

ANNUAL REPORT

2024



NSRF
National Suicide
Research Foundation

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- Northern Ireland Registry of Self-Harm
- Improving surveillance and monitoring of self-harm in Irish Prisons: The Self-Harm Assessment and Data Analysis (SADA) Project
- Suicide and Self Harm Observatory (SSHO)
- WHO Collaborating Centre for Surveillance and Research in Suicide Prevention
- Feasibility of a national register of probable suicide in mental health services

46 (2) Social determinants of suicide and self-harm

- Secondary analysis of the Healthy Ireland Survey
- Social determinants of suicide
- Identifying the needs of individuals who present to emergency departments following self-harm with co-occurring alcohol and/or drug use, to optimize referral and service provision.
- Youth self-harm and suicide - Predictors of onset, escalation and premature mortality

47 (3) Intervention and prevention programmes for self-harm and suicide

- PProviding Improved care for Self-harM: a mixed methods study of intervention, economic and implementation outcomes from a national clinical programme – PRISM
- Towards Personalised Clinical Management of Suicide Risk through Data-Driven Clinical Decision Support using Transnational Electronic Registry Data (PERMANENS)
- Working Group: Prevention of Paracetamol-Related Intentional Drug Overdose
- REducing intentional overdose: a mixed methods STudy of means RestrICTion interventions (RESTRICT)
- Examining individual and psychosocial determinants of self-harm and suicidality in older adults: improving risk assessment and management (SHOAR)
- National Dialectical Behaviour Therapy Training Team
- Identifying the needs of young people and their families bereaved by suicide
- MENTBEST, Protecting Health in Times of Change
- EAAD-Best

- Mental Health Promotion and Intervention in Occupational Settings (MENTUPP)
- Promoting Positive Mental and Physical Health in Changing Work Environments (PROSPERH)
- Early Identification of Suicide and Self-Harm Risk and Comorbid Mental and Physical Disorders (MHAINTAIN)

51 (4) Awareness, training and education

- Development, implementation and evaluation of a university module in suicide prevention for undergraduate health and social care students: Phase Three and Four
- Upscaling the Self-Harm Assessment and Management in General Hospitals (SAMAGH) Training Programme
- C-SSHRI: Connecting Suicide and Self-Harm Researchers on the island of Ireland
- The role of the media in suicide prevention
- Development of a mental health and wellbeing module for veterinary professional students
- Impact of Patient Suicide on Psychiatrists in Ireland

53 (5) Policy and practice implementation & quality improvement

- Evaluation of the CAMS (The Collaborative Assessment and Management of Suicidality) in CHO7
- Implementing the Collaborative Assessment and Management of Suicidality Framework (CAMS) in Student Counselling Services in Ireland
- Postvention in Higher Education Institutions in Ireland
- Evaluating the implementation of the Talking Therapies Model of Care: a qualitative exploration of stakeholder perspectives
- Let's Talk About Suicide- a national mixed-methods evaluation of a brief online suicide prevention programme.
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FOREWORD



Dr Eve Griffin
Chief Executive Officer



Dr Paul Corcoran
Head of Research



Professor Ella Arensman
Chief Scientist

We are delighted to present the 2024 Annual Report of the National Suicide Research Foundation (NSRF). This report contains a summary of the activities of the organisation in 2024.

Established by the late Dr Michael J Kelleher in November 1994, the vision of the NSRF is to support the reduction of suicide and self-harm in Ireland and globally, through impactful research.

The NSRF works closely with the Health Service Executive's National Office for Suicide Prevention (NOSP) to provide research and evidence in line with the objectives of Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024. In 2024 we worked on a range of projects which support the delivery of Connecting for Life, including a review of the social determinants of suicide, developing an intervention to support the physical and mental health of employees, the launch and pilot evaluation of an undergraduate module in suicide prevention for health and social care professionals, the feasibility of a register for probable suicides in mental health services and a study to explore the needs of young people bereaved by suicide.

The NSRF has a Memorandum of Collaboration (MoC) with University College Cork (UCC), which supports ongoing collaboration and support between both organisations. The MoC aims to improve cohesion among research staff involved in the NSRF and UCC, which increasing the overall research capacity via acquisition of large-scale grant applications. This MoC also facilitates dual research positions between the NSRF and UCC, which will contribute to broadening the expertise, capacity building and continuity in interdisciplinary research. In 2024, a total of 11 funded projects were supported by this MoC as well as an increasing number of collaborative activities.

NSRF is designated by the World Health Organisation (WHO) as a Collaborating Centre for Surveillance and Research in Suicide Prevention and the team provides technical advice to inform WHO's work in establishing surveillance systems of self-harm and suicide, as well as in implementing and evaluating national suicide prevention programmes. We have worked with more than 20 countries across all continents over the years, helping to strengthen capacity and reduce stigma around suicide and self-harm. In 2024 we continued to provide

technical support for the establishment of surveillance systems of self-harm and suicide, to improve suicide monitoring in countries, and to guide countries in establishing and evaluating national suicide prevention strategies. The NSRF WHOCC presented at a PAHO/NIMH Symposium in Washington on the topic of improving self-harm and suicide surveillance systems. National Self-Harm Registry Ireland facilitated a delegation from Wales interested in receiving technical support for establishing a self-harm surveillance system.

In 2024, the NSRF was involved in a total of 34 projects in the area of suicide, self-harm and mental health, and a summary of each project is included in this report. We also continued to disseminate our research and provide evidence-based information to a wide range of stakeholders in policy, health and social services as well as the general population. NSRF staff members contributed to 23 peer-review articles, eight reports and presented more than 52 lectures at local, national and international seminars and conferences, including the European Symposium on Suicide and Suicidal Behaviour in Rome in August 2024. We were also represented on several advisory and steering groups at national and international level.

In 2024 we continued to develop the NSRF's Lived Experience panel. For us, it is crucial that people with lived experience contributing to all aspects of our research and practice. This panel consists of 10 individuals reflecting a range of backgrounds and experiences, and our lived experience panelists contribute to a range of stages of the research process including reviewing documents and contributing to research proposals, developing research ideas and discussing how to put these into practice, and joining discussions about relevant mental health and suicide related updates and developments.

Notable events hosted by the NSRF in 2024 included the World Mental Health Day Seminar held on October 10th, at which the Dr Michael J Kelleher Memorial Lecture was delivered by Professor Alexandra Pitman, University College London. We held the 4th Suicide and Self-Harm Research Workshop, organised by the C-SSHRI Network: Connecting Suicide and Self-Harm Researchers on the Island of Ireland. In June 2024, we also co-hosted a Global Leadership Exchange Comprehensive Community Suicide Prevention Match, along with the HSE National Office for Suicide Prevention, the Department of Health Ireland, the US Substance Abuse and Mental Health Services Administration and the Mental Health Commission of Canada. We welcomed experts from the US, Canada, New Zealand and the UK to share experiences, lessons learned and knowledge of participants to explore the role of data and surveillance in informing suicide prevention action plans.

In 2024 we developed our new Strategic Plan, Leading Research Shaping Change 2025-2030, which launched in February 2025. Through extensive consultation with staff, governance groups and stakeholders, this plan will guide the organisation on its vision over the coming six years.

The work produced in 2024 is very much a reflection of the skillset and dedication of all staff members to the work of the NSRF. We would like to acknowledge these efforts and thank each and every person for the passion and energy that you bring to the work on a daily basis. We look forward to continuing to work together in efforts to provide the strong research base necessary to underpin efforts in addressing suicide and self-harm as significant public health issues.

CHAIRPERSON'S FOREWORD



Mr James McCarthy
Chairperson

This report demonstrates the vital work undertaken by the National Suicide Research Foundation (NSRF) in its vision to support the reduction of suicide and self-harm in Ireland, and globally, through impactful research. The NSRF has continued to perform strongly in 2024, with incoming resources increasing to €1,828,068 and a total number of 50 employed staff in 2024.

The year 2024 represented a period of growth and progression for the NSRF, with more than 50 people employed by the organisation and a record number of projects in the same year. In light of this, it is, vital to review the NSRF's vision and long-term strategic direction. For this reason, in 2024 we prioritised developing the organisation's new strategic plan "*Leading Research, Shaping Change*". The plan was developed from a series of wide ranging consultations, with staff, the NSRF's Research Advisory Group and Lived Experience Panel. We also consulted stakeholders and the public via an open survey and targeted consultation sessions. The resulting plan, launched subsequently in February 2025, sets out a progressive and ambitious roadmap for the coming six years, and will help to solidify the NSRF as a world-leading authority in suicide prevention research. We are grateful

to everyone who contributed to and supported the development of the strategy, particularly Catherine Brogan, Catherine Brogan Consulting Ltd, and Dr Siobhan Cusack, University College Cork.

In 2024 we undertook many activities to ensure that the NSRF continues to be well-resourced, flexible and strategically positioned. These included reviewing and improving the governance structures within the NSRF and investing in further developing risk, audit and compliance practices. The NSRF was also designated Host Institution Status with the Health Research Board in 2024. Supporting our employees is a also key priority and in 2024 we introduced new sick leave and domestic violence policies, in addition to hosting a Staff Away Day in February 2024.

The many achievements, examples of impactful research and engaged dissemination and implementation are a testament to the talent, drive and commitment of everyone who works in this organisation. On behalf of the Board of Directors, I would like to thank all staff members for their dedication and commitment to reducing suicide in our communities.

BOARD OF DIRECTORS

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy (Chairman)

Partner, EY Cork Transaction Advisory Services

Mr Barry McGale

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

Mr Mark O'Callaghan

Solicitor, Dublin

Mr Daniel Flynn

Chartered Clinical Psychologist, Principal Psychology Manager with the
HSE and Adjunct Professor at the School of Applied Psychology, UCC

Dr Karen Galway

Senior Lecturer in Mental Health at Queen's University Belfast.

Mr John O'Brien

National Traveller Mental Health Service Manager
at Exchange House Ireland National Traveller Service

Dr Eric Kelleher

Consultant Liaison Psychiatrist CUH and MUH



ABOUT THE NSRF

The National Suicide Research Foundation (NSRF) was founded in 1994 by the late Dr Michael Kelleher, prompted by the vision of the then Minister for Health, Brendan Howlin TD, who recognised the urgent need to understand and address suicide and suicidal behaviour in Ireland.

Since 1994, we have been committed to improving the accuracy and understanding of Irish suicide statistics. Our research has been pivotal in shedding light on the scope of suicidal behaviour.

The insights gained from our work have helped to shape national strategies and provide crucial data that enable healthcare providers, policymakers, and communities to take decisive actions toward prevention and support.

Today the NSRF is a centre for excellence nationally and internationally in the field of suicide and self-harm prevention. In 2015, the NSRF was designated as a World Health Organisation Collaborating Centre (WHOCC) for surveillance and research in suicide prevention, one of only five such centres worldwide.

The NSRF is a registered charity (20030889) based in Western Gateway Building, University College Cork, Ireland.

Our vision is to support the reduction of suicide and self-harm in Ireland and globally, through impactful research.

Our mission is to ensure that suicide and self-harm prevention activities, in Ireland and globally, are informed by high-quality research and data.

The work of the NSRF is underpinned by the following values:

Compassion

We approach our work with empathy and understanding, recognising the deep pain and complexity of suicide, and offering signposting to care for those affected. We place a strong emphasis on creating a positive working culture and promoting cohesion in the organisation including staff wellbeing and supporting the team via mentoring and supervision.

Excellence

Excellence of research ensures that our work is scientifically rigorous and impactful, and that we contribute to building capacity and developing the next generation of researchers in Ireland and internationally.

Integrity

We are committed to the highest standards of transparency, openness and ethical conduct in all our research.

Collaboration

We believe in working together across disciplines, sectors, and communities to create meaningful change in suicide prevention.

Inclusivity

We are dedicated to ensuring that all of our research is informed by people with lived/living experience and relevant stakeholders. All individuals, regardless of background, are valued and their needs should be reflected in our work.

Resilience

We are committed to fostering resilience, both in the individuals and communities we serve and within our organisation, as we navigate the challenges of suicide prevention.

PRIORITY RESEARCH AREAS

Leading Research, Shaping Change

NSRF Strategic Plan 2025-2030

ASSESSMENT and MANAGEMENT of SELF-HARM

Improving the assessment, management and evidence-based interventions for self-harm patients.

POSTVENTION and SUICIDE BEREAVEMENT

Identifying the needs of the family members, friends, communities and professionals impacted by suicide.

PRIORITY GROUPS

Supporting groups with increased vulnerability to suicide and self-harm.

LIFECOURSE EPIDEMIOLOGY

Researching suicide, self-harm and associated mental and physical health co-morbidities across the lifespan.



NSRF
National Suicide
Research Foundation

WORKPLACE MENTAL HEALTH

Focusing on mental health promotion, suicide prevention and postvention in the workplace.

9:00 - 17:00

SOCIAL DETERMINANTS of SUICIDE and SELF-HARM

Highlighting the social, environmental and economic context of suicide and self-harm.

SURVEILLANCE and REAL-TIME DATA

Improving access to data and the development of methodological expertise to maximise the routine use of data systems.

SERVICE IMPROVEMENT and EVALUATION

Ensuring the strategic development of high-quality support and response services and continuity of care to meet the needs of individuals.

UPSTREAM APPROACHES to SUICIDE PREVENTION

Focusing on prevention and early intervention, modifiable risk factors, and improving access to services.

EDUCATION and TRAINING

Evidence-based training and education programmes for healthcare professionals, researchers, young people, families, and the general public.

STRATEGIC PRIORITY AREAS

The National Suicide Research Foundation is guided by five strategic priority areas.

Priority Area 1

Research Excellence

Build, strengthen and lead excellent research with integrity, involving innovative, impactful, open and engaged research.

Priority Area 4

Communication

Increase the impact of our research through dissemination and communication.

Priority Area 2

Surveillance

Further develop data systems and champion the role of monitoring of self-harm and suicide.

Priority Area 5

Organisational Strength

Ensure that our organisation is well-resourced, flexible and strategically positioned.

Priority Area 3

Impact

Inform policy, practice and perspectives on suicide prevention by strengthening and expanding the impact of our work.



OUR TEAM

SENIOR MANAGEMENT TEAM

Dr Eve Griffin

Chief Executive Officer

Professor Ella Arensman

Chief Scientist

Dr Paul Corcoran

Head of Research

Dr Mary Joyce

Manager, National Self-Harm
Registry Ireland

OPERATIONS TEAM

Ms Una O'Callaghan

Financial Controller

Ms Eileen Hegarty

Operations Manager

Mr Niall McTernan

Research and Operations Manager

Mr Leon Fan

IT Support Officer
(Resigned April 2024)

Ms Kamila Stanisch

Executive Assistant

Ms Sarah Nicholson (O'Meara)

Data Protection Officer/
Quality Manager

Ms Fenella Ryan

Research Officer

Ms Karen Mulcahy

Research Administrator (UCC)

NATIONAL DIALECTICAL BEHAVIOUR THERAPY TRAINING TEAM

Ms Louise Dunne

Administrator

Professor Alan Fruzzetti

DBT Lead for Supervision & Implementation

Dr Armida Fruzzetti

DBT Lead for Supervision & Implementation

Ms Ashweeja Gowda

Research Officer

Ms Emily Boylan

Research Officer
(Resigned June 2024)

Ms Blathin Power

Research Officer

COMPANY MEMBERS

Mrs Patricia Behan

Founder, Suicide Aware Ireland

Professor Colin Bradley

Professor/Head, Department of General Practice University College Cork
(Resigned October 2023)

Professor Patricia Casey

Consultant in Adult and Liaison Psychiatry at the Hermitage Medical Clinic
Emeritus Professor of Psychiatry University College Dublin

Professor Eugene Cassidy

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

Bishop Paul Colton

Anglican Church of Ireland
Bishop, Cork, Cloyne and Ross

Dr Birgit Greiner

Vice-Dean, School of Public Health, University College 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 Dan Neville

Former Teachtaire Daile
Founding Member of Irish Association of Suicidology

Mr Mark O'Callaghan

Solicitor, Dublin

Mr Tom O'Dwyer

Former Deputy CEO Southern Health Board

Mr Daniel Flynn

Chartered Clinical Psychologist, Principal Psychology Manager with the HSE and Adjunct Professor at the School of Applied Psychology, UCC

Dr Karen Galway

Senior Lecturer in Mental Health at Queen's University Belfast.

