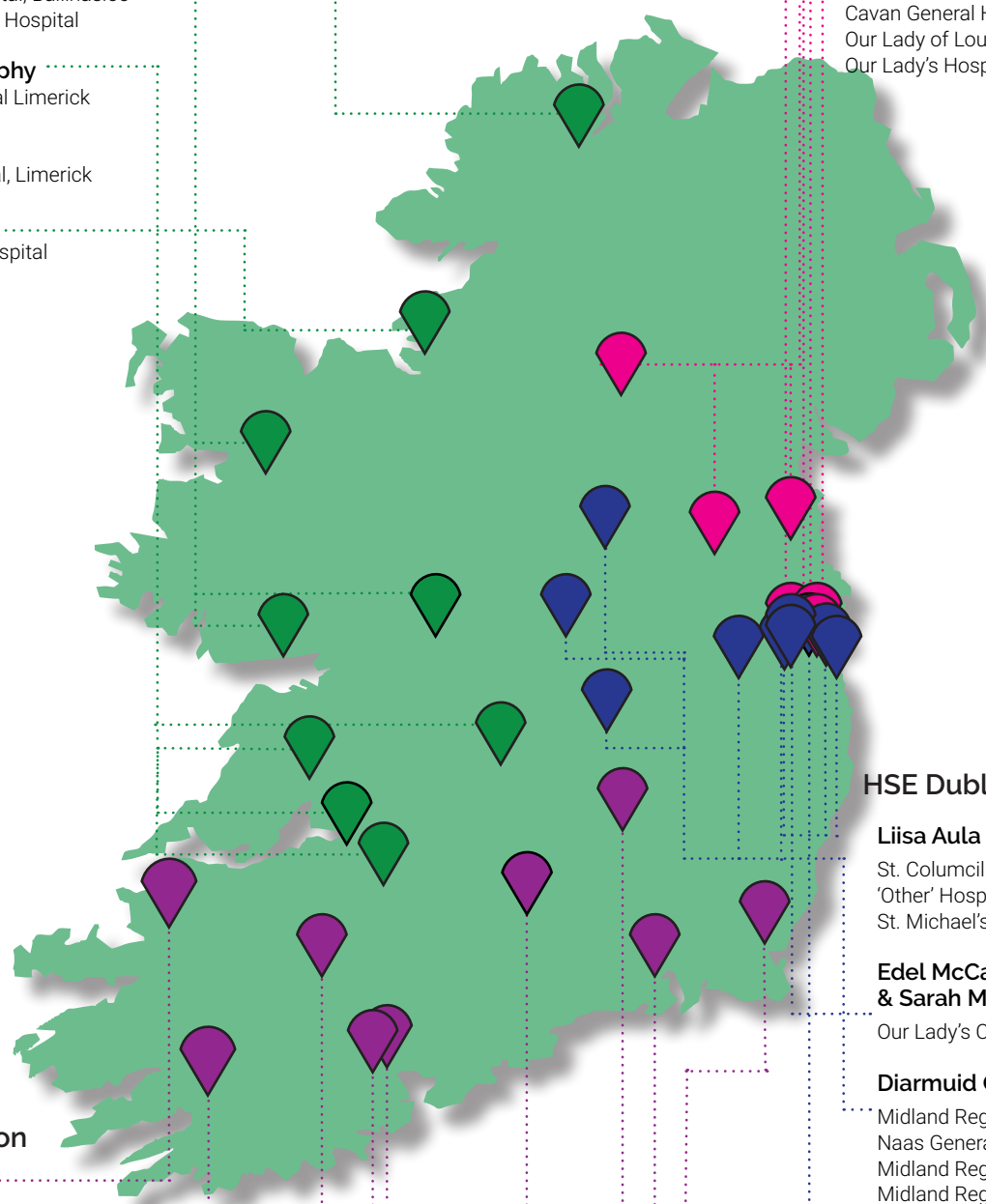
Laura Shehan
St James' Hospital

HSE South Region

Karen Twomey
University Hospital, Kerry

Tricia Shannon
Wexford General Hospital
Waterford General Hospital
St. Luke's Hospital, Kilkenny
South Tipperary General Hospital

Una Walsh & Ursula Burke
Bantry General Hospital
Cork University Hospital
Mallow General Hospital
Mercy University Hospital, Cork



Membership of Committees and Steering Groups

Professor Ella Arensman			
IASP College of Presidents	Representative	Steering Group for the evaluation of the Pieta House Intervention Model	Member
European Alliance Against Depression	Vice-President	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
EuroSafe Task Force on Suicide and Deliberate Self Harm	Coordinator	National Steering Group for the Implementation of Connecting for Life	Member
World Health Organisation	Advisor	Cork Suicide Prevention Forum	Member
European Regions Enforcing Actions Against Suicide (EUREGENAS)	Advisor	Connecting for Life Evaluation Advisory Group	Member
Steering Group HRB 5-year programme	Chair	Management Team School of Public Health	Member
IASP Special Interest Group - Clusters and Contagion in Suicidal Behaviour	Co-Chair	Working Group Mental Health Triage Audit and Research Committee	Member
Crisis, The Journal Of Crisis Intervention and Suicide Prevention	Co-Editor and Reviewer	Archives of General Psychiatry	Reviewer
CSO Liaison Group on Suicide Mortality Statistics	Member	Archives of Suicide Research	Reviewer
National Cross Sectorial Steering and Implementation Group for Connecting for Life 2015–2020	Member	British Medical Journal	Reviewer
Graduate Studies Board Committee, School of Public Health, University College Cork, Ireland	Member	British Journal of Psychiatry	Reviewer
Programme Steering Group for the UK study on suicide and self-harm funded by the National Institute for Health Research, UK	Member	British Journal of Psychiatry	Reviewer
National Steering Group of the Mental Health Awareness Campaign - Ireland	Member	Irish Journal of Medical Science	Reviewer
National Steering Group for the Implementation of the Suicide Crisis Assessment Nurse (SCAN) programme	Member	Irish Medical Journal	Reviewer
National Steering Group for the Implementation of the National Suicide Bereavement Liaison Service	Member	Journal of Affective Disorders	Reviewer
Steering Group for the National Implementation of Dialectical Behaviour Therapy	Member	Journal of Epidemiology and Community Health	Reviewer
Research Working Group for the National Implementation of Dialectical Behaviour Therapy	Member	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 Gynaecology 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	
Northern Ireland Registry of Self Harm Regional Steering Group	Member
European Injury Data Base (IDB)	National Data Administrator
International Association for Suicide Prevention	Member
Royal Academy of Medicine in Ireland (RAMI)	Member
Psychopharmacology	Reviewer
Irish Medical Journal	Reviewer
Lancet Psychiatry	Reviewer
BMJ Open	Reviewer
Drug and Alcohol Dependence	Reviewer
British Journal of Psychiatry	Reviewer
Emergency Medical Journal	Reviewer
European Child and Adolescent Psychiatry	Reviewer

Dr Margaret Kelleher	
Irish Association of Suicidology.	Director
International Academy for Suicide Research	Member
Ms Eileen Williamson	
Steering Group for the National Implementation of Dialectical Behavioural Therapy	Member
Association for Child and Adolescent Mental Health Special Interest Group	Member
International Association for Suicide Prevention	Member
IASP Derry Local Organising Committee	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
CSO Liaison Group on Suicide Mortality Statistics	Co-Chair and Member
International Journal of Injury Control and Safety Promotion	Reviewer
Irish Journal of Psychological Medicine	Reviewer

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 five Standing Board Sub-committees, namely:

1. Operations Sub-committee
2. Research Advisory Sub-committee
3. Audit, Finance and Risk Management Sub-committee
4. Human Resources and Remuneration Sub-committee
5. Governance, Policy & Procedures and Board Nominations 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 Director 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 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 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.nsrif.ie, under the About Us section.

Principles of Good Governance

We, the Executive Committee
of National Suicide Research Foundation (NSRF) 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

A decorative graphic consisting of a white rectangle on the left, a magenta parallelogram overlapping its right side, and a white rectangle on the right that contains the text. The magenta shape is tilted and overlaps the white rectangle on the left.

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. 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.

Personnel Involved

Head of Registry: Dr Paul Corcoran

Registry Manager: Dr Eve Griffin

Personnel Involved: Professor Ella Arensman, Dr Christina Dillon, Niall McTernan, Sarah O'Meara, Eileen Williamson, Tiernan Hourihan

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, Adrienne Timmins, Karen Twomey, Una Walsh.

Articles

- Griffin, E, Arensman, E, Bonner, B, Perry, IJ, O'Hagan, D, Daly, C, Corcoran, P. (2017). The involvement of alcohol in hospital-treated self-harm and associated factors: Findings from two national registries. *Journal of Public Health, Advance Access*.
- Griffin, E, Dillon, CB, O'Regan, G, Corcoran, P, Perry, IJ, Arensman, E. (2017). The paradox of public holidays: Hospital treated self-harm and associated factors. *Journal of Affective Disorders, Advance Access*.
- Larkin C, Griffin E, Corcoran P, McAuliffe C, Perry IJ, Arensman E. (2017). Alcohol involvement in suicide and self-harm: Findings from two innovative surveillance systems. *Crisis, Nov 29:1-10 [Epub ahead of publication]*.
- Glynn, RW, Lynn, E, Griffin, E, Fitzgerald, M, Ward, M. (2017). Self-harm, methadone use and drug-related deaths amongst those registered as being of no fixed abode or homeless in Ireland. *Irish Medical Journal*.
- Daly, C, Griffin, E, Ashcroft, DM, Webb, RT, Perry, IJ, Arensman, E. (2017). Intentional drug overdose involving Pregabalin and Gabapentin: Findings from the National Self-Harm Registry Ireland, 2007-2015. *Clinical Drug Investigation*.

Reports

- National Self-Harm Registry Ireland Interim Report 2016. Feb 2017.
- State of the Nation's Children Ireland 2016 Report. March 2017.
- Griffin, E, Dillon, CB, Arensman, E, Corcoran, P, Williamson, E, Perry, IJ. (2017). National Self-Harm Registry Ireland Annual Report 2016. Cork: National Suicide Research Foundation. Sept 2017.
- National Office for Suicide Prevention Annual Report 2016. Sept 2017.
- Indicator for DCYA 'Better Outcomes Brighter Futures'. Sept 2017.