Mr John O'Brien

National Traveller Mental Health Service Manager
At Exchange House Ireland
National Traveller Service

Dr Eric Kelleher

Consultant Liaison Psychiatrist
CUH and MUH

Mr Derek Chambers

Policy Implementation Lead, National Mental Health Operations, Health Service Executive

Mr Dave Drohan

Former General Manager, HSE South

RESEARCHERS

Dr Katerina Kavalidou

Research Fellow

Dr Caroline Daly

Post-Doctoral Researcher (UCC)
(Resigned NSRF March 2024)

Dr Clíodhna O'Brien (O'Connor)

Post-Doctoral Researcher

Dr Selena O'Connell

Post-Doctoral Researcher
(Resigned October 2024)

Dr Michelle O'Driscoll

Senior Post-Doctoral Researcher

Dr Mallorie Leduc

Senior Post-Doctoral Researcher

Dr Aileen Callanan

Lived Experience Coordinator
Post-Doctoral Researcher

Dr Eibhlín Walsh

Post-Doctoral Researcher

Dr Shelly Chakraborty

Data Analyst, National Self-Harm
Registry Ireland

Ms Georgie O'Sullivan

Data Manager, National Self-Harm
Registry Ireland
(Resigned March 2024)

Ms Kerrie Gallagher

Research Officer

Mr Pawel Hursztyn

Research Assistant

Dr Grace Cully

Senior Post-Doctoral Researcher

Dr Elaine Mc Mahon

Research Fellow (UCC)

Dr Madhav Bhargav

Post-Doctoral Researcher (UCC)

Ms Sofia Bettella

Research Officer (UCC)

Ms Almas Khan

Research Officer (UCC & NSRF)

Dr Ana Contreras Navarro

Post-Doctoral Researcher
(Resigned January 2024)

Ms Grace Phillips

Research Officer

Dr Noreen Kearns

Senior Post-Doctoral Researcher

Dr Isabela Troya

Post-Doctoral Researcher (UCC)

Dr Maeve Cosgrove

Data Manager NCPSHI

Ms Zara Harnett

Research Officer

Ms Audrey Murphy

Research Officer

Ms Geraldine Paul

Programme Implementation Officer

Ms Catherine Stringer

Student Intern

Ms Jane McDonald

Student Intern

Dr Anvar Sadath

Post-Doctoral Researcher
(Resigned March 2024)

Dr Darragh O'Shea

Health Psychologist

Dr Daniel O'Callaghan

Post-Doctoral Researcher

Ms Leigh Huggard

Research Officer

Mr James McGuiggan

Data Analyst, National Self-Harm
Registry Ireland

Ms Margaret Kenneally

Research Assistant (UCC & NSRF)

DATA REGISTRATION OFFICERS EMPLOYED IN 2024

HSE West and North West

Eileen Quinn

Letterkenny University Hospital

Monica Mitchell

Sligo University Hospital

Helen Mellody

Letterkenny University Hospital/Mayo University Hospital/Portlinculla University Hospital

HSE Mid West

Catherine Murphy

University Hospital Limerick/Ennis Hospital

HSE South West

Karen Twomey

University Hospital Kerry

Una Walsh & Ursula Burke

Bantry General Hospital/Cork University Hospital/Mercy University Hospital, Cork

HSE Dublin and South East

Deirdre Brennan

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

Ciaran Cluskey-Kelly

St. Michael's Hospital, Dun Laoghaire

Claire Fahey & Rebecca Curran

St. Vincent's Hospital, Dublin

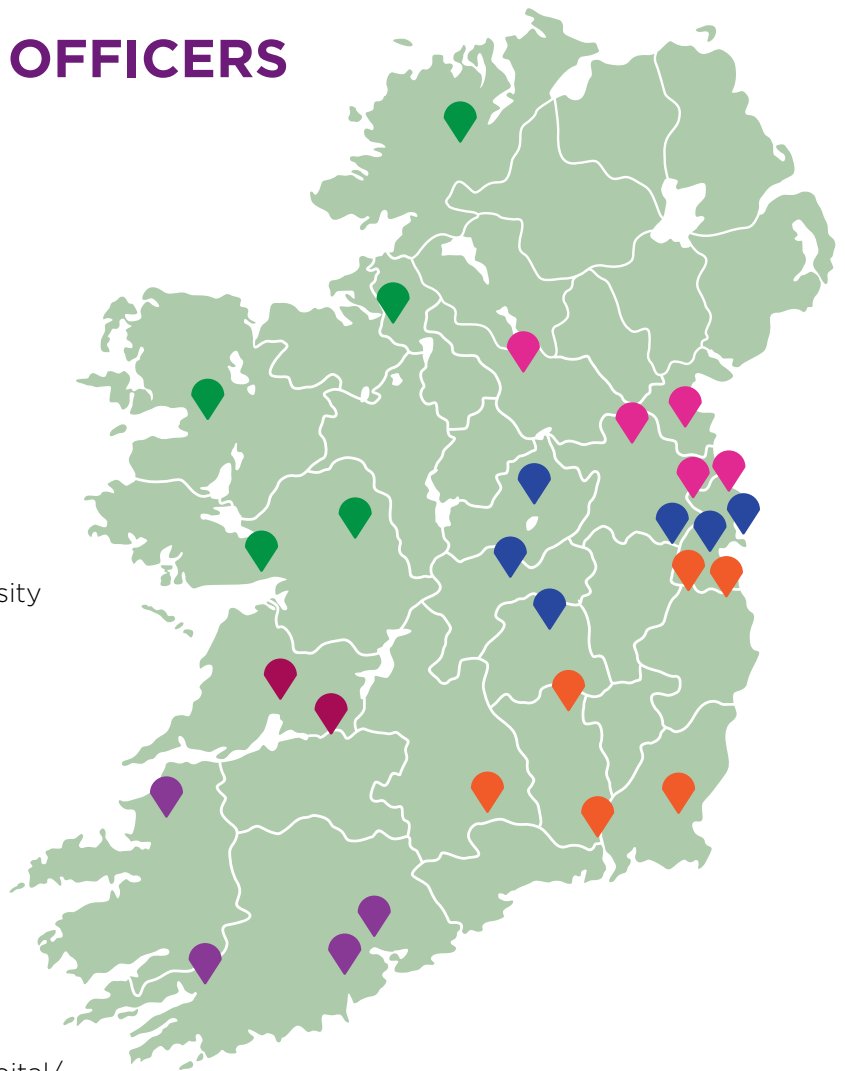
HSE Dublin and North East

Alan Boon

Beaumont Hospital/Connolly Hospital, Blanchardstown

Rita Cullivan

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



James Camien McGuiggan

Mater Misericordiae University Hospital, Dublin

Ciaran Cluskey-Kelly

Our Lady of Lourdes Hospital, Drogheda

Rebecca Curran

Cavan Monaghan General Hospital

HSE Dublin and Midlands

Alan Boon

Children's Health Ireland at Crumlin/Children's Health Ireland at Temple Street/St James's Hospital, Dublin

Diarmuid O'Connor

Children's Health Ireland at Tallaght/Midland Regional Hospitals (Mullingar, Portlaoise, Tullamore)/Naas General Hospital/Tallaght University Hospital

Ciaran Cluskey-Kelly

St James's Hospital, Dublin

PERFORMANCE INDICATORS 2024



NSRF



Projects

34



Seminars
and events

7



Journal
publications

23



Reports

8

Briefing
Documents
& Policy
Submissions

4

Scopus
citations

3,237

Presentations

52

Advisory,
Steering Groups
& Committees

50

New or updated
policies

3

Dissemination
videos

5

Newsletters

4

Strategic plan
consultations

7

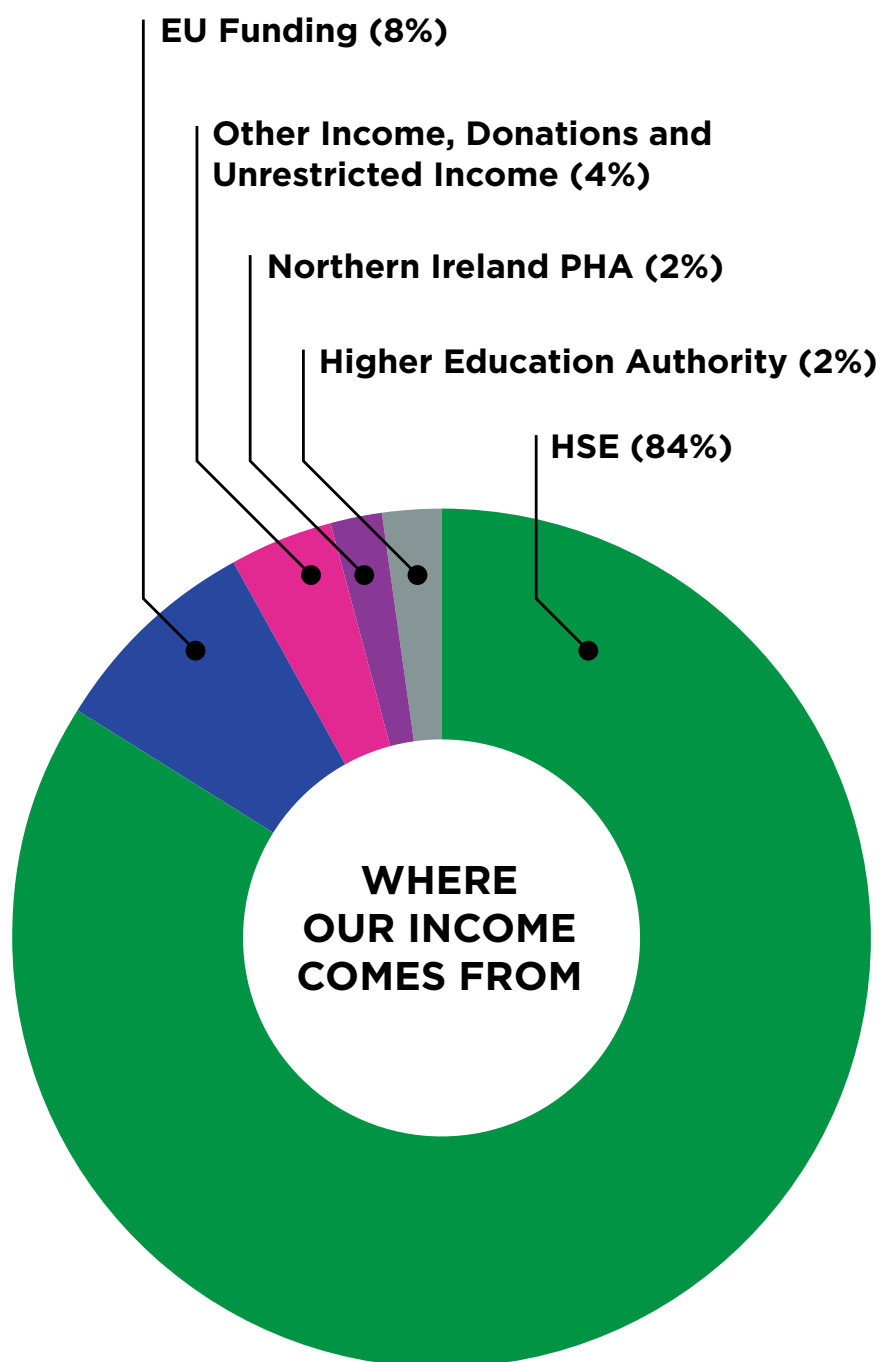
HRB Host
Institution
Status

New fundings
awards

6



2024 FINANCIAL SUMMARY



STRUCTURE, GOVERNANCE AND MANAGEMENT

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.nsrif.ie under the About Us section and is publicly available from the Companies Registration Office website www.cro.ie and also the Charities Regulatory Authority website www.charitiesregulator.ie. The Registered Charity Number is 20030889 and the Charity Tax Number is CHY11351.

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.

In late 2019 for the purposes of complying with The European Union (Anti-Money Laundering: Beneficial Ownership of Corporate Entities) Regulations 2019 (SI 110 of 2019) the National Suicide Research Foundation filed required details of the

Board of Directors, the Chief Executive Officer and the Head of Research on the RBO website – www.rbo.gov.ie

In 2019 representatives from the National Suicide Research Foundation attended training on the implications of The Charities Regulator Governance Code which took effect in 2020. The NSRF has taken the necessary steps to ensure compliance with the code.

Board of Directors

The National Suicide Research Foundation is governed by a Board of Directors with a minimum number of five 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 Conflict of Interests Policy, 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 two-hour Induction Meeting with each new Director in the first month following appointment, at which a sub-set of information customised for each new member is made available.

Board Subgroups

The National Suicide Research Foundation has three Standing Board Subgroups, namely:

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

Organisational Structure and How Decisions are Made

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

Certain decisions are specifically 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. National Suicide Research Foundation
- Litigation.
- Appointment/Removal of Subgroup Chairs and Members.
- Appointment/Removal of the Chief Executive Officer, the Head of Research, Chief Scientist.
- Appointment/Removal of Auditors in accordance with decision taken by Company Members at the Annual General Meeting.
- Approval of Borrowing/Finance Facilities.
- Approval of all new staff positions.
- Approval of Contracts exceeding €40,000 per annum and associated human resource issues for such staff members.
- Annual Review of Risk and Internal Control.
- Approval of policies and procedures and Board nominations.

Although ultimate responsibility for the governance of the National Suicide Research Foundation rests with the Board of Directors, certain duties and responsibilities are delegated from the Board to the Chief Executive Officer, the Head of Research and the Chief Scientist and through them to the members of the staff team. These duties include implementation of the strategic plan; leading and managing the 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 National Suicide Research Foundation'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 National Suicide Research Foundation 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 organisation is exposed, an assessment of their impact and likelihood of happening and risk mitigation actions for each.

The quarterly report of the Operations Subgroup to the board contains a section on risk analysis updating the board regarding the status of the most acute risks to the National Suicide Research Foundation 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 National Suicide Research Foundation's annual Financial Statements when approved by the Board of Directors are submitted to the Companies Registration Office, are published on the organisation's website www.nsrif.ie, under the 'About Us' section and are available on the Charities Regulatory Authority website www.charitiesregulator.ie

National Suicide Research Foundation

4.28 Western Gateway Building, University College Cork, Ireland.

Tel: 353 21 4205551

Limited Company 224676/Registered Charity 20030889/ Charity Tax CHY 11351

E-mail: infonsrf@ucc.ie, Web: www.nsrif.ie, [@NSRFireland](http://www.facebook.com/NationalSuicideResearchFoundation)

Charitable Purpose as laid out in the Constitution: To promote research and understanding into suicide and self-harm

PRINCIPLES OF GOOD GOVERNANCE

We, the Board of Directors and Trustees of National Suicide Research Foundation commit to:

Principle 1. Advancing the charitable purpose of our organisation.

We do this by:

- 1.1 Being clear about the purpose of our organisation and being able to explain it in simple terms to anyone who asks;
- 1.2 Agreeing an achievable annual plan and ensuring that adequate resources are available to advance the purpose of the organisation;
- 1.3 Reviewing the activities undertaken by the organisation to ensure compliance with its charitable purpose and to ensure that it is providing public benefit.

Principle 2. Behaving with integrity.

We do this by:

- 2.1 Being honest, fair and independent;
- 2.2 Understanding, declaring and managing conflicts of interest and conflicts of loyalties;
- 2.3 Protecting and promoting our organisation's reputation.

Principle 3. Leading our organisation.

We do this by:

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

Principle 4. Exercising control over our organisation.

We do this by:

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

Principle 5. Working effectively.

We do this by:

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

Principle 6. Being transparent and accountable.

We do this by:

- 6.1 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;
- 6.2 Responding to stakeholders' questions or views about the work of our organisation and how we run it;
- 6.3 Encouraging and enabling the engagement of those who benefit from our organisation in the planning and decision-making of the organisation.

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

Signed by Dr Margaret Kelleher and Eileen Williamson in the presence of, and on behalf of, the Board of Directors of the National Suicide Research Foundation, September 2017.

EQUALITY, DIVERSITY, AND INCLUSION

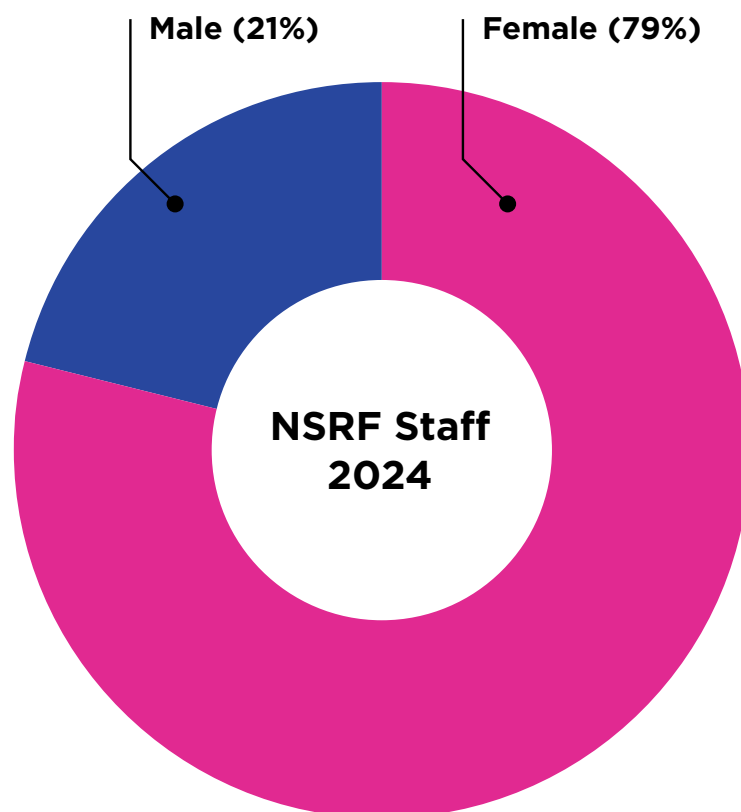
The **NSRF Gender Equality Plan** is available on our website. The NSRF is committed to the integration of gender in Research, Teaching and Funding.

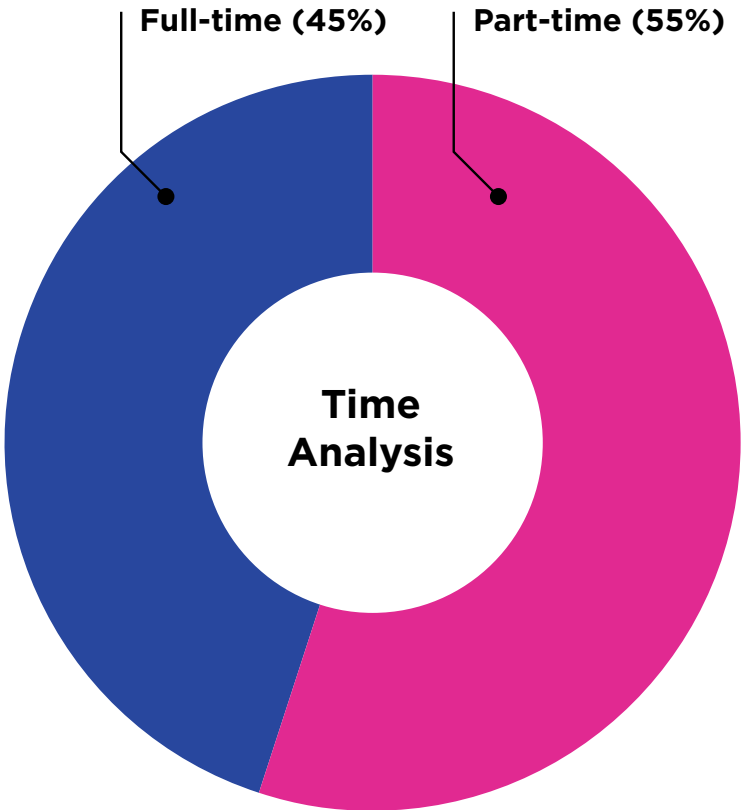
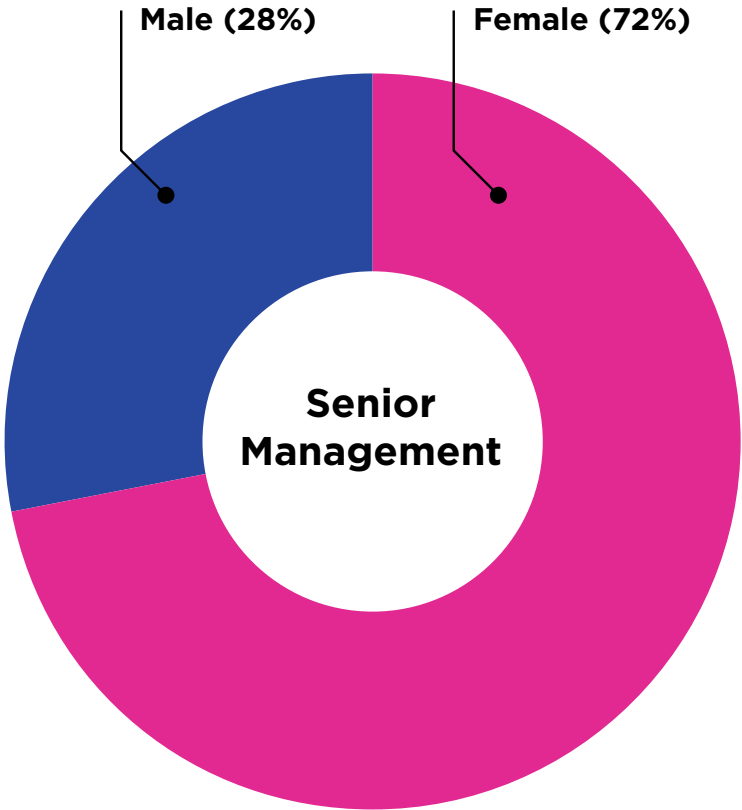
KEY ACTIVITIES IN 2024

- As evidenced below, the NSRF offers part-time flexible roles where possible.
- The NSRF is in a strategic collaboration with UCC and as a result staff can avail of all UCC based gender equality group and communities, trainings, and courses.