Oral/ poster communications

- Arensman E. Establishing and maintaining Suicide Attempt Surveillance Systems. Lecture, WHO Subregional Workshop on Suicide Prevention, Windhoek, Namibia, 10-11 May 2017.
- Arensman E. Establishing and maintaining Suicide Attempt Surveillance Systems. Workshop, IASP-WHO Training Programme for Mental Health and Community Facilitators. Nairobi, Kenya, 20-23 June 2017.
- Griffin, E, et al. The impact of reconfiguring acute hospital services on self-harm presentations: a before-and-

- after study. Poster presentation, SSM, Manchester 6-8 September 2017.
- Griffin, E, et al. Emerging trends in hospital-treated self-harm among children, adolescents and young adults. Oral presentation, IAYMH, Dublin, 24-26 September 2017.
- Griffin, E, et al. Findings from the National Self-Harm Registry Ireland Annual Report 2016. Launch of the National Self-Harm Registry Ireland Annual Report 2016 and National Office for Suicide Prevention Annual Report 2016. Dublin, 27 September 2017.
- Griffin, E, et al. The impact of reconfiguring acute hospital services on self-harm presentations: a before-and-after study. Poster presentation, Health Research Symposium, University of Limerick, 17 November 2017.
- Arensman E. WHO guidelines for establishing and maintaining surveillance for suicide attempts and self-harm at global level. Workshop, Les enjeux de la surveillance pour la prevention des tentatives de suicide. Luxembourg, 28 November 2017.
- O'Regan et al. Is there an association between methods of self-harm and risk of self-harm repetition? Findings from the National Self-Harm Registry Ireland. Oral presentation at New Horizons Translational Research Conference, University College Cork, December 2017.

Meetings

- Meeting of Data Registration Officers, University Cork, 9 March 2017
- Meeting of Data Registration Officers (joint meeting with Northern Ireland Self-harm Registry), Naas, 12-13 September 2017.

Northern Ireland Self-Harm Registry

Project title: Statistical analysis and independent verification of Northern Ireland Self-harm Registry

Activities 2017

Quality assurance and statistical verification

- Data from Q3 (Oct-Dec) 2016/17 to Q1 (Apr-Jun) 2017/18 were processed for Department of Health, Social Services and Public Safety (DHSSPS) summary reports in 2017. These reports are published for Northern Ireland and each HSCT on a quarterly basis.
- Full-year summary reports for 2016/17 published.
- A total of 15 data requests were prepared in 2017.

Articles published

- Griffin, E, Arensman, E, Bonner, B, Perry, IJ, O'Hagan, D, Daly, C, Corcoran, P. (2017). The involvement of alcohol in hospital-treated self-harm and associated factors: Findings from two national registries. *Journal of Public Health*, Advance Access.

Oral communications

- Griffin, E, Cassidy, L, Corcoran, P, Bonner, B. Area-level variation in the incidence of hospital-treated self-harm in Northern Ireland. Faculty of Public Health Medicine Summer Scientific Meeting, Dublin, 24th May 2017.
- Bonner, B, Griffin, E, Corcoran, P. Self-harm and ideation presenters to hospital in Northern Ireland: Two populations or one? 24th British Isles Research Workshop on Suicide and Self Harm, Oxford, 19th October 2017.

Meetings

- Performance review meeting, Dublin 20th July 2017
- Meeting of Data Registration Officers (joint meeting with National Self-Harm Registry Ireland), Naas, 12-13th September 2017.

Suicide Support and Information System

Suicide Support and Information System (SSIS) The SSIS is an innovative 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.

SSIS Aims

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

Personnel Involved

Principal Investigator: Prof Ella Arensman

Personnel involved: Ms Ruth Benson, Dr Paul Corcoran, Ms Eileen Williamson, Ms Karen Mulcahy.

Specific Objectives 2017-2018

- Following successful implementation of the SSIS Psychological Autopsy Model in the Donegal Mental Health Services, exploration of national implementation of the SSIS Psychological Autopsy Model in mental health services in Ireland at national level.
- On-going data collection, analysis and dissemination of SSIS data for the purpose of evidence briefs, papers for peer review journals, with emphasis on specific priorities, training, including:
 - Risk factors associated with suicide among young adults and middle-aged men in Ireland;
 - Risk factors associated with suicide in specific occupational groups;
 - Alcohol in suicides and self-harm: Findings from the Suicide Support and Information System and the National Self-Harm Registry Ireland;
 - On-going analysis of emerging suicide and self-harm clusters using geo-spatial analyses, and identification of suicide risk profiles associated with suicide clustering and contagion (in collaboration with the National Centre for Geocomputation, Maynooth University)

Lectures / training

- Arensman E. Self-Harm and suicide clustering. Keynote lecture. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.
- Arensman E, Fleischmann A. IASP-WHO Workshop on Surveillance of Suicide and Self-Harm, 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.
- Arensman E. Workshop: An enhanced psychological autopsy approach towards examining suicide and supporting families bereaved by suicide. National Suicide Prevention Conference Australia, Brisbane, Australia 26-29th July 2017.

Suicide and Self-Harm Observatory

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.

Aims of the Observatory

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

Personnel Involved

Principal Investigator: Prof Ella Arensman

Personnel involved: Ms Ruth Benson, Dr Paul Corcoran, Ms Eileen Williamson, Ms Karen Mulcahy.

Specific Objectives 2017-2018

- Consultation with key stakeholders and partners
- Establish an Advisory Panel involving relevant partners.
- Establish links with representatives from the Queensland Suicide Register, Australia and Ireland – Australia consortium on surveillance of real-time suicide mortality data and suicide clustering.
- Preparation of ethics application.
- Lectures at national and international seminars and conferences.



Studies

Improving surveillance and monitoring of self-harm in Irish Prisons

Study Aim

1. To collate, enter and analyse data from the Irish Prison Service's Self-Harm/Suicide Surveillance & Monitoring System, using data from the year 2017 (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

To this end, since January 2017, each prison contributes data to the Irish Prison Service's Self-harm/ Suicide Surveillance and Monitoring System. On a quarterly basis, each prison submits reports on each incident of self-harm. These are collated and sent to NSRF offices where they are entered into an electronic database and analysed.

Project Deliverables

1. Interim and summary reports: Analysis of the Self-Harm/Suicide Surveillance & Monitoring System will be disseminated in two formats. Two interim reports will be produced, in September 2017 and March 2018.
2. Full year summary report
3. A case study analysis of the design and implementation of the surveillance & monitoring system (for inclusion in Connecting for Life's – mid-term Evaluation Report June 2018).
4. Publication of findings via a peer-reviewed article will be explored.

Deliverable	Date completed
1st interim report (Dec 2016 – May 2017) circulated	10 th December 2017
1st interim report presented to National Suicide and Harm Prevention Steering Group	15 th December 2017
Findings from 1st interim report presented to local prison groups (n=4)	13 th -15 th February 2018
2nd interim report (Dec 2016 – Aug 2017) circulated	26 th February 2018
Full year summary report – first draft	21 st May 2018
Findings from full-year summary report to be presented to National Steering Group	8 th June 2018

 Individual and area level factors associated with drugs used in intentional overdose

Study Aim

This research aims to provide a comprehensive understanding of factors contributing to non-fatal IDO and subsequent future outcomes. The findings of this research will inform means restriction interventions relating to suicidal behaviour. The specific objectives of this research are:

1. To examine the profile of persons engaging in IDO, detail drugs used and to quantify the contributions of alcohol and multiple drug use
2. To compare fatal and non-fatal IDO in terms of demographic and drug overdose characteristics and to identify the case fatality of drugs used
3. To examine the association between drugs used in IDO and their prescribing patterns over time
4. To examine the patterns of switching within and between methods of self-harm in persons who first presented to hospital following IDO.

Work Plan

This research is being conducted as part of a PhD programme (2015-2018) 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.

Deliverables	Date completed
Publications	
Daly C et al. Intentional Drug Overdose Involving Pregabalin and Gabapentin: Findings from the National Self-Harm Registry Ireland, 2007-2015. Clinical Drug Investigation.	20 th December 2017
Daly C et al. Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study. European Journal of Public Health.	March 2018
Daly et al. Fatal and non-fatal intentional overdose: A case fatality study exploring overdose characteristics and drugs used.	July 2018
Daly et al. Trends in psychotropic drugs use in intentional drug overdose relative to prescribing patterns in Ireland, 2007-2014.	September 2018
Daly et al. Switching within and between methods of self-harm following IDO: Findings from a national self-harm surveillance system.	December 2018

Oral presentations	
Drugs used in Intentional Drug Overdose: Findings from the National Self-Harm Registry Ireland. FPHM Summer Scientific Meeting, Dublin.	31 st May 2016
Drugs used in Intentional Drug Overdose: Findings from the National Registry of Self-Harm Ireland. International Conference on Pharmacoepidemiology & Therapeutic Risk Management. Dublin.	25 th August 2016
Drugs used in Intentional Drug Overdose: Findings from the National Registry of Self-Harm Ireland. 16th European Symposium on Suicide and Suicidal Behaviour. Spain.	8 th September 2016
Frequently used drug types and alcohol involvement in intentional drug overdose in Ireland: A national registry study. NHSRI Conference, University College Cork.	10 th November 2016
Drugs used in Intentional Drug Overdose: Findings from the National Registry of Self-Harm Ireland. New Horizons in Medical Research. UCC	8 th December 2016
Frequently used drug types and alcohol involvement in intentional drug overdose in Ireland: A national registry study. 14th annual Psychology, Health and Medicine Conference. Dublin.	3 rd March 2017
Characteristics of non-fatal intentional drug overdose in Ireland. 39th All-Ireland Schools of Pharmacy Conference, UCC.	24 th April 2017
The characteristics of non-fatal intentional drug overdose in Limerick. Health Research Symposium 2017 UL.	17 th November 2017
Growing use of Gabapentinoids in Intentional Drug Overdose. New Horizons in Medical Research. UCC.	7 th December 2017

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

Project Aim

- To describe the operational structure of the SCAN service.
- To describe the clinical work of the SCAN service

Work plan

Information is 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 is sought regarding current governance structure, availability of guidelines and protocols, access to supervision and peer support, accommodation and administrative support.

Anonymised data is 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 has been agreed and an electronic form created for data entry. A data protocol must be signed by the SCAN service nurses and their line managers and co-signed by the NSRF researchers before any data may be transferred. Additional data may be sought regarding other contacts and interactions with the SCAN service, e.g. telephone contacts from GPs, mental health service staff or others. Data from other sources may be accessed, if available, in order to explore the impact of the SCAN service on related health settings and services.