The **NSRF Strategic Plan 2025-2030** has specific objectives and actions related to EDI:

- Foster an environment that supports staff wellbeing and professional development
- Co-produce and implement comprehensive employee well-being and professional development programmes to support all staff
- Co-produce an Equality, Diversity, Inclusion and Belonging Strategy for the organisation.

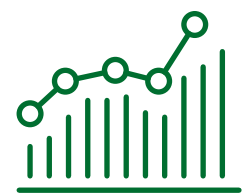




SNAPSHOT OF ACHIEVEMENTS BY PRIORITY AREA

(1) SURVEILLANCE

Further develop data systems and champion the role of monitoring of self-harm and suicide.



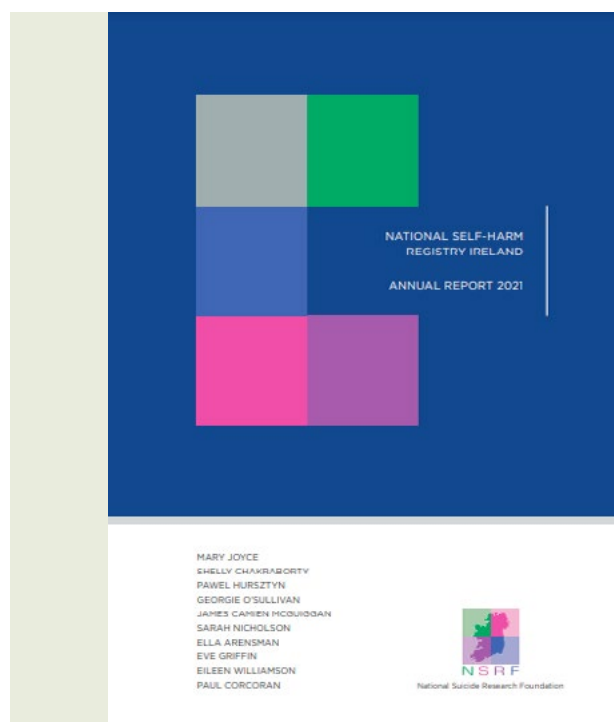
In 2024, the NSRF continued to collect high-quality national and local data on self-harm in the general population via the National Self-Harm Registry Ireland and in the prison population via the Self-Harm Assessment and Data Analysis Project. The NSRF continued to provide technical advice to inform WHO's work in establishing surveillance systems of self-harm and suicide, as well as in implementing and evaluating national suicide prevention programmes. The NSRF continued to operate the Suicide Observatory in Cork and Kerry and participated in the evaluation process undertaken by colleagues in the University of Melbourne. A new study, commissioned by the HSE, to examine the feasibility of establishing a national register of probable suicide in mental health services in Ireland began in 2024.

On February 13th, the National Self-Harm Registry Ireland published its 20th report covering the year of 2021.

Access 2021 findings from the registry here: www.nsrp.ie/wp-content/uploads/2024/02/NSRF-National-Self-Harm-Registry-Ireland-annual-report-2021.pdf

The 2021 findings showed no increase in hospital-presenting self-harm during the second year of the pandemic. This is contrary to early concerns and expectations of a potential increase in self-harm and

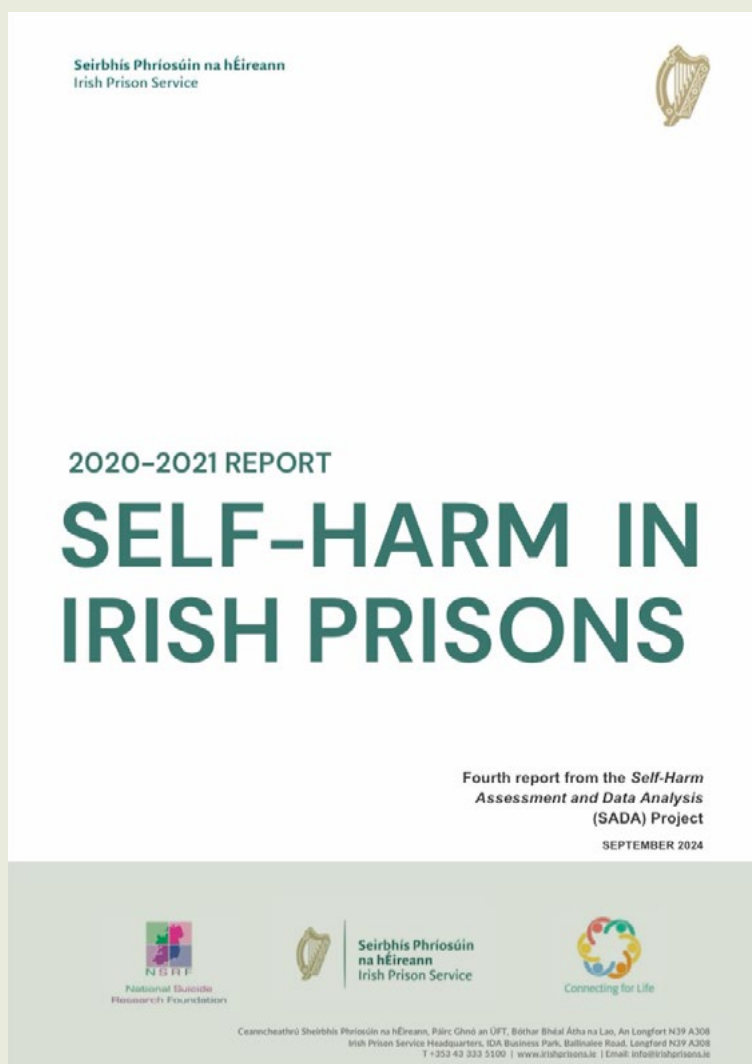
suicidal behaviours during the pandemic and statements in the media. These findings demonstrate the importance of ongoing surveillance to monitor the potential impact of the pandemic on self-harming behaviours. The use of Registry data is fundamental in addressing misinformation, in particular during public health emergencies.



On September 16th, the 2020-2021 report from the Irish Prison Service's Self-Harm Assessment and Data Analysis (SADA) Project was published, co-authored by Niall McTernan, Dr Paul Corcoran, Dr Eve Griffin, Dr Grace Cully and Pawel Hursztyn from the NSRF, and Sarah Hume and Enda Kelly from the IPS.

Read the report in full here: www.nsr.ie/wp-content/uploads/2024/09/Self-harm-in-Irish-Prisons-2020-2021-Fourth-report-from-the-SADA-Project-Final-May-2024-for-website.pdf

The annual person-based rate of self-harm in 2021, at 2.6 per 100 prisoners, was significantly lower (27.8%) than the rate recorded in 2020 (3.6 per 100) but similar to the rate recorded in 2019 (2.7 per 100). Fluctuation in recent years can be aligned to a relatively small dataset with a changing base population on a yearly basis.



(2) RESEARCH EXCELLENCE

Build, strengthen and lead excellent research with integrity, involving innovative, impactful, open and engaged research.



New projects for 2024 included a service evaluation stream (with four studies commencing); a feasibility study to develop a national register of probable suicide in mental health services; supports for young people bereaved by suicide; promoting positive mental and physical health in changing work environments (PROSPERH) and the RESTRICT project (REDucing intentional overdose: a mixed methods Study of means RestrICTION interventions).

In 2024, the NSRF hosted launch events for PROSPERH, our University Module in Suicide Prevention (development and implementation phases), the MENTBEST project, and the Limerick Alliance for Mental Health Support.

Pictured above (l-r): Prof Ella Arensman, Dr Michelle O'Driscoll, Ms Kerrie Gallagher, Dr Ross Woods, Dr Aoife Fleming, Ms Ailish O'Neill, Dr James O'Mahony, Dr Aoife O'Sullivan, Dr Eve Griffin.

On January 17th, the NSRF hosted a Suicide Prevention Module for Undergraduate Healthcare Students Launch seminar. Thank you to the HSE National Office for Suicide Prevention and the Centre for the Integration of Research Teaching and Learning in UCC for supporting the event.

The programme included:

- An overview of the development, design and implementation of the module
- Presentations from key stakeholders including representatives from policy, pharmacy, clinical practice, nursing and teaching and learning
- World Café to inform development of the module.

On January 25th and 26th, the School of Public and the National Suicide Research Foundation hosted a Kick off Meeting for the PROSPERH project. It is a five-year project involving 19 partner countries led by the School with the NSRF as Co-Lead.

More information can be found here:

www.ucc.ie/en/publichealth/news/promoting-positive-mental-and-physical-health-at-work-in-a-changing-environment.html



Throughout 2024 the NSRF continued to embed lived experience in our research via our Lived Experience Panel. In total, 10 projects utilised lived/living experience contributions in 2024.

Pictured above: Speakers and organisers at our PPI in Mental Health event in May 2024, organised in collaboration with PPI Ignite UCC. We heard from a number of speakers including Dr Leah Quinlivan, Dan Stears and Liz Monaghan from the University of Manchester, Dr Lydia Sapouna from UCC, Dr Maria Quinlan from the HSE, Anita Whyte from the Dual Diagnosis Clinical Programme, Kathyan Kelly, Jaqui Noble and Myrice Kelly from Seeking Safety Ireland and Dr Aileen Callanan from the NSRF.



NSRF team members Prof Ella Arensman, Dr Eve Griffin, Dr Paul Corcoran, Dr Selena O'Connell and Mr Niall McTernan attended the Lancet Psychiatry/University of Oxford Centre for Suicide Research New Horizons in Suicide Research and Policy Symposium and the 30th British Isles Workshop on Research on Suicide and Self-Harm on May 14th and 15th.

Eve and Selena presented outcomes from the NSRF's study on implementing standard components of care for hospital-presenting self-harm.

A huge thank you to Professor Keith Hawton for hosting this event for the last 30 years and for his enormous contribution to suicide prevention globally, including many collaborations here in Ireland.



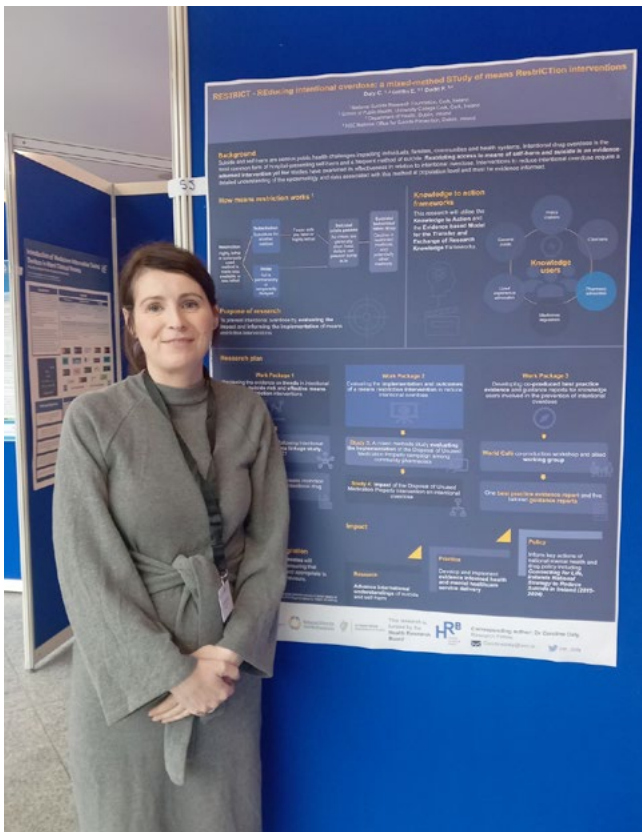
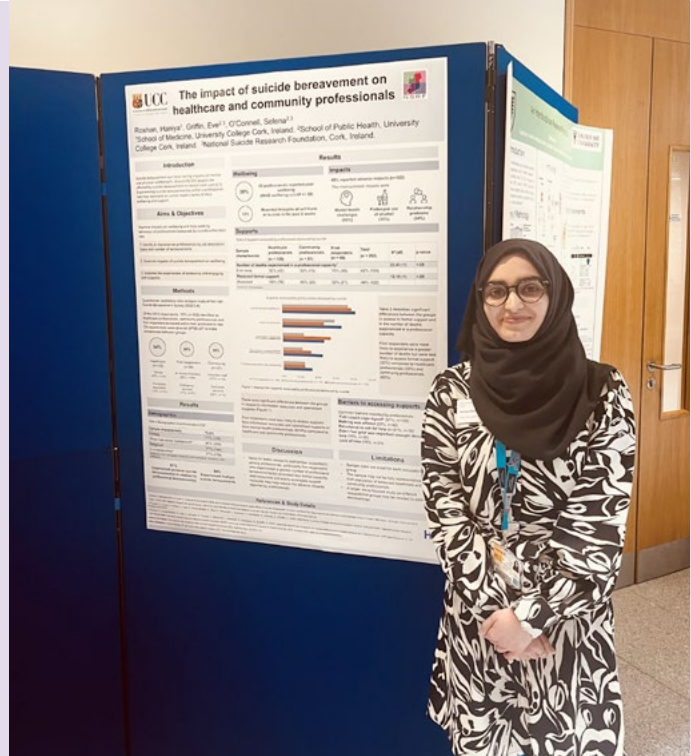
On September 10th, the NSRF launched a four-week pilot of our Suicide Prevention module for 1st- 4th year health and social care students at University College Cork (UCC) and University College Dublin (UCD).

The NSRF with funding from the HSE National Office for Suicide Prevention (HSE NOSP) have developed this unique and informed suicide prevention training module for undergraduate health and social care students, receiving recent additional support from the UCC Centre for Integrated Research in Teaching and Learning SATLE fund.

The findings from this pilot will inform future iterations of the module and the development of a train-the-trainer programme, ultimately making suicide prevention education available to all health and social care courses nationally.

Congratulations to Haniya Roshan on her awards for best research presentation at the UCC Medicine and Health Deanery Day on October 11th and best poster at the Medical Research and Technology Society's Student Research Conference in March.

Supervised by the NSRF's Dr Eve Griffin and Dr Selena O'Connell, Haniya presented on the 'Impact of Suicide Bereavement on healthcare and community professionals' using data from the **Irish Suicide Bereavement Survey**.



Dr Caroline Daly presenting the RESTRIC project (which commenced in April 2024) at the 1st All-island Medication Safety Conference led by the Irish Medication Safety Network and Transforming Medication Safety Northern Ireland. REducing intentional overdose: a mixed methods STudy of means RestrICTION interventions (RESTRIC) aims to reduce intentional overdose by evaluating the impact and informing the implementation of means restriction interventions.

Deputy Lord Mayor of Limerick City and County, Cllr Dan McSweeney launching the Limerick Alliance for Mental Health Support, as part of the EU Horizon Europe funded – MENTBEST project, at a seminar on December 5th.

This seminar brought together public and private stakeholders, including representatives connected to the 4-level intervention framework and individuals with lived experience, creating a platform for dialogue and collaboration.

The event was warmly received, fostering discussions on expanding the network, enhancing collaboration opportunities, and engaging in specialised training initiatives. Participants explored pathways to join the Limerick Alliance advisory group and discussed strategies for involving additional stakeholders to strengthen collective efforts in advancing mental health support across the region.



(3) IMPACT

Inform policy, practice and perspectives on suicide prevention by strengthening and expanding the impact of our work.



In 2024, the NSRF continued to inform policy in suicide and self-harm prevention.

Policy submissions included:

- (1) The Coroner Reform Public Consultation (January 2024)
- (2) The Irish Film Classification Office Consultation on Classification Guidelines 2024 (July 31st)
- (3) A joint submission with HSE NOSP to the European Commission call for evidence on Guidelines on the protection of minors online under the Digital Services Act (September 30th)
- (4) Alcohol as a risk factor for suicidal behaviour – a scoping umbrella review (October 2024)

The NSRF also led a campaign promoting the safe sale of paracetamol-containing medicines in both pharmacies and general or online retail settings with partners on the HSE National Office for Suicide Prevention and the Department of Health.

Advisory group representation in 2024 included Connecting for Life's Expert Advisory Group, Cross Sectoral Group, Evaluation Steering Group, and Evaluation Stakeholder Group. We also had representation on the Central Statistics Office Suicide Mortality Statistics Liaison Group and the Advisory Group for the toolkit to prevent deaths in public places advisory group.

Further activities to inform local, national and international policies are listed on page 61.

National impact

On April 18th, Dr Paul Corcoran presented on the 'Effects of patient suicide on the personal and professional lives of psychiatrists in training in Ireland' at the College of Psychiatrists of Ireland Spring Conference.

Psychiatrists can experience greater incidence of patient death by suicide than other mental health professionals, which is a distressing occupational event associated with far-reaching impacts on the professional and personal lives of psychiatrists.

This NSRF study aimed to investigate how patient suicide affects the personal and professional lives of consultant and non-consultant psychiatrists in Ireland, and what resources/systems psychiatrists would find helpful in mitigating the impact of a patient suicide.





On June 24th and 25th, the NSRF co-hosted a Global Leadership Exchange Comprehensive Community Suicide Prevention Match, welcoming guests from the US, Canada, New Zealand and the UK. The 'Match' drew on the experiences, lessons learned and knowledge of participants to explore the role of data and surveillance in informing suicide prevention action plans - including efforts to respond to emerging trends in at-risk groups, as well

as informing policy changes which impact on collective and community-based suicide prevention efforts. Thank you to co-hosts the HSE National Office for Suicide Prevention, the Department of Health, Ireland, the Mental Health Commission of Canada and Substance Abuse and Mental Health Services Administration (SAMHSA), and to Prof Helen Whelton and Ms Siobhán McArdle for opening the event.



On September 12th, Prof Ella Arensman delivered a keynote lecture on 'National and international research and evidence' at a HSE National Office for Suicide Prevention World Suicide Prevention Day event on promoting safe and sensitive media reporting of suicide and self-harm.

Additional themes included:

- Media guidelines, ethics and responsible reporting of suicide.
- Protecting our mental health when working in journalism.
- Changing the narrative on suicide: ensuring authenticity, representation and real voices in the media.



From November 11th-13th the NSRF's Dr Grace Cully, Dr Katerina Kavalidou and Dr Eve Griffin attended the European Grief Conference in Croke Park, Dublin.

NSRF presentations included:

Dr Grace Cully

- Physical and mental health impacts of suicide bereavement: Findings from a national household survey in Ireland.
- Identifying the needs of young people and their families bereaved by suicide.

Dr Katerina Kavalidou

- Maternal Suicide: Is being a mother no longer a protective factor against suicide?

This research includes recommendations for improving the provision of support for young people and their families following suicide bereavement.

Dr Eve Griffin presenting on Lived/living experience and collaboration in suicide prevention at the Pieta/DCU Bringing Light to Darkness Conference on December 5th.

Read our leaflet introducing our Lived Experience Panel here:

www.nsr.ie/wp-content/uploads/2025/03/LE-Leaflet-Jan-31st.pdf



On December 12th a scoping review on Suicide and Self-harm studies by researchers in Ireland and Northern Ireland during 2015-2023 was published. Co-authored by the NSRF's Pawel Hursztyn, Fenella Ryan, Clíodhna O'Brien, Margaret Kenneally and Mary Joyce, findings highlight a need for further research on several priority groups highlighted in the Connecting for Life and Protect Life 2 strategies, such as populations with alcohol and drug-related problems.



Pictured above: Delegates including Dr Eve Griffin and Dr Paul Corcoran at a pre-conference workshop on National Suicide Prevention Strategies.

International impact

The European Symposium on Suicide and Suicidal Behaviour (ESSSB) takes place every two years and is considered one of the most important international meetings exploring suicidal behaviours and suicide prevention.

Several members of the NSRF team attended the conference in 2024, which took place from 28th – 31st August.

The NSRF team exchanged knowledge and experiences with others in attendance and heard about the latest challenges and innovation surrounding global mental health and suicide prevention.

Presentations included:

- **Dr Eve Griffin**
 - Social Determinants of Suicide: An Umbrella Review.
 - Physical and Mental Health Impacts of Suicide Bereavement: Findings From a National Household Survey in Ireland.
- **Professor Ella Arensman**
 - Bridging the Treatment Gap for Depression and Suicidal Behaviour: EAAD's 4-Level.
 - Approach for Stigma Reduction and Help-Seeking Facilitation.
 - Mental Health Promotion and Intervention in Occupational Settings: MENTUPP.
 - Implementation and Evaluation of National Suicide Prevention Programmes – A Global Perspective.

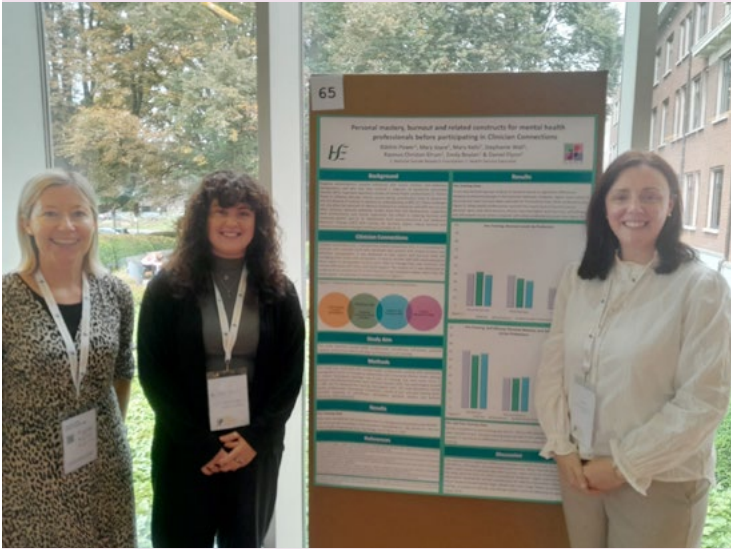
- **Dr Paul Corcoran**
 - Surveillance of Self-Harm and Suicide in Ireland and the Impact on Public Health Policy – Progress and Challenges.
- **Dr Isabela Troya**
 - Healthcare Practitioners' Views on Management Practices of Self-Harm in Older Adults: A Qualitative Study Conducted in Ireland.
- **Dr Eibhlin Walsh**
 - An Investigation of the Impact of Patient Suicide on the Personal and Professional Lives of Psychiatrists and Psychiatrists in Training in Ireland.
 - An Evaluation of the Minding Your Wellbeing Programme Adapted for Veterinary Medicine Students in Ireland.
- **Dr Selena O'Connell**
 - Understanding Variation in Clinical Management of Hospital-Presenting Self-Harm: A Qualitative Study of the Implementation of a National Clinical Programme.
- **Dr Grace Cully**
 - Physical and mental health impacts of suicide bereavement: Findings from a national household survey in Ireland.



Image credit: Barth Decobecq

Seventy researchers and policymakers comprised the audience at the HaDEA-**European Brain Council (EBC)** 4th Edition of the Brain Innovation Days in Brussels. At the two-day event, which ran from November 13th to 14th, 2024, NSRF Chief Scientist and University College Cork's School of Public Health Professor Ella Arensman joined the panel of experts and presented the PROSPERH project and the WISEWORK-C cluster. This 4th Edition of the Brain Innovation Days theme was "Navigating the Brain Across a Lifetime". Speakers discussed the need for lifelong learning and cognitive and emotional resilience. Panellists explored school and workplace implications, emphasising skills development for maintaining brain health.

The event brings together leading experts and stakeholders to explore groundbreaking innovations and advancements in brain and mental health research.



Pictured above (l-r): Dr Mary Kells, Ms Bláthín Power and Dr Mary Joyce.

NSRF researchers Mary Joyce and Bláthín Power, and Board Member Daniel Flynn, attended the European Symposium for the Society of Personality Disorders (ESSPD) conference in Antwerp, Belgium in September 2024.

The NSRF delegation presented on the following topics:

- Personal mastery, burnout and related constructs for mental health professionals before participating in Clinician Connections (Bláthín Power).
- Clinician attitudes towards individuals with emotion and behaviour dysregulation following completion of a DBT modular training programme (Dr Mary Joyce & Bláthín Power).
- Hopelessness for family members of individuals with borderline personality disorder (Daniel Flynn).



Dr Katerina Kavalidou and Dr James O'Mahony presenting research on Irish Traveller women's experiences at the Global Indigenous Studies from Multiple Perspectives conference in Indiana, USA in November.

Watch a video outlining study findings here: www.youtube.com/watch?app=desktop&v=TIL30TpeXfs&feature=youtu.be

(4) COMMUNICATION

Increase the impact of our research through dissemination and communication.



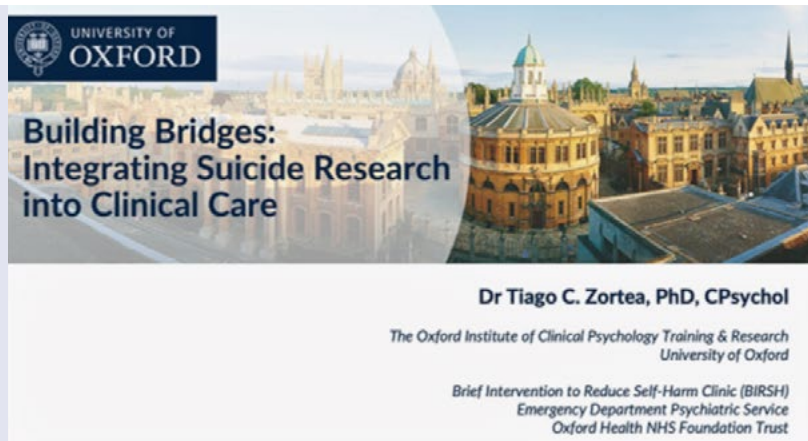
From a communications perspective, in 2024 the NSRF shared publications, presentations and training, and summaries from events on social media platforms, via our mailing list and via a newly launched newsletter.

Highlights included a suite of videos for World Suicide Prevention Day on September 10th on the SAMAGH programme, PROSPERH and the development, implementation and evaluation of a university module in suicide prevention, and a video demonstrating findings from the 2021 National Self-Harm Registry Ireland Annual Report.

The NSRF hosted seven seminars and events in 2024. These included a World Café and launch seminar for a suicide prevention module for undergraduate health and social care students in collaboration with HSE NOSP

and UCC (January 17th); the fourth Annual Suicide and Self-harm Research Workshop on the Island of Ireland (May 8th), a Public and Patient Involvement in Mental Health Research Seminar in collaboration with PPI Ignite and UCC (May 20th); a Global Leadership Exchange Comprehensive Community Suicide Prevention Match in collaboration with HSE NOSP, Department of Health (June 24th & 25th); our annual World Mental Health Day Seminar 2024 (October 10th), a CPD workshop for the HSE Resource Officers for Suicide Prevention, Specialist Registrars and Consultants in Public Health Medicine (November 5th); and the Limerick Alliance for Mental Health Support Launch Seminar (December 5th).

Further details of these events are listed throughout this report.



Dr Tiago C. Zortea from the University of Oxford presented on: “Building Bridges: Integrating Suicide Research into Clinical Care” at the Fourth Annual Suicide and Self-Harm Research Workshop on the Island of Ireland on May 8th.

The programme included several presentations for Early Mid Career Researchers. Congratulations to our best presentation winner Molly McCarthy for her research examining Emergency

Department coding practices for people in suicidal crisis. There was a joint second prize for Dr Michelle O'Driscoll for her work entitled, “The design, development and implementation of a suicide prevention module for undergraduate health and social care students” and Fiona Hoare for her research on “Assessing the covariates of suicide-related ideation and self-harm in an older adult population attending emergency departments in Ireland”.

On Thursday October 10th, the National Suicide Research Foundation hosted our 5th annual World Mental Health Day seminar, which aims to build capacity in mental health and suicide research. Professor Alexandra Pitman from UCL Division of Psychiatry delivered the Dr Michael J Kelleher Memorial Lecture on 'Temporal risk factors for suicide: anticipating and mitigating risk'. Dr Shane McInerney presented a keynote lecture on 'Findings from a Safety Planning Group Intervention and Updates on the National Clinical Programme for Self-Harm and Suicide Related Ideation'.

Masterclasses included: Engaging contributors in Lived Experience Research, facilitated by Dr Aileen Callanan and Dr Grace Cully ; Mental Health Promotion and Suicide Prevention in the Workplace, facilitated by Prof Ella Arensman and Dr Mallorie Leduc; Interventions for specific subgroups who engage in self-harm, facilitated by Dr Eric Kelleher and Dr Mary Kells.



Pictured above (l-r): Dr Eric Kelleher, Prof Alexandra Pitman, Dr Eve Griffin, Dr Shane McInerney, Dr Margaret Kelleher, Prof Ella Arensman.



The NSRF hosted a continuing professional development (CPD) workshop for the HSE Resource Officers for Suicide Prevention in University College Cork on November 5th. Organised in collaboration with our partners at the HSE National Office for Suicide Prevention the event was attended by Specialist Registrars and Consultants in Public Health Medicine from throughout Ireland.

NSRF presentations included:

- Social determinants of suicide
- Introduction to The RESTRICT project
- Trauma, self-harm and suicide
- Supports for young people bereaved by suicide.

The day provided a forum for knowledge exchange and shared learning. It was great to discuss public health approaches to suicide prevention and areas for collaboration.

(5) ORGANISATIONAL STRENGTH

Ensure that our organisation is well-resourced, flexible and strategically positioned.



In 2024, NSRF researchers were successful on the below funding applications. In June 2024, the NSRF was awarded Health Research Board Host Institution Status. In 2024, employee sick leave and blended working policies were updated, and a Domestic Violence Policy was introduced and communicated with staff members. The NSRF continued to foster an environment that supports staff wellbeing and

professional development including a Team Away Day in Nano Nagle Place (more details below). In 2024, the NSRF facilitated seven consultations to inform the development of our strategic plan for 2025-2030 including (1) Team Workshop (2) Board of Directors Workshop (3) Stakeholder Workshop (4) Research Advisory Group Workshop (5) Lived Experience Panel (6) Stakeholder Survey (7) Staff Survey.

New funding awards



- **Dr Elaine McMahon – Health Research Board Emerging Investigator Award**
Title: Targeting inequalities in self-harm and suicide among children, adolescents and young adults (EQUALISE).
- **Dr Michelle O'Driscoll, Dr Eve Griffin - Higher Education Authority funding**
Title: Development of a train-the-trainer model for an undergraduate module in suicide prevention.
- **Dr Eve Griffin– HRB Knowledge Translation Award 2024 scheme**
Title: Implementing family-informed care for self-harm: PRISM-KTA.
- **Dr Eve Griffin & Dr Paul Corcoran – Health Service Executive**
Title: Evaluation of HSE's Specialist Rehabilitation Units.
- **Dr Paul Corcoran, Dr Eve Griffin, Prof Ella Arensman – Health Service Executive**
A project proposal to determine the feasibility and design of a national patient suicide register in Ireland.
- **Prof Ella Arensman, Dr Paul Corcoran, Dr Eve Griffin – Department of Defence**
Study into deaths by suicide of current and former members of the Defence Forces in Ireland.



Dr Elaine McMahon's HRB Emerging Investigator Award scheme grant addresses inequalities in self-harm and suicide among children, adolescents and young adults (EQUALISE), and will examine how social determinants including gender, ethnicity, income, housing and education affect suicidal behaviours through inter-linked national studies. It is both a timely and relevant study, which addresses multiple clinical and public mental health priorities for young people in Ireland.



On February 22nd, the NSRF hosted a Team Away Day in Nano Nagle Place, Cork City, focusing on:

- Our new Strategic Plan.
- Strengths of our research and strategies for implementation, impact and expansion.
- Opportunities for team and self-development.

Thank you to our external speakers Dr Claire Hickey from the Houses of the Oireachtas and Mary Horgan from the Staff Wellbeing and Development Department in UCC for their insightful and informative presentations on:

- Impacting policy and practice.
- Training and Career Development.

RESEARCH HIGHLIGHTS BY STRATEGIC RESEARCH CLUSTER

SUICIDE AND SELF-HARM SURVEILLANCE

National Self-Harm Registry Ireland

National system which records and reports information about hospital-presenting self-harm at Emergency Departments in hospitals across Ireland.

Key deliverables and outcomes

- National Self-Harm Registry Ireland Annual Report 2021. March 2024.
- National Self-Harm Registry Ireland Community Healthcare Organisation (CHO) Reports 2021. July 2024.
- National Self-Harm Registry Ireland Resource Officer for Suicide Prevention Reports 2021. July 2024.
- Meetings of Data Registration Officers in March, May and October 2024.
- Two peer reviewed publications:
 - Comparing times of self-harm presentations to hospital emergency departments in children, adolescents, young adults and adults: a national registry study 2007–2019.
 - Discharged from the emergency department following hospital-presented self-harm: referral patterns and risk of repeated self-harm.
- Presentations at Comprehensive Community Suicide Prevention Match Event and 20th European Symposium on Suicide and Suicidal Behaviour.

Northern Ireland Registry of Self-Harm

The National Suicide Research Foundation provides statistical analysis, support and independent verification of data recorded by the Northern Ireland Registry of Self-Harm.

Key deliverables and outcomes

- Northern Ireland Registry of Self-Harm Annual Report 2020/21 and 2021/22 published in June 2024.
- Data pertaining to Q4 of 2022/23 and Q1-Q3 of 2023/24 were processed and analysed.
- A Masterfile with data from April 2012 to December 2022 was created and sent to the PHA for onward sharing with Queen's University Belfast for research purposes.

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

Collaborative initiative between the NSRF, the HSE National Office for Suicide Prevention and the Irish Prison Service which aims to enhance understanding of self-harm among individuals in Irish prisons through systematic monitoring and data analysis.

Key deliverables and outcomes

- Employment of a dedicated Research Officer to lead and coordinate the SADA Project.
- Publication of the 2020–2021 SADA Report, providing critical insights into self-harm trends within the prison system.
- Presentation at National Suicide and Harm Prevention Steering Group Meeting in December.

Suicide and Self Harm Observatory (SSHO)

Increasing capacity for early intervention in emerging suicide clusters, identifying new methods amenable to means restriction measures and locations of concern, as well as timely responses to bereaved individuals, evidence-based policy planning and targeted service provision, by providing real-time data on probable suicide cases.

Key deliverables and outcomes

- Annual Report Suicide Observatory presented to Advisory Panel – October 2024.
- Presentations Suicide Observatory Pilot Study for review panel members July, August, September 2024.

WHO Collaborating Centre for Surveillance and Research in Suicide Prevention

Technical advice to inform WHO's work in establishing surveillance systems of self-harm and suicide, as well as in implementing and evaluating national suicide prevention programmes.

Key deliverables and outcomes

- Review of manuscript on the development and implementation of a national real-time surveillance system for suicide attempts in Uruguay.
- Review of the National Suicide Prevention and Response Strategy for the Philippines.
- Presentation on 'Establishing and strengthening suicide surveillance systems' at the PAHO/NIMH Symposium on Suicide Prevention on June 13th.
- Technical advice provided to colleagues from Slovakia and Wales.

Feasibility of a national register of probable suicide in mental health services

Commissioned by the HSE, this mixed-methods research study will examine the feasibility of establishing a national register of probable suicide in mental health services in Ireland.

Key deliverables and outcomes

- Final report describing findings from document analysis, stakeholder consultations, interviews, focus groups, and outlining recommendations for the development of a register of probable suicide in mental health services (penultimate draft submitted in November).

SOCIAL DETERMINANTS OF SUICIDE AND SELF-HARM

Secondary analysis of the Healthy Ireland Survey

Collaborative project between HSE NOSP and the NSRF will involve analysis of the variables gathered in the Healthy Ireland Survey on suicide bereavement and suicidal behaviour.

Key deliverables and outcomes

- Presentation at 20th European Symposium on Suicide and Suicidal Behaviour
- HRB Summer Scholarship awarded to explore associations between having a long-lasting condition or difficulty and suicidal thoughts and attempts.

Social determinants of suicide

Synthesis of existing evidence on the associations between social determinants of health and suicide mortality, with the goal of informing future policy and prevention strategies.

Key deliverables and outcomes

- Umbrella review pre-print published on the MedRxiv Health Sciences server.
- Manuscript submitted to the journal Epidemiologic Reviews (accepted in April 2025).
- Presentation at 20th European Symposium on Suicide and Suicidal Behaviour.

Identifying the needs of individuals who present to emergency departments following self-harm with co-occurring alcohol and/or drug use, to optimize referral and service provision.

The aim of this study is to obtain insights into the experiences of individuals who present to hospital with self-harm and co-occurring alcohol/drug use and to gain understanding of challenges and gaps in their treatment in emergency department (ED) settings.

Key deliverables and outcomes

- Preparation of ethics applications for hospitals.
- Preliminary analyses conducted on registry data.

Youth self-harm and suicide - Predictors of onset, escalation and premature mortality

Examining key stages of the self-harm process in young people including onset of self-harm among adolescents in the community to identify key features and risk factors for high-risk hospital-treated self-harm and to quantify long-term risk of suicide following self-harm in young people.