Project deliverables (expected date for completion)

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 (August 2018)
7. Draft report (August 2018)
8. Final report (September 2018)

Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: A case-control study (SSIS-ACE)

Study Aim

The SSIS-ACE study aims to improve the knowledge base on specific psychosocial, psychiatric and work-related risk factors associated with suicidal behaviour in Ireland and to gain insight into specific protective factors that prevent people from engaging in suicide. In order to identify specific risk factors associated with suicide, two interlinked case-control studies were conducted, one study comparing suicide cases with General Practice patient controls, and one study comparing suicide cases with ED patient controls who have presented with an act of high risk non-fatal suicidal behaviour.

Specific Objectives

1. To determine specific psychosocial, psychiatric and work-related factors associated with suicide.
2. To determine protective factors which prevent people from engaging in suicide.

Work plan

In order to determine specific factors associated with suicide, significant differences between suicide cases and General Practice patient controls, and between suicide cases and ED patient controls who presented with an act of high risk non-fatal suicidal behaviour were investigated. The study design involved identifying individuals with and without the outcome of interest and examining exposure to potential risk factors retrospectively, and included two inter-related studies; one main case-control study: comparing suicide cases to GP controls, and one comparative study: comparing suicide cases to patients presenting with high-risk self-harm. Cases were identified through coroners' records of consecutive inquests of cases of suicide or probable suicide. GP patient controls were recruited from the same general practices where suicides attended, to control for GP practice variation, and were frequency-matched for age and gender. GP patients and not hospitalised patients were chosen as the control group allowing for a group that resembles the general population.

Project deliverables 2017-2018:

1. Workshops for 145 GPs in Cork City and County in CME Small Group Meetings endorsed by the Irish College of General Practitioners; Arensman E, Leitao S, Leahy D. (January-March 2017)
2. Lecture: Challenges in measurement of suicide deaths in CRVS data. Seminar WHO Reference Group on Health Statistics; Arensman E; Geneva, 14th-15th March 2017
3. Briefing: Department of Health: Suicide Support and Information System; Arensman E (March 2017)
4. Presentation outcomes SSIS-ACE at launch seminar NSRF-UCC; Arensman et al. (April 2017)
5. Awareness and Skills training relating to Depression and Suicidal Behaviour for Trainee GPs; Arensman E; NSRF-UCC (May 2017)
6. Workshop: An enhanced psychological autopsy approach towards examining suicide and supporting families bereaved by suicide. 2017 National Suicide Prevention Conference; Arensman E. Brisbane, Australia (July 2017)
7. Briefing: Risk and Protective Factors Associated with Suicide and High Risk Self-Harm – Findings from SSIS-ACE and IMPRESS; Arensman E, Leahy D (August 2017)
8. Larkin et al (2017). Alcohol Involvement in Suicide and Self-Harm: Findings from Two Innovative Surveillance Systems. *Crisis*, Nov 29:1-10 (November 2017)
9. Halpin C (2017). An In-depth Analysis of Lifetime Event and Proximal Factors Associated with Suicide in Young Males. MPH thesis. Supervisor: Prof. Arensman, Co-supervisor: Dr Dorothy Leahy (December 2017)
10. Arensman et al (2018). Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: outcomes of a case-control psychological autopsy study. Abstract accepted for ESSSB17 Conference, Ghent, Belgium (May 2018)
11. Arensman et al (2018). Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: Methodology of an enhanced case-control design. Completed for submission to BMC Public Health (June 2018).

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

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).

Study aim

The aim of this study is to examine predictive factors associated with short- and long-term risk of repeated non-fatal self-harm and suicide among 2 high risk groups of self-harm patients.

Specific Objectives

1. To conduct survival analysis among patients who have engaged in high-risk self-harm
2. To conduct survival analysis using additional data items obtained from a smaller number of hospitals

Work plan

The design is a prospective cohort study consecutive of self-harm patients of all ages presenting to emergency departments in all 34 hospitals in Ireland, between 2008 and 2015, allowing for at least 24 months follow-up. The National Self-Harm Registry covers presentations to all 34 hospitals in Ireland since 2002. Analysis of surveillance data from the Registry has identified a subgroup of self-harm patients with a history of 5 or more previous acts of self-harm (major repeaters) of whom 82% engaged in a repeated act of non-fatal self-harm in the 3 months following an index presentation to hospital due to self-harm. The Registry has also identified a group of self-harm patients who engage in highly lethal acts of self-harm (e.g. attempted hanging and attempted drowning; high risk suicidal behaviour) who are at high risk of subsequent suicide as consistently demonstrated by international research.

Project deliverables 2017-2018:

1. Freeman et al. A cross-national study on gender differences in suicide intent. *BMC Psychiatry*, 29;17(1):234 (January 2017)
2. O'Regan G et al. Profile of people presenting to hospital with high risk suicidal behaviour. 2nd Suicide & Self-Harm Early Career Researchers' Forum, University of Glasgow (June 2017)
3. Established new research consortium: Early Identification of Suicide and Self-Harm Risk and Comorbid Mental and Physical Disorders: An Interdisciplinary Training, Research and Intervention Programme – INSPIRE; Arensman et al. (June 2017)
4. Presentation: 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;
5. Arensman et al. HRB Research Leaders Network Meeting, Cork (September 2017) Interim Review Report for HRB completed; Arensman et al. (October 2017)
6. O'Regan et al (2017). 'Is there an association between methods of self-harm and risk of self-harm repetition?' Findings from the National Self-Harm Registry Ireland. *New Horizons in Medical Research*, College of Medicine and Health, University College Cork, 7th December 2017
7. Presentation progress 5-year programme for HRB Interim Review Panel; Arensman E, Leahy D. (February 2018)
8. Arensman E (2018). Recommended next care following hospital-treated self-harm: Patterns and trends over time. *PLoS One*. 2018 Mar 1;13(3): e0193587 (March, 2018)
9. O'Regan et al. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. Faculty of Public Health Summer Scientific Meeting, Dublin (May 2018).
10. O'Regan et al. 'Is there an association between methods of self-harm and risk of self-harm repetition?' Findings from the National Self-Harm Registry Ireland. Abstract accepted for the ESSSB17 Conference, Ghent, Belgium (May, 2018)
11. O'Regan et al. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. Paper submitted to *Journal of Affective Disorders* (May 2018)

Socio-ecological and geo-spatial analysis of suicide and self-harm clustering

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

Study Aim

This study aims to adopt an integrated approach to examining suicide and self-harm clustering in Ireland by combining an innovative method of statistical verification of clusters with an in-depth examination of the associated area-level and individual factors.

Specific Objectives

1. To identify geographic areas in Ireland with recurrent clusters of suicide and self-harm over a 15-year period (2000-2015)
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 2000-2015 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 (Prof Jan Rigby). 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.

The outcomes of the mapping of suicide and self-harm clusters in Ireland and the access to real-time information on emerging self-harm and suicide clusters will provide the basis to develop a Suicide and Self-Harm Observatory, to identify emerging suicide and self-harm clusters.

Project deliverables 2017-2018

1. Briefing: Responding to suicide contagion and clustering; Arensman E (February 2017)
2. Briefing: Murder Suicide and Media Reporting; Arensman E (February 2017)
3. Presentation: Responding to Suicide and Self-Harm Clustering and Contagion. Suicide Prevention Forum; Arensman E, Cork (March 2017).
4. Established Advisory Panel for Suicide and Self-Harm Observatory (SSHO) (June 2017)
5. Arensman E. The Impact of Media Reporting of Suicide from an International and Irish Perspective. Headline celebrates 10 years in operation, Dublin (July 2017)
6. Established the Ireland-Australia Consortium on Socio-ecological and Geospatial Research into Suicide and Self-Harm Clustering (July 2017)
7. Keynote lecture: Self-Harm and suicide clustering; Arensman E. 29th IASP World Congress, Kuching, Malaysia (July 2017).
8. Arensman E, McCarthy S. Emerging Survivor Populations – Support After Suicide Clusters and Murder-Suicide Events. In: Andriessen K, Krysinska K, Grad O (Eds.). Postvention in Action: The International Handbook of Suicide Bereavement Support. 2017. Boston: Hogrefe. (September 2017)
9. Presentation: The development of a Suicide and Self-Harm Observatory. Suicide Prevention Forum, Kerry; Arensman E, Benson R (February 2018)
10. Briefing: Netflix series '13 Reasons Why' Season 2; Arensman E (May 2018)
11. Benson R et al. The development of a Suicide and Self-Harm Observatory. 8th IASP Asia Pacific Conference, New Zealand (May, 2018).

Examination of predictive factors associated with repeated self-harm and suicide among high risk groups: A prospective in-depth interview study

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).

Study Aim

The study aims to identify predictive factors associated with short- and long-term risk of repeated non-fatal self-harm and suicide among patients who engage in high-risk self-harm and those engaging in 5 or more episodes of self-harm (i.e. major repeaters).

Specific Objectives

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 suicidal behaviour
2. To examine the sensitivity and specificity of 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.

Work plan

This study will complement the research into sensitivity and specificity of predictors associated with repeated self-harm conducted in the previous Registry based study. The recruitment of patients who have engaged in high risk suicidal behaviour, which has started under SSIS-ACE, and in 2016, continued in 2017 until February 2018. From August 2016 until December 2018, consecutive patients with a history of 5 or more previous self-harm acts (i.e. major repeaters) will be recruited and invited to participate in a similar baseline and 6-month follow-up interview.

Project deliverables 2017-2018

1. 1. Train-the-Trainer programme – Suicide and Self-Harm Awareness and Skills for Emergency Healthcare Staff. National Suicide Research Foundation – UCC; Arensman E, Cassidy E, Leahy D. (May 2017)
2. 2. Keynote lecture: Self-Harm and suicide in young people and those in the middle age group: Associated risk factors and implications for treatment and prevention; Arensman E, Annual National Suicide Prevention Conference, Brisbane, Australia. (July 2017)
3. 3. Evidence brief: Risk and Protective Factors Associated with Suicide and High Risk Self-Harm – Findings from SSIS-ACE and IMPRESS; Arensman E, Leahy D (August 2017)
4. 4. Lecture: Annual Conference of the National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm; Arensman E (September 2017)
5. 5. Awareness of Depression and Suicidal Behaviour. Youth Focussed Awareness and Skills Training Programme for Guidance Counsellors, NSRF-UCC; Arensman E, Leahy D (November, 2017)
6. 6. Leahy D et al. Profile of patients presenting to emergency departments in the Southwest of Ireland following repeated episodes of self-harm. 'New Horizons Translational Research Conference, University College Cork (December 2017)
7. 7. Baseline data collection for patients with high-risk self-harm completed (n=105) (February 2018)
8. 8. Train-the-Trainer programme - Suicide and Self-Harm Awareness and Skills Training among emergency healthcare staff; Arensman E, Cassidy E, NSRF-UCC (April 2018)
9. 9. Keynote lecture: Self-Harm and suicide in young people and those in the middle age group: Associated risk factors and implications for treatment and prevention; Arensman E, Spring Conference, College of Psychiatrists Ireland, Athlone (April 2018)

The societal and individual impact of suicidal behaviour in Ireland: A mixed-methods study

Study Aim

The aim of this mixed-methods study is to examine the health effects of fatal and non-fatal suicidal behaviour and how the societal response to suicide, in the form of the inquest process, affects family members physically, psychologically and socially.

Specific Objectives

1. To conduct a mixed-methods study on the health effects of suicide bereavement on family members and the impact of a family member's highly lethal self-harm
2. To conduct a mixed-methods study on the health effects of the Impact a family member's highly lethal self-harm

Work plan

Semi-structured interviews with family members bereaved by suicide and people who experienced a family member's highly lethal self-harm took place from April 2016 to March 2017. Four superordinate themes were identified from the interviews with suicide-bereaved family members: (1) immediate grief reactions and its consequences; (2) enduring physical, psychological and psychosomatic difficulties; (3) range of support needs required and its influencers; and (4) reconstructing life after deceased's suicide. Analyses of the interviews with people who experienced a family member's highly lethal self-harm is ongoing. A systematic review of the physical and psychosomatic health outcomes of suicide bereavement compared to other modes of death has been completed.

Project deliverables 2017-2018

1. Spillane et al. What are the physical and psychological health effects of suicide bereavement on family members? Protocol for an observational and interview mixed-methods study in Ireland. *BMJ Open* (March 2017)
2. Presentation: The physical and psychological health effects of suicide bereavement on family members: A qualitative study. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching, Malaysia; Spillane et al. (July 2017)
3. Presentation: Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: A systematic review. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching, Malaysia; Spillane et al (July 2017)
4. Presentation: The physical and psychological health effects of suicide bereavement on family members: A qualitative study. 61st Society for Social Medicine Annual Scientific Meeting, Manchester; Spillane et al (September 2017)
5. Spillane et al. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. *BMC Public Health*. 2017, 17:939 (November 2017).
6. 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).
7. Presentation: Overcoming methodological and ethical challenges in qualitative research involving vulnerable populations. 16th Qualitative Methods Conference, Banff, Canada, Spillane et al (May 2018)
8. Press release: The impact of suicide bereavement on family members in Ireland; Arensman E, Spillane A (May 2018).

Analysis of Training Programmes delivered by National Office for Suicide Prevention: January to December 2016

Dates of project: December 2016 – April 2017

The National Suicide Research Foundation was commissioned to complete an analysis of training programmes delivered by the National Office for Suicide Prevention in 2016. The analysis was based on evaluation surveys completed following trainings.

Main findings

- Between January and December 2016, a total of 9,363 persons received training by NOSP.
- SafeTalk was the most frequently delivered training programme, completed by almost two-thirds of participants (n=5,193, 61%). Just over one-quarter of participants completed ASIST training (n=2,350, 28%).
- When examined by County, 15% of trainings were delivered in Dublin City/ County, with 9% in Tipperary, 8% in Limerick, and 7% in Galway.
- Approximately one-fifth (n=2,092, 28%) of those who received trainings were students. The most common employment sectors were health (15%) and community work (13%).

Recommendations

- Variation in distribution of trainings regionally and across relevant target groups underline the need for a national training strategy in order to ensure that the training programmes are appropriately geared to relevant target groups, as outlined in the national suicide prevention strategy, Connecting for Life, 2015-2020.
- Consideration should be given to the evidence base for the training programmes implemented under Connecting for Life.
- Considering that one in five participants receiving ASIST training in Ireland in 2016 were students, it is recommended to review the feasibility, appropriateness and effectiveness of delivering specific training programmes to the different target groups.
- Considering the limited evidence base for the training programmes nationally and internationally, it is recommended that existing evidence for the effectiveness of training programmes across different target groups be examined. To date, little work has been conducted to evaluate the cost – effectiveness of suicide prevention trainings and any evaluation of trainings delivered should include a value for money component.

Cyberbullying and Young People: Behaviours, experiences, resolutions (CY:BER)

Study 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.

Specific Objectives

- To conduct focus groups with adolescents from secondary schools in the Cork region using a participatory approach
- To prepare a systematic review for a peer review journal
- To prepare papers on the study methodology and outcomes for peer review journals

Work plan

In 2016 and the first 6 months of 2017, a youth advisory group (YAG) comprising 16 Transition Year students from 4 schools was established to collaborate with researchers in the design and conduct of a study to explore cyberbullying from the perspective of post-primary school students. 11 focus groups were then conducted across 4 schools with 64 students taking part. Emergent themes were discussed with the YAG to establish the credibility of the findings. Analysis is ongoing. Youth advisors contributed a contemporary perspective to the study that would not otherwise have been accessible to researchers. YAG members were awarded a certificate from the School of Public Health, UCC, and the National Suicide Research Foundation for their participation in the study.

Project deliverables 2017-2018

1. Cyber topic guide for focus groups completed (February 2017)
2. Oral presentation. Dennehy R. Conducting a meta-ethnography of qualitative research (March 2017)
3. Lecture. Dennehy et al. Cyberbullying: A children's rights-based approach to involving young people in research. Seminar: From Evidence into Practice: New Insights into the Assessment and Management of Self-Harm and Youth Mental Health and Suicide Prevention, NSRF (April 2017)
4. Oral presentation. Dennehy et al. A children's rights-based approach to involving young people in research: Evaluation of a young people's advisory group as a model for participation. World Anti-Bullying Forum (May 2017)
5. Oral presentation. Dennehy et al. Outcome of a children's rights-based approach to involving young people in research. World Anti-Bullying Forum (May 2017)
6. Completed international internship with Prof. Fay Mishna, Faculty of Social Work, University of Toronto, Canada (May 2017)
7. Completion of data collection (June 2017)
8. Oral presentation. Dennehy et al. Evaluation of a young people's advisory group as a model for participation. International Association for Youth Mental Health Conference, Dublin (September 2017)
9. Year 3 thesis review plan approved by SPHeRE review panel (October 2017)
10. Oral presentation: A children's rights-based approach to involving young people in research: Evaluation of a young people's advisory group as a model for participation. Dennehy et al.
11. Children's Research Network Conference, Dublin (November 2017)
12. Lecture: A rights-based approach to cyberbullying research: The implementation and evaluation of a young person's advisory group. Dennehy et al. SS21 Children and Young People Research Seminar, UCC (February 2018)
13. Dennehy R, Cronin M, Arensman E. Involving young people in cyberbullying research: The implementation and evaluation of a rights-based approach. Submitted to Health Expectations (April 2018)



Collaborations

National Dialectical Behaviour Therapy Project, Ireland

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

The National DBT Project, Ireland is supported by a research team who have a critical role in facilitating and evaluating this initiative. The comprehensive evaluation of the national implementation of DBT focuses on evaluating the clinical effectiveness of the intervention, the economic effectiveness of a coordinated implementation of DBT in a public health service, and the implementation process at a national systems level.

Personnel Involved

Dr Mary Joyce, Ms Louise Dunne, Ms Justina Hurley, Mr Conall Gillespie, Ms Edel Gallagher, Ms Claire O'Sullivan, Ms Aoife Hayes, Dr Ailbhe Spillane, Mr Conall Wrigley.

Principal Investigators: Mr Daniel Flynn, Dr Mary Kells

Specific objectives for 2018

One of the core objectives identified as part of goal 4 of Connecting for Life is to improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide. The aims of the National DBT Project, Ireland and the continued rollout of DBT across Ireland specifically addresses this goal where an effective therapeutic intervention can be made accessible to service users who are vulnerable to suicidal behaviour across all areas of Ireland.

Following completion of data collection and ongoing analyses of information collected for the National DBT Project, Ireland, a core objective for 2018 will be the publication and dissemination of the findings from this national implementation evaluation at both national and international level.

Donegal Project

Personel

Senior Researcher: Dr Colette Corry
Principal Investigator/Supervisor: Professor Ella Arensman
Co-supervisor: Ms Eileen Williamson

Work plan

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 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 C, Arensman E, Williamson E. A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. National Suicide Research Foundation, 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 based actions, funded by the HSE Donegal. 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.

Project deliverables 2017-2018

- Completing the advanced suicide and self-harm risk assessment training programme and roll out.
- Completion of a database on quality assured mental health and support services in Donegal.
- Continuation of SSIS-PAM core work.
- Roll out of SSIS-PAM model to other counties.

The HSE Service Response to bereaved family members has become an established part of formal protocol initiated following incidents of suicide among users of Donegal Mental Health Service users. This is moving towards National implementation having already been utilised by Cavan and Monaghan services. Awareness and skills training relating to depression and suicidal behaviour for trainee GPs (all years) – February 2017.

Roll-out of the Family Information Pack (FIP) is complete. Family members are provided with the FIP following admission of a loved one to the Acute Psychiatric Unit. Presentations to other Counties in CHO1 are scheduled for the remainder of 2018, with a view to further rollout. In collaboration with Senior GPs, Emergency Department Consultants and Senior Management in the Acute Mental Health Services (Donegal), the GP Pathway tool was developed and is now part of common practice protocol to direct appropriate care pathways for patients presenting to surgeries expressing suicidal thoughts. The Advanced Suicide Awareness Programme (ASAP) was initiated in 2017. It is now integrated as a mandatory training module for:

- All trainee GPs
- All Psychiatric NCHDs
- Nursing staff in the Acute Psychiatric unit

To date, ASAP has been delivered to 23 GPs and NCHDs and 21 Psychiatric nurses.

An ongoing audit is in place to ensure quality control and maintain observable positive change in recording of patient notes and adherence to the ASAP principles of 'higher level' analytic assessment of suicide risk among Psychiatric in-patients.

Donegal's 'live-time' database is being maintained and available for senior management. The NSRF has completed development of a database on quality assured mental health and support services in Donegal.

Principles of the SSIS-PAM continue to be used on request of Consultant Psychiatrists to direct support towards those families particularly affected by the suicide of a loved one.