Key deliverables and outcomes

- Study examining profiles of suicide in terms of socio-demographics, antecedent stressors and with history of self-harm was published in Journal of Affective Disorders. This study used the data of the Irish Probable Suicide Deaths Study, linked with National Self-Harm Registry Ireland data.
- Work continued on NOSP funded study “The Role of Humiliation in Suicidality in Ireland’s Youth. A Mixed Method Study, resulting in one new publication in 2024.
- A successful funding application was made to the Health Research Board Emerging Investigators programme, based on a research proposal building on the work of this completed project. The funded study is entitled “Targeting inequalities in self-harm and suicide among children, adolescents and young adults (EQUALISE)”, and will run from 2025-2029, led by Dr McMahon and a team of mentors, co-applicants, collaborators and researchers.

INTERVENTION AND PREVENTION PROGRAMMES FOR SELF-HARM AND SUICIDE

PRoviding Improved care for Self-harM: a mixed methods study of intervention, economic and implementation outcomes from a national clinical programme – PRISM

Examining the clinical management of self-harm and its impact on risk of repeat self-harm, suicide and premature mortality, including the impact of the National Clinical Programme for Self-harm and Suicide-Related Ideation (NCPSHI) on patient outcomes, processes of care and economic savings. In December 2024, a 12-month project focusing on knowledge translation activities (funded through the HRB Knowledge Translation Awards) commenced, entitled “Implementing family-informed care for self-harm: PRISM-KTA”.

Key deliverables and outcomes

- Three research articles published in peer review journals, presenting findings related to the impact of the NCPSHI, determinants contributing to implementation of the programme, and advancing early detection of suicide.
- Presentation of study findings at the British Isles Workshop Implementation Advisory Group of the NCPSHI, and the European Symposium of Suicide and Suicidal Behaviour.

Towards Personalised Clinical Management of Suicide Risk through Data-Driven Clinical Decision Support using Transnational Electronic Registry Data (PERMANENS)

Development a Clinical Decision Support System software prototype that assists clinicians in the personalized detection, assessment and management of risk for key adverse clinical outcomes among emergency department patients presenting with self-harm.

Key deliverables and outcomes

- Quantitative survey focusing on the usability and feasibility of the CDSS. The participants for the survey were medical professionals (n=96). The results of the quantitative survey were initially disseminated via an infographic and layperson summary, and peer-reviewed publication.

Working Group: Prevention of Paracetamol-Related Intentional Drug Overdose

The current objectives of the WG relate to enhancing information and support training development for pharmacy and non-pharmacy retail sector staff, collaborating on preventative interventions, and supporting interventions required following market surveillance work regarding paracetamol sales legislation.

Key deliverables and outcomes

- Working Group meetings held on Feb 29th and Sept 19th, 2024.
- Ongoing dissemination of educational materials regarding safe paracetamol sales to pharmacy and retail settings (Jan – Dec 2024).
- Post-educational survey of pharmacy and non-pharmacy retail settings conducted, regarding knowledge of paracetamol sales legislation, experience of requests for multiple packs of paracetamol, training undertaken and feedback on the educational materials. (April 2024).
- Ethical approval obtained for a comprehensive mystery shopper exercise of retail and pharmacy settings to be conducted in 2025 (Oct-Dec 2024).

Reducing intentional overdose: a mixed methods Study of means RestrICTion interventions (RESTRICt)

This research aims to reduce intentional overdose by examining the impact of measures to restrict access to drugs. Including three inter-related work packages, this project will examine current trends in self-harm and suicide. It will explore the impact of an intervention to restrict access to drugs, namely the Disposal of Unused Medicines Properly (DUMP) intervention and will culminate in the co-development of best practice evidence and guidance materials to support measures to restrict access to drugs.

Key deliverables and outcomes

- Ethical approval for the Social Research Ethics Committee.
- Data Management Plan.
- Initiation and convening of project Steering Group.
- Establishment and convening of Lived Experience Advocate panel.
- Facilitation and documentation of data linkage priorities and protocols.
- Suite of training and development advancements in alignment with Research Fellows development plan.

Examining individual and psychosocial determinants of self-harm and suicidality in older adults: improving risk assessment and management (SHOAR)

Examining individual and psychosocial determinants of self-harm in older adults to gain a better understanding of self-harm in older adults, and to inform policy, patients, clinicians, and the Irish healthcare system by improving risk assessment and management of self-harm in later life.

Key deliverables and outcomes

- Publication in Archives of Suicide Research.
- Publication in International Journal of Geriatric Psychiatry.

- Paper on healthcare use and wish to die in older adults submitted to Journal of Crisis Intervention and Suicide Prevention.
- Presentations at European Symposium on Suicide and Suicidal Behaviour and Royal College of Psychiatrists International Congress.

National Dialectical Behaviour Therapy Training Team

The NSRF collaborates with the HSE on the implementation and evaluation of Dialectical Behaviour Therapy (DBT) in both adult and child and adolescent mental health services across Ireland.

Key deliverables and outcomes

- Data collection continued and is ongoing with participants for the study which will assess the effectiveness of DBT interventions delivered by clinicians trained via the new training model.
- Three articles published in peer-reviewed journals.
- Four presentations accepted for delivery at the International Conference of the European Society for the Study of Personality Disorders.
- Qualitative data collection commenced with clinicians for study which evaluates the acceptability of the DBT training model.
- Data analysis completed on study which examines clinician attitudes towards individuals with severe emotion and behaviour dysregulation.

Identifying the needs of young people and their families bereaved by suicide

Identifying the needs of young people (aged <25 years) who have been bereaved by suicide, and barriers and facilitators to accessing appropriate supports and services.

Key deliverables and outcomes

- Literature review report prepared describing the evidence on information and support needs of young people who have been bereaved by suicide.

- Final report drafted entitled: Identifying the support needs of young people bereaved by suicide.
- Presented study findings at workshop of NSRF-ROSP Workshop and European Grief Conference.

MENTBEST, Protecting Health in Times of Change

MENTBEST aims to enable vulnerable individuals in society, mental health practitioners, and communities across Europe to prevent and mitigate mental health challenges (clinical and non-clinical) related to the negative impact of rapid changes that our society faces, such as economic crisis, war and conflict, climate change, migration, digitalisation, epidemics/pandemics, ageing, and demographic change.

Key deliverables and outcomes

- Established the Limerick Alliance for Mental Health Support which includes local stakeholders including, gardai, clergy, local providers of mental health support and lived experience representatives.
- Ethical approval for the implementation of the intervention in the Limerick region.

Population based survey of the intervention (Limerick) region and control (Galway) region which collected general demographic information, mental health and wellbeing status and co-morbid physical health status in the regions.

EAAD-Best: Adapting and Implementing EAAD's Best Practice Model to Improve Depression Care and Prevent Suicidal Behaviour in Europe

Improving care for patients with depression and preventing suicidal behaviour in Europe by implementing the European Alliance Against Depression's community-based 4-level intervention in further regions in Ireland.

Key deliverables and outcomes

- The project came to an end in March 2024 with a final project event held in Brussels in March. The event was attended by members of the EAAD-Best team from the NSRF and some of the collaborators that we worked with over the duration of the project including the local suicide prevention officer and a representative from one of our local charitable collaborators SHINE Ireland.
- The project also supported the erection of signage at identified high risk suicide locations across Cork city in conjunction with the local prevention officer, city council and port of Cork.

Mental Health Promotion and Intervention in Occupational Settings (MENTUPP)

The MENTUPP project aims to improve mental health in the workplace and involves the development, implementation, and evaluation of a multilevel intervention targeting both clinical and non-clinical mental health issues and combating the stigma of mental (ill-)health, with a specific focus on Small and Medium-sized Enterprises.

Key deliverables and outcomes

- Final EU RP3 Project Review Meeting on March 21st.
- Presentation at the the EU Commission's European Research and Innovation Day in March.

Promoting Positive Mental and Physical Health in Changing Work Environments (PROSPERH)

The overall aim of PROSPERH is to expand current knowledge about health in changing work environments and to develop and evaluate an integrative intervention targeting mental and physical health that yields sustainable benefits in terms of workplace mental/physical health indicators and economic outcomes.

Key deliverables and outcomes

- January 2024: Project commenced - Kick-off Consortium meeting held in Cork.
- June 2024: Scoping Review Protocol Submitted.
- December 2024: Results from Scoping Review Deliverable Report Submitted.
- Feasibility Study Preparations Underway.

Early Identification of Suicide and Self-Harm Risk and Comorbid Mental and Physical Disorders (MHAINTAIN)

Improving capacity building in early identification and assessment of suicide and self-harm risk by developing evidence-based interventions cross-cutting patient focused research, health services research and population health research.

Key deliverables and outcomes

- Completion of Annual Progress Reviews 2024.
- Completion of ethics [Ongoing].
- Preparations for recruitment of participants.
- Ongoing engagement with PPI and Lived Experience Panel.
- Completion of Annual progress reports for the HRB.

AWARENESS, TRAINING AND EDUCATION

Development, implementation and evaluation of a university module in suicide prevention for undergraduate health and social care students: Phase Three and Four

Phases Three and Four commenced in 2024. Phase Three involved the piloting of the module to interdisciplinary classes of over 200 health and social care students across two academic institutions. This was followed by Phase Four, which evaluated the module's impact through both qualitative and quantitative methods, examining changes in knowledge, confidence, attitudes, and preparedness among participating students.

Key deliverables and outcomes

Phase Three: Implementation

- A World Café of key stakeholders in January 2024 informed the implementation of the module.
- Successful pilot delivery of the training module across selected third-level institutions – Sept-Oct 2024.
- Coordination with academic partners to integrate the module into existing programmes – June-Dec 2024.
- Collection of evaluation data from students and facilitators on module content, structure, and delivery.

Phase Four: Evaluation

- Design and administration of mixed methods pre- and post-module evaluations to assess:
 - Changes in student knowledge, attitudes, confidence, and preparedness regarding suicide prevention.
 - Perceptions of the module's relevance, accessibility, and impact.
 - Changes in the student's self-perceived self-care and wellbeing.
- Analysis and synthesis of findings to inform module refinement.
- Commencement of the SATLE-funded Train-the-Trainer programme for sustainable rollout.

Upscaling the Self-Harm Assessment and Management in General Hospitals (SAMAGH) Training Programme

The programme focuses on improving the assessment and management of individuals engaging in frequent self-harm repetition. The SAMAGH training was initially delivered to 35 healthcare professionals in Ireland between 2019 -2021 to improve the assessment and management of high-risk self-harm. Further support from HSE's NOSP extended the SAMAGH training in 2022, 2023 and 2024, to provide General Practitioners in Ireland with the same training.

Key deliverables and outcomes

- On the 13th and 14th June 2024, SAMAGH training was provided to seven healthcare professionals, particularly those working as psychiatrists in the Emergency Departments across general hospitals in Ireland. The training included e-learning modules and face-to-face simulation training at the ASSERT Centre, UCC. Professor Ella Arensman, Professor Eugene Cassidy, Dr. James O'Mahony, and Dr. Eric Kelleher facilitated the sessions. The training also included a pre-post assessment survey to measure the outcomes as standard measures for SAMAGH training. The training was CPD-approved by the Nursing and Midwifery Board of Ireland (NMBI), and certificates were issued to all the participants.
- Poster presentation at College of Medicine and Health Teaching and Learning Showcase June 2024, poster presentation.

C-SSHRI: Connecting Suicide and Self-Harm Researchers on the island of Ireland

Supporting the co-ordination and streamlining of research related to suicide and self-harm, completed on the island of Ireland.

Key deliverables and outcomes

- World Mental Health Day Seminar on October 10th, 2024. Over 60 delegates attended an in-person seminar, which included:
 - Keynote Lecture by Dr Shane McInerney (Health Service Executive) and the Annual Dr Michael Kelleher Memorial Lecture delivered by Professor Alexandra Pitman (University College London).
 - Three masterclasses on the topics of lived experience research, mental health in the workplace and interventions for self-harm.
- Fourth Annual Suicide and Self-Harm Research Workshop on May 8th 2024 (online). Over 60 delegates attended, with the workshop including:
 - Keynote lecture by Dr Tiago C. Zortea (University of Oxford).
 - A host of presentations from early and mid-career researchers on a range of topics relating to mental health, self-harm and suicide research. Dr Molly McCarthy (Liverpool John Moores) received the first prize and joint second prize was received by Dr Michelle O'Driscoll (National Suicide Research Foundation and University College Cork) and Fiona Hoare (Mater Misericordiae University Hospital).

The role of the media in suicide prevention

Engage and work collaboratively with stakeholders to promote best practice in reporting of suicidal behaviour and restrict access to sites that primarily exist to promote suicide or self-harm. Examine if the media can have a positive impact in terms of reducing stigma related to mental health, addressing common misconceptions and encouraging help seeking behaviour.

Key deliverables and outcomes

- Submission to Public Consultation on draft Online Safety Code (January 31st).
- Submission to IFCO Consultation on Classification Guidelines 2024 (July 31st).
- Joint submission with HSE NOSP to European Commission call for evidence on guidelines on the protection of minors online under the Digital Services Act (September 30th).

Development of a mental health and wellbeing module for veterinary professional students

This project aims to evaluate the impact of the Minding Your Wellbeing (MYW) programme on students' mental health and wellbeing awareness and skills and to explore students' perspectives on the content and the appropriateness of the module.

Key deliverables and outcomes

- Data processing and analysis of survey data.
- Submission of report on students' mental health and wellbeing awareness, attitudes and skills from pre- to post-module.
- National and international dissemination of report findings at conferences/seminars.

Impact of patient suicide on psychiatrists in Ireland

Investigating how patient suicide affects the personal and professional lives of consultant and non-consultant psychiatrists in Ireland, and what resources/systems psychiatrists would find helpful in mitigating the impact of a patient suicide.

Key deliverables and outcomes

- Integration of co-author feedback on manuscript written for peer-reviewed publication.
- Submission of manuscript for peer-reviewed publication to journal.
- Dissemination of manuscript findings at National and international conferences/seminars.

POLICY AND PRACTICE IMPLEMENTATION & QUALITY IMPROVEMENT

Evaluation of the CAMS (The Collaborative Assessment and Management of Suicidality) in CHO7

The purpose of this project is to evaluate the training and implementation of CAMS from the perspective of clinicians.

Key deliverables and outcomes

- Baseline survey data from clinicians undertaking training.
- Feedback on clinicians' use of CAMS in practice.
- Adaption of the study methodology to investigate the implementation of CAMS.

Implementing the Collaborative Assessment and Management of Suicidality Framework (CAMS) in Student Counselling Services in Ireland

Employ the RE-AIM Framework to understand the training and sustainable implementation of the CAMS approach and investigate the experience and opinions of student counselling staff.

Key deliverables and outcomes

- Analyse the data obtained from the survey and interviews.
- Produce a manuscript to be submitted for peer review.
- Presentations at Psychology Health and Medicine Conference 2024 and Society of Social Medicine and Population Health Conference 2024.

Postvention in Higher Education Institutions in Ireland

Assessment of postvention planning and activity across Irish higher education institutions (HEIs) in line with the National Framework.

Key deliverables and outcomes

- Review the literature on the implementation of postvention within the higher education setting.
- Online survey with management staff to examine the planning and implementation of postvention activities.
- Report shared with HEA: The planning and implementation of postvention activities in Higher Education Institutions in Ireland. 2024.

Evaluating the implementation of the Talking Therapies Model of Care: a qualitative exploration of stakeholder perspectives

Funded by HSE Mental Health Operations, this project involves the evaluation of the pilot phase of implementation of the Model of Care.

Key deliverables and outcomes

- Final report drafted and submitted for feedback to the teams implementing the model of care, and the national steering group.
- Monitoring and evaluation plan developed and revised following feedback from the teams implementing the model of care and the national steering group.

Let's Talk About Suicide- a national mixed-methods evaluation of a brief online suicide prevention programme

We aim to answer the following set of questions in relation to the LTAS training programme.

- A) Who is accessing and completing the online programme?
- B) How effective is the programme in increasing awareness, knowledge, and confidence in relation to suicide prevention?
- C) How accessible and acceptable is the programme to participants, and how could aspects of the programme be improved?
- D) What is the impact of the programme on behavioural change?

Key deliverables and outcomes

- Online survey went live 13th September 2024.
- Survey data collected into March 2025 (to allow for follow up surveys to be administered).
- Infographic from UCD veterinary student cohort was provided to NOSP in December 2024.
- 2025 work plan:
 - Conduct focus groups with those who have engaged in the training to understand the impact of the programme on behavioural change.
- Send final report to NOSP along with an executive summary of findings.

Suicide or Survive: A high-level service evaluation

The aim of this project is to conduct a high-level evaluation of the effectiveness and implementation of the programmes that are provided by Suicide or Survive (SOS). The project focuses specifically on programmes delivered by SOS which are funded by HSE National Office for Suicide Prevention.

Key deliverables and outcomes

- September 2024: Site visit to SOS office, Dublin.
- October-November: Interviews of key stakeholders.
- First draft report provided to NOSP in November 2024 for review by NOSP and SOS.

PUBLICATIONS

Peer Review Papers/Reports/Briefings

Papers published 2024 (n=23)		
Advancing early detection of suicide? A national study examining socio-demographic factors, antecedent stressors and long-term history of self-harm.	McMahon E, Cully G, Corcoran P, Arensman E, Griffin E	<i>Journal of Affective Disorders</i> 350; 372-378.
Patterns of Hospital Presenting Suicide-Related Ideation in Older Adults before and during COVID-19: Findings from a National Clinical Service in Ireland 2018-2021. <i>Archives of Suicide Research</i>	Troya IM, Corcoran P, Arensman E, Kavalidou K	<i>Archives of Suicide Research</i> , 28(4), 1368-1379.
Risk of Psychosis Among Individuals Who Have Presented to Hospital With Self-harm: A Prospective Nationwide Register Study in Sweden.	Bolhuis K, Ghirardi L, Kuja-Halkola R, Corcoran P , O'Connor K, Dodd P, Kelleher I et al.	<i>Schizophrenia Bulletin</i> , 50 (4), 881-890
Identifying high-risk subgroups for self-harm in adolescents and young adults: A longitudinal latent class analysis of risk factors. McEvoy D, Brannigan R, Walsh C, Arensman E, Clarke M. <i>Journal of Affective Disorders</i> , 351, 40-48	McEvoy D, Brannigan R, Walsh C, Arensman E , Clarke M.	<i>Journal of Affective Disorders</i> , 351, 40-48.
Associations between humiliation, shame, self-harm and suicidality among adolescents and young adults: A systematic review. Sadath A, Kavalidou K, McMahon E, Malone K, McLoughlin A. <i>PLoS ONE</i> 19(2): e0292691.	Sadath A, Kavalidou K , McMahon E , Malone K, McLoughlin A.	<i>PLoS ONE</i> 19(2): e0292691.
Suicide rates before and during the COVID-19 pandemic: a systematic review and meta-analysis.	Da Cunha Varella AP, Griffin E , Khasan A, Kabir Z.	<i>Soc Psychiatry Psychiatr Epidemiol</i> 59, 1897-1905.
Developing a clinical decision support system software prototype that assists in the management of patients with self-harm in the emergency department: protocol of the PERMANENS project. Mortier P et al. <i>BMC Psychiatry</i> 24, 220	Mortier P, Amigo F, Bhargav M , Conde S, Ferrer M, Flygare O, Kizilaslan B, Moreno L, Leis A, Mayer M, Perez Sola V, Portillo-Van Diest A, Ramirez-Anguita JM, Sanz F, Villagut G, Alonso J, Mehlum L, Arensman E , Bjureberg J, Pastor M, Qin P.	<i>BMC Psychiatry</i> 24, 220.
Examining patterns of patient adherence to Cognitive Behavioural Therapy in chronic physical illnesses and comorbid mental health disorders: a scoping review protocol.	Khan A , O'Leary OF, Corcoran P , Kelleher E, Ismail MF, Hursztyn P , Arensman E .	<i>HRB Open Res</i> , 7:8.
Dialectical behaviour therapy: effect of a coordinated implementation approach on programme sustainability.	Joyce M , Kells M, Flynn D, Wall S, Boylan E, Dunne L.	<i>Irish Journal of Psychological Medicine</i> , 41(3), 401-404.