NSRF Donegal continues to sit on the Connecting for Life Donegal Services Implementation Group. NSRF Donegal is now a sitting member of the HSE Donegal Systems Review Panel, established as a fact-finding group in cases where family members have made formal complaints against services and/or when legal cases have been launched against the HSE.

NSRF Donegal is now a sitting member of the NOSP Technical Advisory Group, to improve national recording and dissemination of suicide figures.

NSRF Donegal continues to sit on the board of Donegal Mind and Wellness, a non-profit charity established to promote community mental health initiatives.



Publications
& Presentations

<p>Comment - The iceberg model of self-harm: new evidence and insights. Arensman E, Corcoran P, McMahon E Lancet Psychiatry, Epub, December 2017 .</p>
<p>Intentional drug overdose involving pregabalin and gabapentin: findings from the National Self-Harm Registry Ireland, 2007- 2015. Daly, C, Griffin, E, Ashcroft, DM, Webb, RT, Perry, IJ, Arensman, E Clinical Drug Investigation, Epub, December 2017.</p>
<p>Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. Spillane A, Larkin C, Corcoran P, Matvienko-Sikar K, Riordan F, Arensman E. BMC Public Health 17:939</p>
<p>Mental health difficulties and suicidal behaviours among young migrants: multicentre study of European adolescents. McMahon E, Corcoran P, Keeley H, Cannon M, Wasserman D et al British Journal of Psychiatry, 3 (6) 291-299.</p>
<p>Alcohol in suicides and self-harm: Findings from the Suicide Support and Information System and the National Self-Harm Registry Ireland. Larkin, C, Griffin, E, Corcoran, P, McAuliffe, C, Perry, IJ, Arensman, E. Crisis Nov 29:1-10</p>
<p>Longitudinal Relationships Between Positive Affect, Loneliness, and Suicide Ideation: Age-Specific Factors in a General Population. Bennardi M, Caballero F, Miret M, Ayuso-Mateos JL, Haro JM, Lara E, Arensman E, Cabello M. Suicide and Life-Threatening Behaviour. Dec 6, 1-14</p>
<p>Self-harm, methadone use and drug-related deaths amongst those registered as being of no fixed abode or homeless in Ireland. Glynn, RW, Lynn, E, Griffin, E, Fitzgerald, M, Ward, M. Irish Medical Journal.</p>
<p>Effectiveness of General Practitioner training to improve suicide awareness and knowledge and skills towards depression. Coppens E, Van Audenhove C, Gusmao R, Purebl G, Székely A, Maxwell M, Koburger N, Arensman E, Hegerl U Journal of Affective Disorders 227:17-23</p>
<p>Standard 12 month dialectical behaviour therapy for adults with borderline personality disorder in a public community mental health setting. Flynn D, Kells M, Joyce M, Corcoran P, Gillespie C, Suarez C, Weihrauch M, Cotter P. Borderline Personality Disorder and Emotion Dysregulation 4:19</p>
<p>Family Connections versus optimised treatment-as-usual for family members of individuals with borderline personality disorder: non-randomised controlled study. Flynn D, Kells M, Joyce M, Corcoran P, Herley S, Suarez C, Cotter P, Hurley J, Weihrauch M, Groeger J Borderline Personality Disorder and Emotion Dysregulation 4:18</p>
<p>A cross-national study on gender differences in suicide intent. Freeman A, Mergl R, Kohls E, Székely A, Gusmao R, Arensman E, Koburger N, Hegerl U, Rummel-Kluge C BMC Psychiatry 29;17(1):234</p>
<p>The involvement of alcohol in hospital-treated self-harm and associated factors: Findings from two national registries. Griffin, E, Arensman, E, Bonner B, Perry IJ, O'Hagan D, Daly C, Corcoran P. Journal of Public Health 2017, 1-7</p>
<p>The paradox of public holidays: Hospital-treated self-harm and associated factors. Griffin, E, O'Regan, Dillon, C, Perry, IJ, Arensman, E Journal of Affective Disorders 18:30-34</p>
<p>Public attitudes toward depression and help-seeking: Impact of the OSPI-Europe depression awareness campaign in four European regions. Kohls E, Coppens E, Hug J, Wittevrongel E, Van Audenhove C, Koburger N, Arensman E, Székely A, Gusmao R, Ulrich Hegerl. Journal of Affective Disorders 217:252-259</p>
<p>Evidence-based national suicide prevention taskforce in Europe: A consensus position paper. Zalsman G, Hawton K , Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, Carli V , Höschl C et al European Neuropsychopharmacology, Volume 27 , Issue 4 , 418 - 421</p>
<p>Editorial - Suicide Prevention in an International Context: Progress and Challenges. Arensman E Crisis Intervention; 38:1-6</p>
<p>What are the physical and psychological health effects of suicide bereavement on family members? Protocol for an observational and interview mixed-methods study in Ireland. Spillane A, Larkin C, Corcoran P, Matvienko-Sikar K, Arensman E BMJ Open 2017;7</p>

Factors Associated with Suicide in Four Age Groups: A Population Based Study. O'Neill S, Ennis E, Corry C & Bunting B Archives of Suicide Research 2017; 1-11

Use of Prescription Medication by Individuals Who Died by Suicide in Northern Ireland, Archives of Suicide Research. Benson T, Corry C, O'Neill S, Murphy S, Bunting B Archives of Suicide Research 2017; 1-14

Reports 2017

National Self-Harm Registry Ireland Annual Report 2016. Griffin E, Dillon CB, Corcoran P, Arensman E Williamson E, Perry IJ; National Suicide Research Foundation

National Office for Suicide Prevention Annual Report 2016. Griffin E, Dillon CB, Corcoran P, Arensman E Williamson E, Perry IJ; Health Services Executive

Young Lives in Ireland: A school-based study of mental health and suicide prevention. McMahon E, O'Regan G, Corcoran P, Arensman E, Cannon M, Williamson E, Keeley H. National Suicide Research Foundation

Evaluation of National Suicide Prevention and Suicide Registration Programs in Iran. Arensman E, Khan M World Health Organisation

Book Chapters 2017

Implementation in National Systems: The Case of Ireland Flynn. D, Kells M, Joyce M In: Swales M (Ed.) Oxford Handbook of Dialectical Behaviour Therapy. (In press)

Emerging Survivor Populations: Support After Suicide Clusters and Murder–Suicide Events. Arensman E, McCarthy S In: Andriessen K, Krysinska K, Grad O (Eds.). Postvention in Action: The International Handbook of Suicide Bereavement Support. Hogrefe, 2016.

Briefing Documents

Murder- Suicide National Office for Suicide Prevention. 18th December

The National Suicide Research Foundation Supports the Enactment of the Public Health Alcohol Bill. Arensman E, Corcoran P, Griffin E, Williamson E, McTernan N 18th October

Evidence brief: Risk and protective factors associated with suicide and highrisk self-harm – Findings from SSIS-ACE and IMPRESS. Arensman E, Leahy D 25th September

Briefing: Murder Suicide and Media Reporting. Arensman E 31st August

SAVE/IASP Briefing: Statement in Connection with the 'Blue Whale Game'. Arensman E 24th May

Briefing: Netflix series '13 Reasons Why'. Arensman E 28th April

Briefing Department of Health: Suicide Support and Information System. Arensman E 1st March

Briefing: Responding to suicide contagion and clustering. Arensman E 23rd February

Briefing: Murder Suicide and Media Reporting. Arensman E 1st February

Presentations

January 2017

Arensman E. Self-harm and suicide in young people: Associated risk factors and evidence based interventions. SPHeRE Network 3rd Annual Conference. 12th January 2017.

Arensman E, Khan M. Outcomes of a review of national suicide registration and prevention programmes in Iran, Tehran, Iran. 19th January 2017.

Arensman E, Leitao S. Identifying and responding to suicide risk and bereavement. GP Training Castletownbere. 24th January 2017.

February 2017

Arensman E, Forum panel member at 'Action Plan for Education Forum on Wellbeing in Education', Attended by Minister for Education and Skills, Richard Bruton. Bandon, Co. Cork. 10th February 2017.

Arensman E, Corry C. Identifying and responding to suicide risk and bereavement. GP Training Letterkenny. 16th February 2017.

Arensman E, Leitao S. Identifying and responding to suicide risk and bereavement. GP Training Cork City. 21st- 23rd February 2017.

Griffin E. Suicide and self-harm: Trends, risk factors and opportunities for prevention. NU3078/106 & NU3090/21, University College Cork. 26th February 2017.

Arensman E. Depression, Self-Harm and Suicide: Risk factors and evidence based interventions. School of Nursing, University College Cork. 22nd February 2017

Arensman E. Forum Panel Mental Health Promotion among Young People, Cork City Hall. 27th February 2017.

March 2017

Daly C. Frequently Used Drug Types and Alcohol Involvement in Intentional Drug Overdoses in Ireland: A National Registry Study. Psychology, Health and Medicine One Day conference, RCSI. 3rd March 2017

Arensman E. Evidence Informed and Best Practice Guidelines for Responding to Emerging Suicide Clusters. HSE Lessons Learned Session. 7th March 2017

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. Focus Ireland Lunchtime Series, Dublin. 14th March 2017. (Invited talk)

Arensman E. Challenges in measurement of suicide deaths in CRVS data. Reference Group on Health Statistics. 14-15th March 2017

Arensman E. Self-Harm and the DSM-V. Keynote lecture – Seminar, Dutch Association for Psychotherapists, The Hague, The Netherlands. 17th March 2017.

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. Five Nations Health Improvement Peer Network Meeting, Dublin. 22nd March 2018. (Invited talk)

Leitao S, Leahy, D. Identifying and responding to suicide risk and bereavement. GP Training Kanturk. 29th March 2017

April 2017

Arensman E. The Impact of Media Reporting of Suicide from an International and Irish Perspective. University of Limerick Journalism Symposium. 20th April 2017

Arensman E, Leitao S. SSIS-ACE Psychiatric, psychosocial and work-related factors in suicidal behaviour: Findings from a case-control study in Ireland. From Evidence into Practice: New Insights into the Assessment and Management of Self-Harm and Youth Mental Health and Suicide Prevention. 7th April 2017.

O'Regan G. Young lives in Ireland: A school based study of mental health and suicide prevention. From Evidence into Practice: New Insights into the Assessment and Management of Self-Harm and Youth Mental Health and Suicide Prevention. 7th April 2017

McMahon E. Young lives in Ireland: A school based study of mental health and suicide prevention. From Evidence into Practice: New Insights into the Assessment and Management of Self-Harm and Youth Mental Health and Suicide Prevention. 7th April 2017.

Daly C. The characteristics of non-fatal intentional drug overdose in Ireland. 39th All-Ireland Schools of Pharmacy Conference, UCC. 24-25th April 2017

May 2017

Arensman E. Social Epidemiology and Mental Health. Master of Public Health Students, University College Cork. 5th May 2017.

Arensman E. Suicide and Self-Harm – Evidence based interventions in the African context. Lecture, WHO Subregional Workshop on Suicide Prevention, Windhoek, Namibia. 10-11th May 2017.

Arensman E. The process of developing suicide prevention strategies and programmes. WHO Subregional Workshop on Suicide Prevention, Windhoek, Namibia. 10th-11th May 2017.

Arensman E. Establishing and maintaining Suicide Attempt Surveillance Systems: A Practice Manual. WHO Subregional Workshop on Suicide Prevention, Windhoek, Namibia. 10th-11th May 2017.

Arensman E. Suicide and Self-Harm. Trainee GP Training, University College Cork. 17th May 2017.

Griffin E, Cassidy L, Corcoran P, Bonner B. Area-level variation in the incidence of hospital-treated self-harm in Northern Ireland. Faculty of Public Health Medicine Summer Scientific Meeting, Dublin. 24-25th May 2017.

Arensman E. Self-Harm and Suicide Awareness and Skills Training among emergency healthcare staff Train-the-Trainer programme, University College Cork. 31st May 2017.

June 2017

O'Regan G. Profile of people presenting to hospital with high risk suicidal behaviour. 2nd Suicide & Self-Harm Early Career Researchers' Forum, University of Glasgow. 8-9th June 2017.

Arensman E. Establishing and maintaining Suicide Attempt Surveillance Systems: A Practice Manual. Nairobi, Kenya. 21st June 2017.

Arensman E. Gatekeeper Awareness Programme on Depression and Suicidal Behaviour. Workshop, IASP Training Programme for Mental Health and Community Facilitators. Nairobi, Kenya. 20-23rd June 2017.

Arensman E. Increasing Awareness and Skills relating to Depression and Suicidal Behaviour: A Train-The-Trainer Programme for professionals working in healthcare and community based services, Nairobi, Kenya. 23rd June 2017.

Arensman E. Equality versus Inequality: An International Perspective. Presentation, Department of Epidemiology and Public Health, UCC. 27th June 2017.

July 2017

Arensman E. The Impact of Media Reporting of Suicide from an International and Irish Perspective. Headline celebrates 10 years in operation, Dublin. 12th July 2017.

Arensman E. Self-Harm and suicide clustering. Keynote lecture. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.

Arensman E, Flesichmann A. IASP-WHO Workshop on Surveillance of Suicide and Self-Harm, 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.

Arensman E. Development of the 2nd national suicide prevention programme in Ireland. Symposium. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.

Arensman E, Pirkis J. Launch of the IASP Special Interest Group on National Suicide Prevention Programmes. 29th World Congress of the International Association for Suicide Prevention (IASP), Kuching Malaysia. 18-22nd July 2017.

Spillane, A. The physical and psychological health effects of suicide bereavement on family members: A qualitative study. 29th World Congress of the International Association for Suicide Prevention (IASP), Borneo, Malaysia. 18-22nd July 2017.

Spillane, A. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: A systematic review. 29th World Congress of the International Association for Suicide Prevention (IASP), Borneo, Malaysia. 18-22nd July 2017.

Arensman E. Self-Harm and suicide among young people and those in the middle ages: Associated risk factors and evidence based interventions. Key note lecture, National Suicide Prevention Conference Australia, Brisbane. 26-29th July 2017.

Arensman E. Effectiveness of Suicide Prevention and Self-Harm Intervention Programmes. Lecture. National Suicide Prevention Conference Australia, Brisbane, Australia. 26th-29th July 2017.

Arensman E. Workshop: An enhanced psychological autopsy approach towards examining suicide and supporting families bereaved by suicide. National Suicide Prevention Conference Australia, Brisbane, Australia. 26-29th July 2017.

September 2017

Spillane, A. The physical and psychological health effects of suicide bereavement on family members: A qualitative study. 61st Society for Social Medicine Annual Scientific Meeting, Manchester, 6-8th September 2017.

Arensman E. Personal Safety and Wellbeing. Workshop for the Data Registration Officers, National Self-Harm Registry Ireland, Naas. 12th September 2017.

Arensman E. Self-Harm and suicide among young people and those in the middle ages: Associated risk factors and evidence based interventions. Lecture, World Suicide Prevention Week, National Suicide Research Foundation and University College Cork. 14th September 2017.

Arensman E. Self-harm and suicide: Associated risk factors and evidence based interventions. Keynote lecture. Wales' first International Suicide and Self-Harm Symposium, Cardiff, UK. 22nd September 2017.

Griffin, E, Dillon C, Arensman E, Corcoran P, Williamson E, Perry I J. Emerging trends in hospital-treated self-harm among children, adolescents and young adults. International Association for Youth Mental Health, Dublin. 26th September 2017.

Griffin, E, Dillon C, Arensman E, Corcoran P, Williamson E, Perry I J. Findings from the National Self-Harm Registry Ireland Annual Report 2016. Launch of the National Self-Harm Registry Ireland Annual Report 2016 and National Office for Suicide Prevention Annual Report 2016, Dublin. 27th September 2017.

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.

McMahon, E. Mental health difficulties and suicidal behaviours among young migrants: a multi-centre study of European adolescents. International Association of Youth Mental Health, Dublin. 25th September 2017.

October 2017

Arensman E. Suicide on Screen: 13 Reasons Why Not. The Lancet Psychiatry –University of Oxford Centre for Research Symposium, Oxford. 18th October 2017.

Corcoran, P. Self-harm and ideation presenters to hospital in Northern Ireland: Two populations or one? 24th British Isles Research Workshop on Suicide and Self Harm, Oxford. 19th October 2017.

Arensman E. Self-harm and suicide in young people: Associated risk factors and evidence based interventions. AISRAP Seminar Series Building Healthier Communities, Brisbane, Australia. 25th October 2017.

Leahy D. Mental health promotion. Lecture SPHeRE, University College Cork. 25th October 2017.

Arensman E. Risk factors associated with alcohol related self-harm and suicide. Lecture for the Metro South Addiction and Mental Health Services Queensland, Australia. 26th October 2017.

November 2017

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. ASPHER Young Researcher Forum, European Public Health Conference. 1st November 2017. (Winner – Best oral presentation)

Arensman, E, Leahy, D. Awareness of Depression and Suicidal Behaviour. Youth Focussed Awareness and Skills Training Programme for Guidance Counsellors, UCC. November 11th, 2017

Arensman E. Lecture Social and Psychiatric Epidemiology, University College Cork. 14th November 2017.

Griffin, E. Determinants of Health: Mental health. Presentation for EH1009 Module, University College Cork. 1st November 2017.

Joyce M. Evaluating the National Implementation of Dialectical Behaviour Therapy in Ireland: Findings from the National Multi-site Study and Local Lucena Clinic Programmes. Saint John of God Annual Research & Evaluation Study Day, St John of God's Hospital, Dublin, Ireland. 14th November 2017.

December 2017

Leahy D, O'Regan G, Cassidy E, Kinahan J, Corby C, Clancy E, Williamson E, Arensman, E. 'Profile of patients presenting to emergency departments in the Southwest of Ireland following repeated presentations. 7th December 2017.

O'Regan G, Corcoran P, Leahy D, Griffin E, Dillon C, Arensman E. 'Is there an association between methods of self-harm and risk of self-harm repetition?' Findings from the National Self-Harm Registry Ireland. New Horizons in Medical Research, College of Medicine and Health, University College Cork. 7th December 2017.

Arensman E. Adherence to media guidelines when reporting on murder-suicide. Presentation and workshop for media professionals. Guidance for the media for reporting on the Murder-Suicide Inquest, Cavan. 7th December 2017.

Arensman E. Best practice in responding to murder-suicide. Presentation and workshop. Information session – Guidance for Agencies in responding to the impact of the Murder-Suicide Inquest, Cavan. 7th December 2017.

Griffin E, Corcoran P, O'Regan G. Self-harm in Irish Prisons: First outcomes Dec 2016 – May 2017. Irish Prison Service National Suicide and Harm Prevention Steering Group Meeting, Dublin. 15th December 2017.

Poster Presentations

Flynn D, Kells M, Joyce M, Corcoran P, Herley S, Suarez C, Cotter P, Hurley J, Weihrauch M, Groeger J. Family Connections versus optimised treatment-as-usual for family members of individuals with borderline personality disorder: non-randomised controlled study. Health Research Symposium 2017, Limerick, Ireland. 17th November 2017.

Flynn D, Kells M, Joyce M, Corcoran P, Gillespie C, Suarez C, Weihrauch M, Cotter P. Standard 12 month dialectical behaviour therapy for adults with borderline personality disorder in a public community mental health setting. Health Research Symposium 2017, Limerick, Ireland. 17th November 2017.



Awards, Achievements
and Public Engagement

Awards and Achievements



Grace O'Regan was awarded a College of Medicine and Health doctoral student travel bursary to attend and present at the 2nd Suicide and Self-Harm Early Career Researchers' Forum, University of Glasgow, 9th June 2017.

Ailbhe Spillane was awarded a College of Medicine and Health travel bursary to present two oral presentations at the 29th World Congress of the International Association for Suicide Prevention (IASP) conference in Borneo, Malaysia, 18-22nd July 2017.



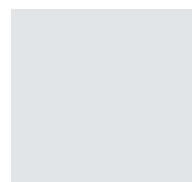
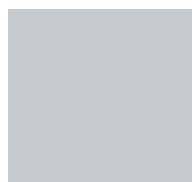
On 7th April 2017, the report *Young Lives in Ireland: a school-based study of mental health and suicide prevention* was launched by Dr Niall Muldoon, Ombudsman for Children at a seminar attended by professionals from educational, health and mental health settings. The authors of the report were Elaine McMahon, Grace O'Regan, Paul Corcoran, Ella Arensman, Mary Cannon, Eileen Williamson & Helen Keeley.



In May 2017, Professor Ella Arensman co-facilitated a World Health Organisation sub-regional workshop on suicide prevention in Windhoek, Namibia. The workshop was delivered as part of the NSRF's designation as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention.