Discharged from the emergency department following hospital-presented self-harm: referral patterns and risk of repeated self-harm. Cully G, Russell V, Joyce M, Corcoran P, Daly C, Griffin E. <i>Ir J Med Sci</i>	Cully G , Russell V, Joyce M , Corcoran P , Daly C , Griffin E .	<i>Irish Journal of Medical Science</i> , 193(5), 2443-2451.
Barriers and facilitators to implementing workplace interventions to promote mental health: qualitative evidence synthesis. Paterson C, Leduc C, Maxwell M, Corcoran P, Arensman E et al. <i>BMC Systematic Reviews</i>	Paterson C, Leduc C, Maxwell M, Corcoran P , Arensman E et al.	<i>BMC Systematic</i> , 13, 152.
The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: a systematic review.	Aust B, Leduc C , O'Brien C , Leduc M , Ni Dhalaigh D , Arensman E , Greiner BA et al.	<i>Int Arch Occup Environ Health</i> 97, 485-522.
Healthcare practitioners' views of self-harm management practices in older adults in Ireland: A qualitative study.	Troya MI , Lonergan C, Cassidy E, Griffin E , Lovejoy SA, Mughal F, Russell V, Arensman E .	<i>International Journal of Geriatric Psychiatry</i> 39; 7.
Comparing times of self-harm presentations to hospital emergency departments in children, adolescents, young adults and adults: a national registry study 2007-2019.	McEvoy D, Joyce M , Mongan D, Clarke M, Codd M.	<i>BMC Psychiatry</i> 24(1), 474.
Exploring posttraumatic growth in individuals bereaved by suicide: A secondary data analysis of a national survey.	Creegan M, O'Connell M, Griffin E , O'Connell S .	<i>Death Studies</i> , 1-9.
Towards an assessment of psychosocial work factors in a multi-level mental health intervention in the workplace: results from the MENTUPP pilot-study.	Tsantila F, Rugulies R, Coppens E, De Witte H, Arensman E , Corcoran P , Griffin E , Leduc C , Leduc M et al.	<i>Int Arch Occup Environ Health</i> 97, 915-929
Hopelessness for family members of individuals with borderline personality disorder.	Joyce M , Kells M, Boylan E, Corcoran P , Power B, Wall S, Flynn D.	<i>Family Process</i> , 63(4), 2135-2150.
Factors affecting implementation of a National Clinical Programme for self-harm in hospital emergency departments: a qualitative study.	O'Connell S , Cully G , McHugh S, Maxwell M, Jeffers A, Kavalidou K , Lovejoy S, Jennings R, Russell V, Arensman E , Griffin E .	<i>BMJ Quality & Safety</i> .
Mental health assessment rooms within Irish hospital emergency departments before and after COVID-19 restrictions.	Lovejoy SA, Kavalidou K , Jennings R, Russell V.	<i>Irish Journal of Psychological Medicine</i> 42(1):90-91.
Factors influencing mental health service delivery during public health emergencies: a scoping review protocol.	Hursztyn P , Khan A , Matvienko-Sikar K, Kolves K, Nyhan M, Browne J.	<i>HRB Open Res</i> , 7:5.
Examining patterns of patient adherence to Cognitive Behavioural Therapy in chronic physical illnesses and comorbid mental health disorders: a scoping review protocol.	Khan A , O'Leary OF, Corcoran P , Kelleher E, Ismail MF, Hursztyn P , Arensman E .	<i>HRB Open Res</i> , 7:8.
The Questionnaire for Suicidal Ideation (QSI): Psychometric Properties of a Brief Tool Measuring Suicidal Ideation in Adult and Adolescent Clinical Populations.	Joyce M , Wrigley C, Kells M, Suarez C, Flynn D, Spillance A, Owens A.	<i>Psicothema</i> , 36(4), 361-368.
Perceived Effectiveness of Components of Interventions to Support People Bereaved By Suicide.	Hofman L, Putri AK, Pitman A, Griffin E , Andriessen K et al	<i>Crisis</i> , 46, (2), 106-120.

Reports 2024 (n=8)		
NSRF Annual Report 2023	National Suicide Research Foundation	<i>National Suicide Research Foundation.</i>
National Self-Harm Registry Ireland Annual Report 2021	Joyce M, Chakraborty S, Hursztyn P, O'Sullivan G, McGuiggan J, Nicholson S, Arensman E, Griffin E, Williamson E, Corcoran P	<i>National Suicide Research Foundation.</i>
Self-Harm in Irish Prisons 2020-2021: Fourth report from the Self-Harm Assessment and Data Analysis Project	McTernan N, Griffin E, Cully G, Hursztyn P, Kelly E, Hume S, Corcoran P	<i>National Suicide Research Foundation/ Irish Prison Service.</i>
Suicide and self-harm studies by researchers in Ireland and Northern Ireland during 2015-2023	Hursztyn P, Ryan F, O'Brien C, Kenneally M, Clancy P, Joyce M	<i>National Suicide Research Foundation.</i>
Feasibility of a national register of probable suicide in mental health services in Ireland	Corcoran P, McMahon E, O'Connell S, Cully G	<i>National Suicide Research Foundation.</i>
Examining the overprescribing of benzodiazepines, z drugs and gabapentinoids in Ireland	Multiagency working group on overprescribing	<i>Department of Health/ National Suicide Research Foundation.</i>
The training and implementation of the Collaborative Assessment and Management of Suicidality Framework (CAMS) in Student Counselling Services	Phillips G, O'Brien C, O'Connell S, Cully G, Walsh E, Griffin E	<i>Higher Education Authority.</i>
The planning and implementation of postvention activities in Higher Education Institutions in Ireland. 2024.	Phillips G, O'Brien C, O'Connell S, Griffin E	<i>Higher Education Authority.</i>

Briefing documents and policy submissions 2024 (n=4)		
Submission to Coroner Reform Public Consultation	National Suicide Research Foundation	January 2024.
Submission to IFCO Consultation on Classification Guidelines 2024	National Suicide Research Foundation	July 2024.
Joint submission with HSE NOSP to European Commission call for evidence on Guidelines on the protection of minors online under the Digital Services Act	National Suicide Research Foundation	September 2024.
Alcohol as a risk factor for suicidal behaviour – a scoping umbrella review	National Suicide Research Foundation	October 2024.

Presentations 2024 (n=52)			
January			
17th	O'Driscoll M, Gallagher K.	The Development, Design and Implementation of a Suicide Prevention Module for Health and Social Care Students	Launch Seminar: Suicide Prevention Module for Undergraduate Health and Social Care Students.
24th	O'Driscoll M.	Safe sales of paracetamol in a pharmacy setting: Updates from the Preventing Paracetamol-Related Intentional Drug Overdose Working Group	Irish Institute of Pharmacy "In Conversation with..." series.
February			
29th	Griffin E.	A public health approach to supporting people bereaved by suicide	Bereavement Network Europe webinar.
March			
20th	Arensman E.	Mental Health Promotion and Intervention in Occupational Settings	EU Commission European Research and Innovation Day.
April			
11th	McTernan N.	Self-harm in Irish Prisons 2020-2021: Fourth report from the Self-Harm Assessment and Data Analysis (SADA) Project	CfI National Cross-Sectoral Steering and Implementation Group Meeting.
18th	Corcoran P.	Effects of patient suicide on the personal and professional lives of psychiatrists in training in Ireland	College of Psychiatrists of Ireland Spring Conference.
20th	Griffin E.	Implementing bereavement supports for families navigating the inquest process	Coroner Society Meeting.
May			
8th	O'Driscoll M.	The design, development and implementation of a suicide prevention module for undergraduate health and social care students	Fourth Annual Suicide and Self-harm Research Workshop on the Island of Ireland.
15th	Griffin E.	Implementing standard components of care for hospital-presenting self-harm: a qualitative study of a national clinical programme in Ireland	British Isles Research Workshop on Suicide, May 15th 2024.
17th	O'Driscoll M, Daly C.	A baseline assessment of pharmacy and non-pharmacy staff's knowledge and experience of paracetamol sales legislation in Ireland to inform the actions of a multi-sectorial working group. PRIMM Conference	Prescribing and Research in Medication Management Conference, Manchester.
28th	Griffin E.	Factors affecting implementation of the NCPSHI and associated implementation strategies	National Clinical Programme for Self-Harm and Suicide-related Ideation Implementation Advisory Group meeting.
31st	Phillips G.	Implementation of the Collaborative Assessment and Management of Suicidality Framework in Student Counselling Services in Ireland	Psychology, Health and Medicine Conference.
June			
13th	Arensman E.	Establishing and strengthening suicide surveillance systems	PAHO/NIMH Symposium on Suicide Prevention.
13th	Walsh E.	Supporting third level students' mental health and wellbeing: adaption and process evaluation of Minding your Wellbeing programme	Implementing a Systems Approach to Mental Health Promotion: From Policy to Practice, University of Galway Annual Health Promotion Conference.
14th	Gallagher K, O'Driscoll M.	Exploring the implementation considerations of an undergraduate suicide prevention module for health and social care students	College of Medicine and Health Teaching and Learning Showcase.

14th	Khan A.	SAMAGH programme	<i>College of Medicine and Health Teaching and Learning Showcase.</i>
17th	Troya Ml.	Healthcare Practitioners' Views on Management Practices of Self-Harm in Older Adults: A Qualitative Study Conducted in Ireland	<i>Royal College of Psychiatrists International Congress, Edinburgh, Scotland.</i>
17th	Gallagher K.	Implementing a suicide prevention module for undergraduate healthcare students - findings from a World Café	<i>8th Suicide and Self-Harm Early and Mid-Career Researchers' Forum.</i>
24th	Corcoran P.	Surveillance of self-harm and suicide in Ireland and the impact on public health policy	<i>Comprehensive Community Suicide Prevention Match Event Cork.</i>
August			
28th	O'Connell S.	Understanding variation in clinical management of hospital-presenting self-harm: a qualitative study of the implementation of a national clinical programme	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
28th	Arensman E.	Bridging the Treatment Gap for Depression and Suicidal Behaviour: EAAD' s 4-Level	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
29th	Arensman E.	Mental Health Promotion and Intervention in Occupational Settings: MENTUPP	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
29th	Corcoran P.	Surveillance of self-harm and suicide in Ireland and the impact on public health policy: Progress and Challenges	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
29th	Arensman E.	Implementation and Evaluation of National Suicide Prevention Programmes - A Global Perspective	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
29th	Troya Ml.	Healthcare practitioners' views of self-harm management practices in older adults in Ireland: A qualitative study	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
30th	Griffin E.	The social determinants of suicide: An umbrella review	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
30th	Griffin E.	Physical and Mental Health Impacts of Suicide Bereavement: Findings From a National Household Survey in Ireland	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
30th	Walsh E.	An Investigation of the Impact of Patient Suicide on the Personal and Professional Lives of Psychiatrists and Psychiatrists in Training in Ireland	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
30th	Cully G.	Physical and mental health impacts of suicide bereavement: Findings from a national household survey in Ireland	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
31st	Walsh E.	An Evaluation of the Minding Your Wellbeing Programme Adapted for Veterinary Medicine Students in Ireland	<i>20th European Symposium on Suicide and Suicidal Behaviour, Rome, Italy.</i>
September			
4th	Phillips G.	Implementation of the Collaborative Assessment and Management of Suicidality Framework in Student Counselling Services in Ireland	<i>Society for Social Medicine and Population Health Annual Scientific Meeting.</i>
12th	Arensman E.	National and international research and evidence	<i>HSE NOSP event on promoting safe and sensitive media reporting of suicide and self-harm.</i>
23rd	Joyce M.	Clinician attitudes towards individuals with emotion and behaviour dysregulation following completion of a DBT modular training programme	<i>International Conference of the European Society for the Study of Personality Disorders (ESSPD), Antwerp, Belgium.</i>

23rd	Power B.	Personal mastery, burnout and related constructs for mental health professionals prior to participating in Clinician Connections (Poster)	<i>International Conference of the European Society for the Study of Personality Disorders (ESSPD), Antwerp, Belgium.</i>
24th	Griffin E.	Public health approaches to suicide prevention - The role of surveillance data	<i>SPHeRE Network Online Symposium.</i>
October			
10th	Arensman E, Leduc M.	Mental Health Promotion and Suicide Prevention in the Workplace Masterclass	<i>NSRF Celebrating World Mental Health Day Seminar.</i>
10th	Callanan A, Cully G.	Engaging contributors in Lived Experience Research	<i>NSRF Celebrating World Mental Health Day Seminar.</i>
11th	Arensman E.	5 Horizon Europe Projects: 5 Approaches to Mental Health	<i>Workplace Innovation for Sustainable Well-being Cluster' WISEWORK-C Webinar.</i>
11th	Troya MI.	Revisiting suicide prevention in later life	<i>University College Cork Psychiatry Deanery Day, Cork.</i>
November			
5th	Griffin E.	Social determinants of suicide	<i>CPD workshop for the HSE Resource Officers for Suicide Prevention, Specialist Registrars and Consultants in Public Health Medicine.</i>
5th	Daly C.	Introduction to The RESTRICT project	<i>CPD workshop for the HSE Resource Officers for Suicide Prevention, Specialist Registrars and Consultants in Public Health Medicine.</i>
5th	Troya MI, Arensman E.	Trauma, self-harm and suicide	<i>CPD workshop for the HSE Resource Officers for Suicide Prevention, Specialist Registrars and Consultants in Public Health Medicine.</i>
5th	Cully G.	Supports for young people bereaved by suicide	<i>CPD workshop for the HSE Resource Officers for Suicide Prevention, Specialist Registrars and Consultants in Public Health Medicine.</i>
5th	McMahon E.	Mental Health Promotion in Children and Adolescents	<i>School of Public Health, UCC.</i>
11th	Cully G.	Physical and mental health impacts of suicide bereavement: Findings from a national household survey in Ireland	<i>European Grief Conference.</i>
11th	Kavalidou K.	Maternal Suicide: Is being a mother no longer a protective factor against suicide?	<i>European Grief Conference.</i>
12th	Cully G.	Identifying the needs of young people and their families bereaved by suicide	<i>European Grief Conference.</i>
December			
4th	Hursztyn, P.	Epidemiology of Self-Harm in Ireland based on the National Self-Harm Registry Ireland data	<i>Cameron Prize Ceremony, School of Public Health, University College Cork, Cork.</i>
4th	Gallagher K.	Self-harm in Irish Prisons 2022-2023: Fifth report from the Self-Harm Assessment and Data Analysis (SADA) Project	<i>National Suicide and Harm Prevention Steering Group Meeting.</i>
5th	Griffin E.	Lived/living experience and collaboration in suicide prevention	<i>Pieta/DCU Bringing Light to Darkness Conference.</i>
10th	Daly C.	RESTRICT (REducing intentional overdose: a mixed methods STudy of means RestrICTION interventions) (Poster)	<i>1st All-island Medication Safety Conference.</i>
12th	O'Driscoll M.	Implementation of suicide prevention module for healthcare and social care students	<i>College of Medicine and Health Futures Conference.</i>

MEMBERSHIP OF COMMITTEES AND STEERING GROUPS

Professor Ella Arensman	
European Alliance Against Depression	Vice-President
World Health Organisation	Co-Director WHOCC and Advisor
Executive Committee School of Public Health	Chair
IASP Special Interest Group - Clusters and Contagion in Suicidal Behavior	Co-Chair
Graduate Studies and Research Committee, School of Public Health, University College Cork, Ireland	Co-chair
Crisis, The Journal Of Crisis Intervention and Suicide Prevention	Co-Editor and Reviewer
International Association for Suicide Prevention	Member
Steering Group of the International COVID-19 Suicide Prevention Collaboration (ICSPPC)	Member
Advisory Panel for the Psychological Autopsy Study of Railway Suicides in the UK	Member
UCC College of Medicine and Health Executive Committee	Member
National Cross Sectoral Steering and Implementation Group for Connecting for Life 2015-2024	Member
IASP Special Interest Group on National Suicide Prevention Programs	Member
National Steering Group for the Implementation of the National Suicide Bereavement Liaison Service	Member
Cork Connecting for Life Suicide Prevention Forum	Member
Connecting for Life Evaluation Advisory Group	Member
Executive Committee, School of Public Health	Member
Working Group Mental Health Triage Audit and Research Committee	Member
Working Group Research and Audit – National Clinical Programme for the Assessment and Management of Patients presenting to Emergency Departments following Self-Harm	Member
Steering Group of A Psychological Autopsy Study of Suicide Deaths among Children and Adolescents aged 10-20 years in The Netherlands	Member
Advisory Group for the National Suicide Prevention Programme in Germany	Member
Suspected Suicide Notification and Response System Advisory Group	Member

Dr Paul Corcoran	
Graduate Studies Board Committee, Department of Obstetrics and Gynecology and School Public Health, University College Cork	Member
CSO Liaison Group on Suicide Mortality Statistics	Member
Expert Advisory Group for Connecting for Life	Member
School of Public Health Social Research Ethics Committee	Member
School of Medicine Graduate Entry Medicine Oversight Committee	Member
Dr Eve Griffin	
International Association for Suicide Prevention	National Representative (Ireland)
International Association for Suicide Prevention Postvention Special Interest Group	Member
Bereavement Network Europe	Member
Connecting for Life Expert Advisory Group	Member
Connecting for Life Evaluation Stakeholder Group	Chair
Mr Niall McTernan	
CSO Suicide Mortality Statistics Liaison Group	Co-chair
Multi-Agency Working Group Prevention of Deaths in Public Places	Member
Dr Mary Joyce	
UCC Clinical Psychology Research Ethics Committee	Member
Dr Margaret Kelleher	
Irish Association of Suicidology	Director
International Academy for Suicide Research	Member
Dr Caroline Daly	
International Association for Suicide Prevention (IASP) Early Career Group	Co-Founder
IASP Task Force on Inclusion of Registered Reports in Journals	Co-Chair
IASP Task Force on the Emotional Health and Wellbeing of Researchers	Member
International Network of Early Career Researchers in Suicide and Self-harm	Member
Dr Isabela Troya	
The School of Public Health Research Ethics Committee	Member
The School of Public Health PhD review panel	Member
IASP Special Interest Group Suicide among older adults	Member
Revisioning Nurse Distress and Suicidality study Steering Group	Member
Dr Michelle O'Driscoll	
Irish Institute of Pharmacy Mental Health Steering Group	Member
Northern Ireland Self-Harm Registry Pharmacy Subgroup	Member
Dr Katerina Kavalidou	
Connecting for Life (CfL) Cork and Kerry Suicide Observatory Evaluation Advisory Group	Member
Connecting for Life (CfL) Evaluation Stakeholder Group	Member
Suicide Surveillance HSE Dublin and North East Working Group	Member
NetECR	Editorial Board Member

SUICIDE RESEARCH FOUNDATION

ANNUAL REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2024

Company Information

Directors

Margaret Kelleher
James McCarthy
Barry McGale
Mark O’Callaghan
Daniel Flynn
Eric Kelleher
John O’Brien
Karen Galway

Secretary

Eve Griffin

Charity number

20030889

Company number

224676

Principal address

4.28 Western Gateway Building
University College Cork
Western Road
Cork

Registered office

4.28 Western Gateway Building
University College Cork
Western Road
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Auditor

Moore Ireland Audit Partners Limited
Chartered Accountants &
Statutory Audit Firm
83 South Mall
Cork

Bankers

Allied Irish Bank
66 South Mall
Cork

Solicitors

CCK Law Firm
Newmount House
22/24 Mount Street Lower
Dublin 2

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SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT)

FOR THE YEAR ENDED 31 DECEMBER 2024

The directors present their report and financial statements for the year ended 31 December 2024.