The topics covered included:

1. The process of developing suicide prevention strategies and programmes
2. The process of establishing a hospital-based suicide attempt/self harm surveillance system
3. Evidence-based interventions in the African context



In September, Dr Colette Corry and the NSRF contributed extensively to three new information resources which promote awareness of suicide risk, launched by Connecting for Life Donegal last week.

The resources include a poster outlining the key services and phone numbers to contact in a mental health crisis, a GP Patient Pathway for those experiencing a suicidal crisis, and a Family Information Pack to be issued when a loved one is admitted to the acute psychiatric unit.



On Wednesday 27th September 2017, Minister of State for Mental Health and Older People Jim Daly launched the 2016 annual report from the National Self-Harm Registry Ireland at an event in Dublin.

The report was launched in conjunction with the HSE's National Office for Suicide Prevention's 2016 annual report.



In October 2017, the NSRF was delighted to host a meeting of the Health Research Board Research Leaders' Network on Friday in conjunction with the School of Public Health, University College Cork.

During the session, an update was provided on the 5 year HRB funded 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'



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 2017

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION**

Members	Margaret Kelleher Ivan J. Perry Bishop John Buckley Bishop Paul Colton Ella Arensman Patricia Casey Paul Corcoran Dave Drohan Patricia Behan Tom O'Dwyer Bertie Kelleher Michael O'Sullivan Barry McGale Eugene Cassidy Birgit Greiner James McCarthy Colin Bradley
Directors	Margaret Kelleher James McCarthy Dave Drohan Michael O'Sullivan Barry McGale
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.
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 2017

The directors present their report and financial statements for the financial year ended 31 December 2017.

Principal activities

The principal activity of the company continued to be the research into suicide and incidents of self harm in Ireland, and the recording for research purposes of all reported incidents of suicide and self harm, in order to encourage the prevention of suicide.

Fair review of the business

The company has made a surplus for the financial year in the amount of €36,161 (2016: €7,342). The directors are satisfied with the results of the company in view of the company's prevailing circumstances.

Principal risks and uncertainties

The principal risk to the company relates to the continuing awards of core and registry funding and awards for additional research projects over and above the core research and registry funding. However, the company has entered into a contract with the Health Service Executive National Office of Suicide Prevention and secured core funding for the company up to and including 2020. All of the funding directly impacts on the company's cost base as a significant proportion of the company's expenditure is salaries and related costs, and the level of these costs are determined by the amount of available funding. With that in mind, the directors continually apply for other project funding and awards and are continually monitoring the company's cost base to ensure that the company's activities and viability are maintained in the medium to longer term.

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	(Appointed 27 September 2017)
Dave Drohan	(Appointed 27 September 2017)
M O'Sullivan	(Appointed 27 September 2017)
B McGale	(Appointed 27 September 2017)

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

Results and dividends

The results for the financial year are set out on page 6.

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

Supplier payment policy

The directors acknowledge their responsibility for ensuring compliance, in all material respects, with the provisions of the European Communities (Late Payment in Commercial Transactions) Regulations 2012. Procedures have been implemented to identify the dates upon which invoices fall due for payment and to ensure that payments are made by such dates. Such procedures provide reasonable assurance against material non-compliance with the Regulations. The payment policy during the year under review was to comply with the requirements of the Regulations.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

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.

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 2017.

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.

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

25 April 2018

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
DIRECTORS' RESPONSIBILITIES STATEMENT**

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

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 FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council. 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

25 April 2018

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF SUICIDE RESEARCH FOUNDATION**

Opinion

We have audited the financial statements of Suicide Research Foundation (the 'company') for the financial year ended 31 December 2017 which comprise the Statement of Income and Retained Earnings, the Balance Sheet, the Statement of Changes in Equity, 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*.

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 2017 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**

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:

25 April 2018

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

Unit 2, Bowling Green
White Street
Cork

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
STATEMENT OF INCOME AND RETAINED EARNINGS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

	Notes	2017 €	2016 €
Income	3	1,178,070	1,340,584
Administrative expenses		(1,142,017)	(1,333,404)
Operating surplus	4	36,053	7,180
Interest receivable and similar income	6	108	162
Surplus before taxation		36,161	7,342
Tax on surplus	7	-	-
Surplus for the financial year		36,161	7,342
Retained earnings brought forward		161,878	154,536
Retained earnings carried forward		198,039	161,878

The statement of income and retained earnings has been prepared on the basis that all operations are continuing operations.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
BALANCE SHEET**

AS AT 31 DECEMBER 2017

	Notes	2017		2016	
		€	€	€	€
Fixed assets					
Tangible assets	8		5,441		2,848
Current assets					
Debtors	10	131,085		87,997	
Cash at bank and in hand		226,590		333,722	
		<u>357,675</u>		<u>421,719</u>	
Creditors: amounts falling due within one year	11	<u>(165,077)</u>		<u>(262,689)</u>	
Net current assets			192,598		159,030
Total assets less current liabilities			<u>198,039</u>		<u>161,878</u>
Reserves					
Retained earnings			<u>198,039</u>		<u>161,878</u>

The financial statements were approved by the board of directors and authorised for issue on 25 April 2018 and are signed on its behalf by:

Margaret Kelleher
Director

Dave Drohan
Director

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
STATEMENT OF CHANGES IN EQUITY
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

	Income and expenditure account €
Balance at 1 January 2016	154,536
Financial year ended 31 December 2016: Surplus and total comprehensive income for the financial year	7,342
Balance at 31 December 2016	<u>161,878</u>
Financial year ended 31 December 2017: Surplus and total comprehensive income for the financial year	36,161
Balance at 31 December 2017	<u><u>198,039</u></u>

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
STATEMENT OF CASH FLOWS**

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

	Notes	2017 €	€	2016 €	€
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	15		(100,439)		101,386
Investing activities					
Purchase of tangible fixed assets		(6,801)		-	
Interest received		108		162	
Net cash (used in)/generated from investing activities			(6,693)		162
Net cash used in financing activities			-		-
Net (decrease)/increase in cash and cash equivalents			(107,132)		101,548
Cash and cash equivalents at beginning of financial year			333,722		232,174
Cash and cash equivalents at end of financial year			<u>226,590</u>		<u>333,722</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

1 Accounting policies

Company information

Suicide Research Foundation is primarily engaged in the research into suicide and incidents of self harm in Ireland, and the recording for research purposes of all reported incidents of suicide and self harm, in order to encourage the prevention of suicide.

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.

Suicide Research Foundation 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 financial statements for the financial year ended 31 December 2017 have been prepared in accordance with FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland.

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 the Institute of Chartered Accountants in Ireland (FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland), 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 Income

Income represents grants and donations received and receivable.

Revenue from contracts is recognised by reference to the stage of completion of each contract. The stage of completion is calculated by comparing costs incurred as a proportion of total costs of the contract on a time basis.

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

1.3 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 income and retained earnings.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

1 Accounting policies

(Continued)

1.4 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.

1.5 Cash and cash equivalents

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.

1.6 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.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

1 Accounting policies

(Continued)

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in surplus or deficit, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

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 income and retained earnings.

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 income and retained earnings.

Derecognition of financial assets

Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

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 2017**

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.

Other financial liabilities

Derivatives, including interest rate swaps and forward foreign exchange contracts, are not basic financial instruments. Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in surplus or deficit in finance costs or finance income as appropriate, unless hedge accounting is applied and the hedge is a cash flow hedge.

Debt instruments that do not meet the conditions in FRS 102 paragraph 11.9 are subsequently measured at fair value through profit or loss. Debt instruments may be designated as being measured at fair value through profit or loss to eliminate or reduce an accounting mismatch or if the instruments are measured and their performance evaluated on a fair value basis in accordance with a documented risk management or investment strategy.

Derecognition of financial liabilities

Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1.7 Taxation

The tax expense represents the sum of the tax currently payable and deferred tax.

Current tax

The tax currently payable is based on taxable surplus for the financial year. Taxable surplus differs from net surplus as reported in the statement of income and retained earnings because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

1 Accounting policies

(Continued)

Deferred tax

Deferred tax is provided at the appropriate rates on all timing differences using the liability method only to the extent that, in the opinion of the directors, there is a reasonable probability that a liability or assets will crystallise in the foreseeable future. Deferred tax liabilities are generally recognised for all timing differences and deferred tax assets are recognised to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable surpluses. Such assets and liabilities are not recognised if the timing difference arises from goodwill or from the initial recognition of other assets and liabilities in a transaction that affects neither the tax surplus nor the accounting surplus.

The carrying amount of deferred tax assets is reviewed at each reporting end date and reduced to the extent that it is no longer probable that sufficient taxable surpluses will be available to allow all or part of the asset to be recovered. Deferred tax is calculated at the tax rates that are expected to apply in the period when the liability is settled or the asset is realised. Deferred tax is charged or credited in the statement of income and retained earnings, except when it relates to items charged or credited directly to equity, in which case the deferred tax is also dealt with in equity. Deferred tax assets and liabilities are offset when the company has a legally enforceable right to offset current tax assets and liabilities and the deferred tax assets and liabilities relate to taxes levied by the same tax authority.

1.8 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.

1.9 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 income and retained earnings 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.

1.10 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 income and retained earnings in the financial year in which they are received, or when the relative expenditure takes place, whichever is the later.

1.11 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 income and retained earnings.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

1 Accounting policies (Continued)

1.12 Borrowings

Borrowings are recognised at the transaction prices (present value of cash payable to the creditors). Interest expenses are recognised in the statement of income and retained earnings 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.

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.

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.

3 Income

The income of the company for the financial year has been mainly derived from its principal activity and is mostly undertaken in Ireland.