The financial statements have been prepared by Suicide Research Foundation in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" (FRS Charities SORP) (2018) effective for reporting periods beginning on or after 1 January 2019, known as the 'SORP' (the financial reporting framework).

The organisation is a charitable company with a registered office at 4.28 Western Gateway Building, University College Cork,. The company's registered number is 224676. The Registered Charity Number (RCN) of the charity is 20030889. The charity has been granted charitable tax status under sections 207 and 208 of the Taxes Consolidation Act 1997, Charity number CHY 11351 and is registered with the Charities Regulatory Authority.

Objectives and activities

Suicide Research Foundation (a company limited by guarantee), is an independent, multi-disciplinary research unit established in Cork, in 1994, by the late Dr Michael J Kelleher. Suicide Research Foundation has a registered business name of National Suicide Research Foundation (NSRF). 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.

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.

NSRF works collaboratively with the Health Service Executive's National Office for Suicide Prevention (HSE NOSP) in relation to providing research and evidence in line with the objectives of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 - 2024. Suicide Research Foundation has a memorandum of collaboration with University College Cork (UCC).

NSRF is a World Health Organisation (WHO) Collaborating Centre for Surveillance and Research in Suicide Prevention and, as such, fulfils an advisory role to the WHO, and, additionally, provides guidance to countries internationally in developing and implementing registration systems and prevention programmes for self-harm and suicide. Furthermore, 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, applied social studies and health services research.

Achievements and performance

In 2024, NSRF co-ordinated 35 projects funded by the HSE National Office for Suicide Prevention, the European Commission, the Public Health Agency, the Irish Research Council and the World Health Organisation. We published 23 peer review papers and 10 reports.

New projects in 2024 included a service evaluation stream (with four studies commencing); a feasibility study to develop a national register of probable suicide in mental health services; supports for young people bereaved by suicide; and promoting positive mental and physical health in changing work environments (PROSPERH).

Reports published included the 2021 National Self-Harm Registry annual report, Self-harm in Irish prisons 2020/2021, a review of the social determinants of suicide and a working group report on overprescribing.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

In 2024, NSRF researchers submitted four policy submissions and briefing documents, hosted seven seminars and events, delivered 35 external presentations, and attended advisory groups on several national committees.

Policy documents included a submission to the Coroner Reform Public Consultation (January 2024); a submission to the Irish Film Classification Office Consultation on Classification Guidelines 2024 (July 31st); a joint submission with HSE NOSP to the European Commission call for evidence on Guidelines on the protection of minors online under the Digital Services Act (September 30th); and an evidence brief on the role of alcohol in suicidal behaviour.

We hosted seven seminars and events in 2024. These included a World Café and launch seminar for a suicide prevention module for undergraduate health and social care students in collaboration with HSE NOSP and UCC (January 17th); the fourth Annual Suicide and Self-harm Research Workshop on the Island of Ireland (May 8th); a Public and Patient Involvement in Mental Health Research Seminar in collaboration with PPI Ignite and UCC (May 20th); a Global Leadership Exchange Comprehensive Community Suicide Prevention Match in collaboration with HSE NOSP, Department of Health (June 24th and 25th); our annual World Mental Health Day Seminar 2024 (October 10th); a workshop for the HSE Resource Officers for Suicide Prevention and Specialist Registrars and Consultants in Public Health Medicine (November 5th); and the Limerick Alliance for Mental Health Support Launch Seminar (December 5th). On 10 October, Professor Alexandra Pitman (University College London) delivered the annual Dr Michael Kelleher Memorial Lecture. The title of her presentation was "Temporal risk factors for suicide: Anticipating and mitigating risk".

Notable conference presentations included Dr Paul Corcoran's presentation at the College of Psychiatrists of Ireland Spring Conference (April 18th) on the effects of patient suicide on the personal and professional lives of psychiatrists in training in Ireland; Dr Eve Griffin's presentation at the Coroner Society Meeting (April 20th) on implementing bereavement supports for families navigating the inquest process; Dr Eve Griffin and Dr Selena O'Connell's presentation at the 30th British Isles Research Workshop on Suicide and Self-harm (May 15th) on implementing standard components of care for hospital-presenting self-harm; Dr Eibhlín Walsh's presentation at the University of Galway Annual Health Promotion Conference (June 13th) on supporting third level students' mental health and wellbeing programme; eleven presentations at the 20th European Grief Conference (November 11-13th); and Dr Eve Griffin's keynote lecture at Pieta and Dublin City University's Brining Light to Darkness Conference (December 5th) on lived/living experience and collaboration in suicide prevention.

Advisory group representation in 2024 included Connecting for Life's Expert Advisory Group, Cross Sectoral Group, Evaluation Steering Group and Evaluation Stakeholder Group. We also had representation on the Central Statistics Office Suicide Mortality Statistics Liaison Group and the Advisory Group for the toolkit to prevent deaths in public places advisory group.

In May 2024, the NSRF issued a press release announcing that the World Health Organisation had redesignated the National Suicide Research Foundation as a WHO Collaborating Centre (WHOCC) for Surveillance and Research in Suicide Prevention until December 2027. WHOCCs are institutions which are designated by the WHO to carry out activities in support of the WHO's programmes at country, intercountry, regional, interregional and global levels. In June 2024 the NSRF was also awarded Health Research Board Host Institution Status. In 2024, the NSRF was successful with two HRB Summer Scholarship applications. Two interns joined the team for the summer months working on the youth suicide bereavement project and the University Module in Suicide Prevention.

Throughout 2024 the NSRF continued to embed lived experience in our research via our Lived Experience Panel. In total, 11 projects utilised lived/living experience contributions in 2024.

From a communications perspective, the NSRF shared publications, presentations and training, and summaries from events on social media platforms, via our mailing list and via a newly launched newsletter. Highlights included a suite of videos for World Suicide Prevention day on September 10th on the SAMAGH programme, PROSPERH and the development, implementation and evaluation of a university module in suicide prevention.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Future plans

From a financial perspective, there is unlikely to be a reduction in the NSRF's annual funding. Instead, because of the increased awareness nationally and internationally of the need to safeguard the mental health of the population, funding bodies are making additional funding available for research. Our 2025 Service Level Arrangement and associated Programme of Work were agreed with the HSE NOSP in Quarter 1 of 2025, with funding in line with funding received in 2024. In addition, the NSRF will receive additional funding as part of the WRC Pay Agreement between HSE and Section 39 organisations in staff-related costs for 2024 and 2025.

In 2024, work commenced on the development of a new strategic plan for the organisation. Several consultations took place with staff members and working groups, in addition to an extensive stakeholder consultation process, via public survey and interviews. The new strategic plan will guide the organisations direction for the coming years (2025-2030). As part of the implementation of that plan, a funding strategy will be developed.

Financial review

A summary of the results for the financial year are set out on page 14.

The statement of financial activities shows net incoming funds for the financial year of €40,693 (2023: €4,293) with total incoming resources from the Health Service Executive, other agencies and other income amounting to €2,292,793 (2023: €1,828,068) and total resources expended amounting to €2,252,100 (2023: €1,823,775).

The balance sheet shows total charity funds of €265,874 (2023: €225,181) all of which are required to:

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

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

Reserves policy

A formal policy on reserves was updated and agreed at a meeting of the directors held in 2021. The board has set a reserves policy which requires that:

- reserves are maintained at a level which ensures the company's core activity could continue during a period of unforeseen difficulty; and
- a proportion of reserves be maintained in a readily realisable form.

The calculation for the required level of reserves is an integral part of the company's planning, budget and forecast cycle. It takes into account:

- the risks associated with each stream of income and expenditure being different from that budgeted;
- planned activity levels; and
- the organisation's commitments.

The following headings were used in the development of an updated policy:

- the existing reserves policy, which the directors updated for 2021 and going forward;
- assessment of risk against each category of income and expenditure;
- future activity levels and likely requirements on reserves; and
- organisational commitments.

The board of directors agreed that the most appropriate level of reserves should be kept at a level of €216,000.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Structure, governance and management

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

The charity was established under a constitution which established the objects and powers of the charitable company and is governed by its constitution and managed by a board of directors. The Companies Registration Office has granted the company permission to use the name of Suicide Research Foundation.

Suicide Research Foundation is governed by a board of directors with a minimum number of 5 and maximum number of 11 directors. The board meets 4 or 5 times each year. Each director's term of office is three years. A chairperson is elected by the board of directors whose term in office is also three years. At each Annual General Meeting one third of the directors elected from the membership retire by rotation and are eligible for re-election.

The process for nominations and voting is laid out in the Election Rules document which is posted on the website and made available to all members.

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

Policies and Procedures for the Induction and Training of Board Members

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

Board subgroups

The company has three standing board sub-committees, namely:

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

Directors and secretary

The directors who served during the year and up to the date of signature of the financial statements were:

Margaret Kelleher

James McCarthy

Barry McGale

Mark O'Callaghan

Daniel Flynn

Eric Kelleher

John O'Brien

Karen Galway

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Directors' attendance at the 2024 meetings:

Dr Margaret Kelleher	1 of 5
James McCarthy	3 of 5
Barry McGale	5 of 5
Mark O'Callaghan	4 of 5
Daniel Flynn	5 of 5
Dr Eric Kelleher	3 of 5
John O'Brien	3 of 5
Dr Karen Galway	3 of 5

Directors, trustees and other senior personnel

Dr. Margaret Kelleher - Margaret worked closely with the late Dr. Michael Kelleher in having suicide decriminalised in 1993 and was a founding member and medical director of Suicide Research Foundation in 1994. On the death of Dr. Michael Kelleher in 1998, she became the director with overall responsibility for the foundation. She continues as the medical director of Suicide Research Foundation, is a General Practitioner in Cork and has had a lifelong interest in suicide prevention. She is a fellow of the International Association of Suicide Research (IASR) and brings extensive clinical experience and insights to the Board.

Mr. James McCarthy, Chairman - James is a Chartered Accountant and Director in Ernst and Young's Corporate Finance Practice in Cork. He joined the Suicide Research Foundation's board as a director in 2016 and has served as Chairman since early 2018. James brings more than 16 years of financial services experience to his role on the board.

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

Mark O'Callaghan BCL LLB AITI FCCA - Mark, a practising solicitor for over 20 years has been practising in Dublin since 2005. He is also qualified as a Chartered Tax Adviser and an Accountant. Mark has been the go-to person for professional legal advice to Suicide Research Foundation since 2001 and until his appointment to the board in 2019. Mark brings his extensive legal and financial experience to the board.

Daniel Flynn - Daniel is a Chartered Clinical Psychologist with the Psychological Society of Ireland and Principal Psychology Manager co-ordinating Adult and Child and Adolescent Mental Health Psychology Services in the HSE across counties Cork and Kerry. He is an Adjunct Professor at the School of Applied Psychology at UCC, Ireland. He has accumulated over 20 years experience of working in mental health services. His clinical interests are in working with individuals who struggle to regulate emotions and engage in high-risk self-harm behaviours and considering the impact of these behaviours on families and systems. In recent years he has focused on considering not only intervention but prevention of mental health distress, looking at both mental health and school-based populations. He is the originator of the PSYCHED Initiative working with Cork Health Cities and partner agencies to promote mental health and well-being in workplaces and communities across the city and county.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Dr. Eric Kelleher MB, MRCP, MRCPsych, PhD - Eric is a consultant liaison psychiatrist at Cork University Hospital and Mercy University Hospital. He is a clinical lead of the self-harm service at these sites. He is also a member of the Implementation Advisory Group (IAG) of the National Clinical Care Programme for Self-Harm and Suicide-related Ideation. He has conducted and participated in a number of studies on suicidal behaviour with NSRF. He is an honorary Clinical Senior Lecturer with the Department of Psychiatry and Neurobehavioral science in UCC.

John O'Brien - John has been working in the Community & Public Health arena since 2013. John's experience has seen him work on community led interventions in child and adult obesity, men's health, mental health and suicide prevention. His work has predominantly been in the field of health inequalities working with communities from marginalised and lower socio economic backgrounds. Since 2017, John has been working with the Traveller Community. John currently manages the National Traveller Mental Health Service at Exchange House Ireland National Traveller Service.

Dr. Karen Galway - Karen is a Senior Lecturer in Mental Health at Queen's University Belfast. She has worked across public, voluntary and academic sectors in the fields of psychology, public health, epidemiology, nursing and mental health. Karen has taught and supervised over 1500 undergraduate nursing students and been involved in research funding totalling £1.6m. She has published over 50 peer reviewed papers and reports, featuring suicide prevention and postvention. She is co-founder and co-Chair of the Suicide Prevention Research and Impact Network for Northern Ireland (SPRIN-NI) and co-lead for research and evaluation at the All Ireland Social Prescribing Network.

Dr. Eve Griffin, Chief Executive Officer and Company Secretary - Eve is graduated with a BSc in Applied Psychology from UCC in 2006 and a PhD in Applied Psychology from UCC in 2011. She has more than 12 years experience in the area of suicide prevention. She has authored more than 60 scientific reports and peer-reviewed publications on the topic of self-harm and suicide and has a strong track record of collaborating with partners in policy, service provision and clinical practice. Her research interest include the epidemiology of hospital-presenting self-harm, programme and service evaluation and suicide bereavement.

Professor Ella Arensman, Chief Scientist - Ella is the head of UCC's School of Public Health, Professor of Public Mental Health in the School of Public Health, College of Medicine and Health. She has 36 years experience and has established an extensive multi-disciplinary research programme in suicide prevention and mental health research, which has led to more than 200 publications. Ella has held multiple leadership roles including, President of the International Association for Suicide Prevention (2013 - 2017), Vice-President of the European Alliance Against Depression, Steering Group member of the National Cross-Sectoral Steering Group for Connecting for Life, 2015-2024 and International COVID-19 Suicide Prevention Research Collaboration. She is an expert advisor for the World Health Organisation and was involved in establishing the NSRF's WHO Collaborating Centre for Surveillance and Research in Suicide Prevention. In 2021, she led a successful interdisciplinary application under the HRB Collaborative Doctoral Awards: 'Early Identification of Suicide and Self-harm Risk and Comorbid Mental and Physical Disorders: An Interdisciplinary Training, Research and Intervention Programme' (MHAINTAIN), which provides funding for five PhD Scholars over five years (€1.5m).

Dr. Paul Corcoran, Head of Research - Paul is an epidemiologist with almost 30 years of experience in suicidal behaviour research. Paul is also a Senior Lecturer with the UCC School of Public Health and with the National Perinatal Epidemiology Centre in the UCC Department of Obstetrics and Gynaecology. Paul's degrees include a BSc in Statistics and Computer Science, a Master's degree in Statistics and a PhD in Epidemiology, all obtained at UCC. For the academic year 2008/2009, he was a visiting professor at the Department of Psychiatry at the University of Oviedo in Spain. He has more than 200 peer-reviewed scientific publications and has contributed to international texts on suicide epidemiology as well as contributing to Irish national suicide prevention strategies.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Organisation structure and how decisions are made

Suicide Research Foundation's main office is in Cork and staff members are based in Cork or in locations throughout the country. The team is lead by the Chief Executive Officer, the Head of Research and the Chief Scientist who report to the board. Although ultimate responsibility for the governance of the Suicide Research Foundation rests with the board of directors, certain duties and responsibilities are delegated from the board to the CEO, the Head of Research and the Chief Scientist and through them to the members of the staff team. These duties include implementation of the strategic plan; leading and managing the Suicide Research Foundation's staff members, programmes, projects, finances and all other administrative aspects so that the Suicide Research Foundation's ongoing mission, vision and strategies are fulfilled within the context of the Suicide Research Foundation's values as approved by the board of directors.

Certain decisions are specifically 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 CEO, the Head of Research and 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.

The CEO is responsible for preparing materials for board consideration and for preparing materials for any strategic planning process.

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

Internal controls

Suicide Research Foundation conducts an annual Risk Review process that is assessed in detail by the Audit, Finance and Risk Management sub-committee 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 Suicide Research Foundation is exposed, an assessment of their impact and likelihood of happening and risk mitigation actions for each.

The quarterly report of the Operations sub-committed to the board contains a section on risk analysis updating the board regarding the status of the most acute risks to the Suicide Research Foundation and this is reviewed at each meeting of the board of directors.

Transparency and public accountability

The board believes that 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. Suicide Research Foundation'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.nsrfe.ie, under the About Us section.

SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

Principal risks and uncertainties

The directors have ultimate responsibility for managing risk and are aware of the risks associated with the operating activities of the charity. The directors carry out an annual audit and review risks on an ongoing basis. The directors are satisfied that adequate systems of governance, supervision, procedures and internal controls are in place to mitigate the exposure to major risks and that these controls provide reasonable assurance against such risks.