4 Operating surplus

	2017	2016
Operating surplus for the year is stated after charging:	€	€
Depreciation of owned tangible fixed assets	4,208	4,852
	<u> </u>	<u> </u>

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

5 Employees

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

	2017 Number	2016 Number
Foundation	15	21
Registry	14	14
	<u>29</u>	<u>35</u>

Their aggregate remuneration comprised:

	2017 €	2016 €
Wages and salaries	785,447	936,466
Social security costs	75,569	91,860
Pension costs	20,360	12,401
	<u>881,376</u>	<u>1,040,727</u>

6 Interest receivable and similar income

	2017 €	2016 €
Interest income		
Interest on bank deposits	108	162
	<u>108</u>	<u>162</u>

Investment income includes the following:

Interest on financial assets not measured at fair value through statement of earnings and retained income	108	162
	<u>108</u>	<u>162</u>

7 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.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

8	Tangible fixed assets		
	<i>Current financial year</i>		Computer equipment
			€
	Cost		
	At 1 January 2017		24,263
	Additions		6,801
			<u>31,064</u>
	At 31 December 2017		<u>31,064</u>
	Depreciation and impairment		
	At 1 January 2017		21,415
	Depreciation charged in the financial year		4,208
			<u>25,623</u>
	At 31 December 2017		<u>25,623</u>
	Carrying amount		
	At 31 December 2017		5,441
			<u>5,441</u>
	At 31 December 2016		<u>2,848</u>
			<u>2,848</u>
	<i>Prior financial year</i>		Computer equipment
			€
	Cost		
	At 1 January 2016 and 31 December 2016		24,263
			<u>24,263</u>
	Depreciation and impairment		
	At 1 January 2016		16,563
	Depreciation charged in the financial year		4,852
			<u>21,415</u>
	At 31 December 2016		<u>21,415</u>
	Carrying amount		
	At 31 December 2016		2,848
			<u>2,848</u>
	At 31 December 2015		<u>7,700</u>
			<u>7,700</u>
9	Financial instruments		
		2017	2016
		€	€
	Carrying amount of financial assets		
	Debt & other financial instruments measured at amortised cost	357,675	421,719
		<u>357,675</u>	<u>421,719</u>
	Carrying amount of financial liabilities		
	Measured at amortised cost	144,674	242,448
		<u>144,674</u>	<u>242,448</u>

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

10 Debtors	2017	2016
Amounts falling due within one year:	€	€
Accrued income	130,282	84,619
Other debtors	803	3,378
	<u>131,085</u>	<u>87,997</u>
	<u><u>131,085</u></u>	<u><u>87,997</u></u>
11 Creditors: amounts falling due within one year	2017	2016
	€	€
PAYE and social security	20,403	20,241
Accruals	81,239	41,694
Deferred income	63,435	200,754
	<u>165,077</u>	<u>262,689</u>
	<u><u>165,077</u></u>	<u><u>262,689</u></u>
12 Retirement benefit schemes	2017	2016
Defined contribution schemes	€	€
Charge to statement of income and retained earnings in respect of defined contribution schemes	20,136	12,401
	<u>20,136</u>	<u>12,401</u>
	<u><u>20,136</u></u>	<u><u>12,401</u></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.

13 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.

14 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 2016.

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

15 Cash generated from operations	2017	2016
	€	€
Profit for the financial year after tax	36,161	7,342
Adjustments for:		
Investment income	(108)	(162)
Depreciation and impairment of tangible fixed assets	4,208	4,852
Movements in working capital:		
(Increase)/decrease in debtors	(43,088)	105,451
(Decrease) in creditors	(97,612)	(16,097)
Cash generated from operations	<u>(100,439)</u>	<u>101,386</u>

16 Approval of financial statements

The directors approved the financial statements on the 25 April 2018

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
MANAGEMENT INFORMATION
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
DETAILED STATEMENT OF INCOME**

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

	€	2017 €	€	2016 €
Foundation income		300,000		204,632
HSE - NOSP	300,000		170,943	
Overhead funding	-		33,689	
Foundation costs				
Salaries & wages	(171,109)		(142,799)	
Social welfare costs	(17,034)		(16,029)	
Staff recruitment costs	(4,000)		(2,604)	
Staff pension costs defined contribution	(6,168)		(2,973)	
Rent	(24,600)		(17,000)	
Insurance	(3,561)		(3,320)	
Travelling expenses	(70)		107	
Meeting & conference costs	(6,831)		(5,861)	
Postage, printing & stationery	(5,502)		(4,547)	
Bank charges	(349)		(462)	
Fees, training & subscriptions	(4,097)		(4,818)	
Accountancy fees	(3,000)		(3,000)	
Audit fees	(3,888)		(3,888)	
Computer running costs	(14,860)		(9,677)	
Telecommunications	(1,837)		(2,208)	
Sundry expenses	(117)		-	
		(267,023)		(219,079)
		32,977		(14,447)
HRB ICE funding		-		-
Funding receivable	33,682		34,192	
Salaries & wages	(25,534)		(26,958)	
Social welfare costs	(2,663)		(2,898)	
Travel costs	(48)		(216)	
Fees & subscriptions	(2,500)		(500)	
Meetings & conferences	(774)		(1,329)	
Pension costs	(2,163)		(2,291)	
HRB SSIS ACE funding		-		-
Funding receivable	16,290		100,780	
Salaries & wages	(9,263)		(83,303)	
Social welfare costs	(847)		(8,088)	
Travel costs	(648)		(3,285)	
Telephone	(205)		(1,885)	
Stationery & printing	-		(192)	
Fees & subscriptions	(2,280)		(10)	
Meetings & conferences	(3,047)		(3,917)	
Computer running costs	-		(100)	

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
DETAILED STATEMENT OF INCOME (CONTINUED)**

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017

	€	2017 €	€	2016 €
IASP funding		-		-
Funding receivable	7,870		6,572	
Salaries & wages	(5,995)		(6,039)	
Social welfare costs	(513)		(513)	
Travel costs	(1,362)		-	
Stationery & printing	-		(5)	
Fees & subscriptions	-		(15)	
	-----		-----	
Donegal study		-		-
Funding receivable	65,078		70,845	
Salaries & wages	(52,067)		(52,067)	
Social welfare costs	(5,597)		(5,597)	
Travel costs	(1,957)		(1,823)	
Telephones	-		(80)	
Stationery & printing	(15)		(2,773)	
Fees & subscriptions	-		(2,767)	
Meetings & conferences	(892)		(1,493)	
Pension costs	(4,550)		(4,165)	
Computer running costs	-		(80)	
	-----		-----	
MARATONE funding		-		27,276
Funding receivable	-		88,052	
Salaries & wages	-		(34,072)	
Social welfare costs	-		(3,663)	
Travel & subsistence costs	-		(7,893)	
Fees & subscriptions	-		(6,605)	
Meetings & conferences	-		(8,543)	
	-----		-----	
Endeavour DBT Project		-		-
Funding receivable	144,513		165,430	
Salaries & wages	(117,404)		(123,451)	
Social welfare costs	(11,538)		(12,563)	
Travel costs	(4,584)		(10,011)	
Stationery & supplies	(144)		(129)	
Fees & subscriptions	(10,000)		(12,025)	
Meetings & conferences	(843)		(7,251)	
	-----		-----	
HSE NOSP Information Officer		-		-
Funding receivable	9,848		45,986	
Salaries & wages	(6,554)		(41,522)	
Social welfare costs	(646)		(4,464)	
Fees & subscriptions	(2,648)		-	
	-----		-----	

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
DETAILED STATEMENT OF INCOME (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

	€	2017 €	€	2016 €
Manchester Pharma Study		-		-
Funding receivable	10,508		31,069	
Salaries & wages	(10,000)		(20,000)	
Fees & subscriptions	(93)		(385)	
Telephones	-		(6)	
Stationery, printing & postage	-		(40)	
Fees & subscriptions	(295)		(8,705)	
Meetings & conferences	(120)		(1,933)	
	<u> </u>		<u> </u>	
WHO Project		-		-
Funding receivable	2,387		-	
Travel costs	(1,125)		-	
Meetings & conferences	(1,262)		-	
	<u> </u>		<u> </u>	
HRB KEDS Project		-		-
Funding receivable	10,392		17,448	
Salaries & wages	-		(14,601)	
Social welfare costs	-		(1,545)	
Travel costs	(134)		(117)	
Stationery, printing & postage	-		(288)	
Fees & subscriptions	(7,199)		(714)	
Meetings & conferences	-		(183)	
Pension costs	(3,059)		-	
	<u> </u>		<u> </u>	
Electric Aid Project		-		-
Funding receivable	4,952		44	
Stationery, printing & postage	(2,145)		-	
Fees & subscriptions	(2,807)		-	
Meetings & conferences	-		(44)	
	<u> </u>		<u> </u>	
Assist Evaluation Project		-		-
Funding receivable	3,526		3,773	
Salaries & wages	(3,250)		(3,477)	
Social welfare costs	(276)		(296)	
	<u> </u>		<u> </u>	
HRB RCSI Project		-		-
Funding receivable	3,143		-	
Salaries & wages	(2,561)		-	
Social welfare costs	(358)		-	
Pension costs	(224)		-	
	<u> </u>		<u> </u>	
Private donations		100		200
		<u> </u>		<u> </u>
Foundation surplus		<u>33,077</u>		<u>13,029</u>

**SUICIDE RESEARCH FOUNDATION
COMPANY LIMITED BY GUARANTEE
DETAILED STATEMENT OF INCOME (CONTINUED)
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2017**

	€	2017 €	€	2016 €
Registry income				
HSE - NOSP		536,001		536,000
Registry costs				
Wages and salaries	(381,710)		(388,177)	
Social welfare costs	(36,097)		(36,204)	
Staff recruitment costs	-		(2,603)	
Staff pension costs defined contribution	(4,196)		(2,972)	
Data collectors	(10,323)		(16,715)	
Data collection travel costs	(36,254)		(38,794)	
Rent	-		(3,000)	
Fees to UCC - HRB scholar	(29,690)		(29,002)	
Insurance	(3,561)		(3,320)	
Travelling expenses	(2,057)		(4,465)	
Meetings & conferences	(6,035)		(10,145)	
Stationery, printing & postage	(6,343)		(7,188)	
Bank charges	(350)		(262)	
Fees, training & subscriptions	(4,414)		(5,062)	
Accountancy	(3,000)		(3,000)	
Audit fees	(3,888)		(3,888)	
Computer running costs	(29,804)		(16,555)	
Telecommunications	(758)		(1,206)	
Sundry expenses	(117)		-	
Depreciation	(4,208)		(4,852)	
		<u>(562,805)</u>		<u>(577,410)</u>
Registry deficit		<u>(26,804)</u>		<u>(41,410)</u>
Northern Ireland Statistical Consultancy		29,780		35,561
Funding receivable	29,780		35,561	
		<u>29,780</u>		<u>35,561</u>
Northern Ireland Staistical Consultancy surplus		<u>29,780</u>		<u>35,561</u>
Overall net operating surplus for the financial year		<u>36,053</u>		<u>7,180</u>



National Suicide Research Foundation

4.28 Western Gateway Building,
University College Cork,
Cork.

Tel: +353 21 420 5551

Email: info@nsrf.ie

www.nsrf.ie