The directors have identified that the key risks facing the company relate to the risk of a decrease in the level of grant funding, the increase in compliance requirements in accordance with company, health and safety and general data protection legislation and ensuring security of the company's sensitive data, reputational risk and other operational risks. The company mitigates these risks as follows:

Financial risk

The charity continually monitors the level of activity, prepares and monitors its budgets and projections. The charity has a policy of maintaining significant cash reserves and it has also developed a strategic plan which will allow for the diversification of funding and activities.

Financial information is subject to detailed review at board level allowing for continuous monitoring of the company's operations and financial status.

Operational/internal control risk

The risk is minimised by the implementation of procedures for authorisation of all transactions and projects and the requirements for budgets covering all activities.

Procedures are in place to ensure compliance with health and safety legislation to protect staff, data collectors and service providers.

Reputational/compliance risk

In common with many charities, the company's principal risk is reputational damage. Reputation damage could be caused by an event either within or outside the company's control. In order to mitigate this risk the charity continues to adopt best practices.

The charity closely monitors emerging changes to regulations and legislation on an on-going basis by ensuring all accreditation is up to date.

Accounting records

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

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

The accounting records are held at the company's business premises, Room 4.28, Western Gateway Building, University College Cork, Cork, T12 XF62.

Auditor

In accordance with the Companies Act 2014, section 383(2), Moore Ireland Audit Partners Limited were appointed as auditor of the company.

Disclosure of information to auditor

Each of the directors has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

SUICIDE RESEARCH FOUNDATION
DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT) (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

The directors' report was approved by the Board of Directors.

Margaret Kelleher
Director

Barry McGale
Director

Date signed: 8 May 2025

SUICIDE RESEARCH FOUNDATION

STATEMENT OF DIRECTORS' RESPONSIBILITIES

FOR THE YEAR ENDED 31 DECEMBER 2024

The trustees, who are also directors of Suicide Research Foundation for the purpose of company law, are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and Accounting Standards (Ireland Generally Accepted Accounting Practice).

Company Law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company of the incoming resources and application of resources, including the Income and Expenditure of the company for that year.

In preparing these financial statements, the company:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation.

The directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2014. 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.

Margaret Kelleher
Director

Barry McGale
Director

Date: 8 May 2025

SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT

TO THE DIRECTORS OF SUICIDE RESEARCH FOUNDATION

Opinion

We have audited the financial statements of Suicide Research Foundation ('the company') for the year ended 31 December 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including the summary of significant accounting policies set out in note 1. The financial reporting framework that has been applied in their preparation is Irish Law and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland. In applying that framework, the directors have elected to have regard to the Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with FRS 102 (revised 1 January 2019) ("the Charities SORP").

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2024 and of its surplus for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland as applied in accordance with provisions of the Companies Act 2014 and having regards to the Charities SORP; and
- have been properly 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 below 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 ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard for Auditors (Ireland) 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

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE DIRECTORS OF SUICIDE RESEARCH FOUNDATION

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.

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 course of 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 this fact.

We have nothing to report in this regard.

Opinions on other matter prescribed by the Companies Act 2014

In our opinion, based on the work undertaken in the course of the audit, we report that:

- the information given in the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which, to the best of our knowledge and belief, are necessary for the purposes of the audit.

In our opinion, the accounting records of the company are sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with 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.

The Companies Act 2014 requires us to report to you if, in our opinion, the requirements of any of sections 305 to 312 of the Act, which relate to disclosures of directors' remuneration and transactions are not complied with by the company. We have nothing to report in this regard.

Respective responsibilities

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 in accordance with the applicable financial reporting framework that give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of the 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, if applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the company or to cease operations, or have no 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.

SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE DIRECTORS OF SUICIDE RESEARCH FOUNDATION

A further description of our responsibilities for the audit of the financial statements is located on the Irish Auditing and Accounting Supervisory Authority's website at: http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf. This description forms part of our audit 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.

John Callaghan
for and on behalf of Moore Ireland Audit Partners Limited
Chartered Accountants &
Statutory Audit Firm,
83 South Mall,
Cork.

Date: 30 May 2025

SUICIDE RESEARCH FOUNDATION

STATEMENT OF FINANCIAL ACTIVITIES
INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	Unrestricted funds 2024 €	Restricted funds 2024 €	Total 2024 €	Total 2023 €
<u>Income from:</u>					
Charitable activities	3	79,981	2,211,752	2,291,733	1,827,835
Investments	4	1,060	-	1,060	233
Total income		81,041	2,211,752	2,292,793	1,828,068
<u>Expenditure on:</u>					
Charitable activities	5	44,685	2,207,415	2,252,100	1,823,775
Net incoming resources before transfers		36,356	4,337	40,693	4,293
Transfer from restricted income to restricted funds		-	-	-	32,667
Net movement in funds		36,356	4,337	40,693	36,960
Fund balances at 1 January		221,121	4,060	225,181	188,221
Fund balances at 31 December		257,477	8,397	265,874	225,181

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

SUICIDE RESEARCH FOUNDATION

BALANCE SHEET

AS AT 31 DECEMBER 2024

	Notes	2024 €	€	2023 €	€
Fixed assets					
Tangible assets	9		7,411		10,183
Current assets					
Debtors	10	20,499		85,107	
Cash at bank and in hand		911,537		764,427	
		<u>932,036</u>		<u>849,534</u>	
Creditors: amounts falling due within one year	11	<u>(673,573)</u>		<u>(634,536)</u>	
Net current assets			258,463		214,998
Total assets less current liabilities			<u>265,874</u>		<u>225,181</u>
Income funds					
Restricted funds	14		8,397		4,060
Unrestricted funds			257,477		221,121
			<u>265,874</u>		<u>225,181</u>

The financial statements were approved by the board of directors and authorised for issued on 8 May 2025 and signed on its behalf by

Margaret Kelleher
Director

Barry McGale
Director

SUICIDE RESEARCH FOUNDATION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	2024 €	€	2023 €	€
Cash flows from operating activities					
Cash generated from operations	19		146,050		183,198
Investing activities					
Purchase of tangible fixed assets		-		(9,332)	
Investment income received		1,060		233	
Net cash generated from/(used in) investing activities			1,060		(9,099)
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			147,110		174,099
Cash and cash equivalents at beginning of year			764,427		590,328
Cash and cash equivalents at end of year			911,537		764,427

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

Charity information

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

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

The registered office is 4.28 Western Gateway Building, University College Cork, Western Road, Cork., which is also the principal place of business of the company.

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

1.1 Accounting convention

The financial statements are prepared in accordance with applicable law and the accounting standards issued by the Financial Reporting Council, including FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" (FRS Charities SORP) (2018) effective for reporting periods beginning on or after 1 January 2019, known as the 'SORP' (the financial reporting framework), which have been applied consistently (except as otherwise stated).

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 €.

The financial statements are prepared under the historical cost convention and on a going concern basis.

1.2 Going concern

We acknowledge that we are required to assess our company's ability to continue as a going concern.

We are aware of the company's financial position. We have prepared the financial statements on a going concern basis, having considered the company's performance, cash-flow forecasts, and its future business plans. The statement of financial activities shows net incoming funds for the financial year of €40,693 (2023: €36,960) with total incoming resources from the Health Service Executive, other agencies and other resources amounting to €2,292,793 (2023: €1,828,068) and total resources expended amounting to €2,252,100 (2023: €1,823,775). The balance sheet shows total charity funds of €265,874 (2023: €225,181).

Having considered the cash flow forecasts, current and anticipated income levels, and government funding together with current levels of reserves, we confirm that we have a reasonable expectation that the company has sufficient resources to continue in operational existence for the foreseeable future, for a period of not less than 12 months from the date of this report, and accordingly, continue to adopt the going concern basis in preparing the financial statements.

1.3 Charitable funds

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

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

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

1.4 Income

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

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

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

A grant that specifies performance conditions is recognised in income when the performance conditions are met. Where a grant does not specify performance conditions it is recognised in income when the proceeds are received or receivable. A grant received before the recognition criteria are satisfied is recognised as a liability.

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

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

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

1.5 Expenditure

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

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

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

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

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

Allocation of support and governance costs

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

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

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

1.6 Tangible fixed assets

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

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers	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 recognised in net income/(expenditure) for the year.

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

1.7 Impairment of fixed assets

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

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

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

1.8 Cash and cash equivalents

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

1.9 Financial instruments

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

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

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

Basic financial assets

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

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

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

Impairment of financial assets

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

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

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

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

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 an contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 operations 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.

Derecognition of financial liabilities

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

1.10 Taxation

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

1.11 Employee benefits

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

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

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

1.12 Retirement benefits

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

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies**(Continued)****1.13 Foreign exchange**

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

1.14 Services provided by directors

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

2 Critical accounting estimates and judgements

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 period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Critical judgements**Going concern**

The directors have assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The directors have made this assessment in respect to a period of at least one year from the date of approval of these financial statements and have included a detailed note under accounting policy 1.2.

The directors of the charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The directors are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due. Thus they continue to adopt the going concern basis of accounting in preparing the financial statements.

Debtors accruals and deferred income

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

SUICIDE RESEARCH FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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SUICIDE RESEARCH FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

		(Continued)					
3 Charitable activities							
For the year ended 31 December 2023							
		NOSP	Northern EU Funding Ireland PHA	HEA	HSE South	Various / Overheads	Total 2023
	€	€	€	€	€	€	€
Grant funding for projects	1,321,102	36,625	195,253	48,103	126,433	100,319	1,827,835
Analysis by fund							
Unrestricted funds	1,321,102	36,625	195,253	48,103	126,433	100,319	1,727,516
Restricted funds	1,321,102	36,625	195,253	48,103	126,433	100,319	1,827,835

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

4 Investments

	Unrestricted funds 2024 €	Unrestricted funds 2023 €
Interest receivable	1,060	233

5 Charitable activities

	Foundation and research 2024 €	Registry 2024 €	Total 2024 €	Total 2023 €
Staff costs	1,264,975	665,575	1,930,550	1,555,083
Depreciation and impairment	1,386	1,386	2,772	4,020
Data collection costs	-	22,026	22,026	19,209
Data collection travel costs	-	40,300	40,300	41,309
Meeting and travel costs	60,945	3,055	64,000	43,332
Lived experience panel costs	1,523	-	1,523	-
Consultancy fees	48,512	-	48,512	-
	1,377,341	732,342	2,109,683	1,662,953
Share of support costs (see note 6)	68,103	52,760	120,863	151,408
Share of governance costs (see note 6)	12,007	9,547	21,554	9,414
	1,457,451	794,649	2,252,100	1,823,775
Analysis by fund				
Unrestricted funds	44,685	-	44,685	100,319
Restricted funds	1,412,766	794,649	2,207,415	1,723,456
	1,457,451	794,649	2,252,100	1,823,775

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

6 Support and governance costs

	Support costs	Governance costs	2024	2023
	€	€	€	€
Telephone costs	1,056	-	1,056	1,090
Rent	23,000	-	23,000	23,000
Insurance	4,521	-	4,521	7,043
Fees and subscriptions	31,854	-	31,854	21,326
Accountancy	11,828	-	11,828	8,876
Computer costs	39,671	-	39,671	45,928
Printing, postage and stationery	4,923	-	4,923	19,456
Recruitment costs	75	-	75	23,900
Sundry costs	3,935	-	3,935	789
Audit fees	-	20,910	20,910	8,610
Bank charges	-	644	644	804
	<u>120,863</u>	<u>21,554</u>	<u>142,417</u>	<u>160,822</u>
Analysed between Charitable activities	<u>120,863</u>	<u>21,554</u>	<u>142,417</u>	<u>160,822</u>

7 Directors

None of the directors (or any persons connected with them) received any remuneration or benefits from the company during the year.

8 Employees

The average monthly number of employees during the year was:

	2024 Number	2023 Number
Foundation	28	21
Registry	18	17
Total	<u>46</u>	<u>38</u>
Employment costs	2024 €	2023 €
Wages and salaries	1,695,885	1,381,167
Social security costs	183,855	142,828
Other pension costs	50,810	31,088
	<u>1,930,550</u>	<u>1,555,083</u>

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

8 Employees

(Continued)

The number of employees whose annual remuneration was €70,000 or more were:

	2024 Number	2023 Number
€70,000 - €80,000	1	-
€80,000 - €90,000	1	-
€100,000 - €110,000	-	1
	<u> </u>	<u> </u>

9 Tangible fixed assets
*Current financial year*Computers
€**Cost**

At 1 January 2024

51,161

At 31 December 2024

51,161

Depreciation and impairment

At 1 January 2024

40,978

Depreciation charged in the year

2,772

At 31 December 2024

43,750

Carrying amount

At 31 December 2024

7,411

At 31 December 2023

10,183

10 Debtors

	2024 €	2023 €
Amounts falling due within one year:		
Accrued income	-	68,284
Prepayments	20,499	16,823
	<u> </u>	<u> </u>
	20,499	85,107
	<u> </u>	<u> </u>

Accrued income relates to grants received under contracts where the performance conditions have been completed by the financial year end and the funding is owing to the company at the financial year end.

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

11 Creditors: amounts falling due within one year

	Notes	2024 €	2023 €
Other taxation and social security		50,557	40,222
Deferred income	12	593,469	537,743
Accruals		29,547	56,571
		<u>673,573</u>	<u>634,536</u>

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

12 Deferred income

	2024 €	2023 €
Arising from government grants	<u>593,469</u>	<u>537,743</u>

Deferred income is included in the financial statements as follows:

	2024 €	2023 €
Current liabilities	<u>593,469</u>	<u>537,743</u>
	<u>593,469</u>	<u>537,743</u>

13 Retirement benefit schemes**Defined contribution schemes**

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.

The charge to profit or loss in respect of defined contribution schemes was €50,810 (2023 - €31,088).

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

14 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Balance at 1 January 2024	Movement in funds		Balance at 31 December 2024
	€	Incoming resources	Resources expended	€
Foundation and Research funding	708	1,412,702	(1,412,766)	644
NOSP Registry funding	3,352	799,050	(794,649)	7,753
	4,060	2,211,752	(2,207,415)	8,397

15 Analysis of net assets between funds

	Unrestricted funds 2024	Restricted funds 2024	Total 2024	Total 2023
	€	€	€	€
Fund balances at 31 December 2024 are represented by:				
Tangible assets	-	7,411	7,411	10,183
Current assets/(liabilities)	257,477	986	258,463	214,998
	257,477	8,397	265,874	225,181

16 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.

17 Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs in the financial period subsequent to the financial year ended 31 December 2024.

18 Related party transactions

During the financial year, reimbursement of expenses was made to directors in connection with their duties as directors in the amount of €968 (2023: €Nil). There were no other related party transactions during the financial year.

SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

19	Cash generated from operations	2024 €	2023 €
	Surplus for the year	40,691	36,960
	Adjustments for:		
	Investment income recognised in statement of financial activities	(1,060)	(233)
	Depreciation and impairment of tangible fixed assets	2,772	4,020
	Movements in working capital:		
	Decrease/(increase) in debtors	64,610	(43,486)
	(Decrease)/increase in creditors	(16,689)	27,866
	Increase in deferred income	55,726	158,071
	Cash generated from operations	146,050	183,198

20 Analysis of changes in net funds

	At 1 January 2024 €	Cash flows €	At 31 December 2024 €
Cash at bank and in hand	764,427	147,110	911,537

The company had no debt in the current or prior financial year.

21 Comparative information

Comparative information has been reclassified where necessary to conform to current year presentation.

22 Approval of financial statements

The board of directors approved the financial statements for issue on the 8 May 2025.

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Details of grant and other information

Type of funding:	HSE NOSP Revenue Grant
Purpose of grant:	Connecting for Life Strategy Service Arrangement
Total grant:	€2,015,817
Funds deferred from prior year:	€200,299
Received in the year:	€1,715,921
Grant taken to I&E:	€1,629,729
Amounts deferred at year end:	€286,491
Expenditure:	€1,625,392
Remaining in reserves:	€4,337
Term:	January 2024 - December 2024
Date received:	Monthly
Restriction on use:	Service arrangement
Tax clearance:	Yes

2 Details of grant and other information

Type of funding:	PHA Revenue Grant
Purpose of grant:	Statistical analysis, support and independent verification of data recorded by NI Registry of Self-Harm.
Total grant:	€40,853
Funds deferred from prior year:	€9,297
Received in the year:	€40,853
Grant taken to I&E:	€40,076
Amounts deferred at year end:	€10,074
Expenditure:	€40,076
Remaining in reserves:	€Nil
Term:	April 2024 - March 2025
Date received:	18 November 2024
Restriction on use:	Service arrangement
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

3 Details of grant and other information

Type of funding:	EU Commission Revenue Grants
Purpose of grant:	Funding provided by EU Commission and projects carried out in collaboration with partners from other EU countries.
Total grant:	€1,276,916
Funds deferred from prior year:	€128,789
Received in the year:	€220,596
Grant taken to I&E:	€177,781
Amounts deferred at year end:	€171,604
Expenditure:	€177,781
Remaining in reserves:	€Nil
Term:	Ongoing
Date received:	Various
Restriction on use:	Grant agreement
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION
APPENDICES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

4 Details of grant and other information

Type of funding:	Higher Education Authority Revenue Grant
Purpose of grant:	Connecting suicide and self-harm researchers in Ireland and suicide and self-harm prevention in Higher Education Institutions in Ireland.
Total grant:	€60,000
Funds deferred from prior year:	€8,857
Received in the year:	€60,000
Grant taken to I&E:	€52,138
Amounts deferred at year end:	€16,719
Expenditure:	€52,138
Remaining in reserves:	€Nil
Term:	Ongoing
Date received:	6 February 2024
Restriction on use:	Per grant agreement
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

5 Details of grant and other information

Type of funding:	National Dialectical Behavioural Therapy (DBT) Revenue Grant
Purpose of grant:	Training of DBT teams in community mental health setting around Ireland and evaluation of the national programme.
Total grant:	€285,782
Funds deferred from prior year:	€66,085
Received in the year:	€285,782
Grant taken to I&E:	€294,244
Amounts deferred at year end:	€57,623
Expenditure:	€294,244
Remaining in reserves:	€Nil
Term:	January 2024 - December 2024
Date received:	Bi-annually
Restriction on use:	Per service arrangement
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

6 Details of grant and other information

Type of funding:	Irish Prison Service Revenue Grant
Purpose of grant:	Funding for Research Support Officer to support data collection and analysis from the self-harm and data analysis project in the Irish Prison Service.
Total grant:	€23,728
Funds deferred from prior year:	€Nil
Received in the year:	€23,728
Grant taken to I&E:	€13,644
Amounts deferred at year end:	€10,084
Expenditure:	€13,644
Remaining in reserves:	€Nil
Term:	January 2024 - December 2025
Date received:	4 July 2024
Restriction on use:	Per service arrangement
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

7 Details of grant and other information

Type of funding:	Department of Health Revenue Grant
Purpose of grant:	Funding for GLE Match Event hosted by NSRF
Total grant:	€1,583
Funds deferred from prior year:	€Nil
Received in the year:	€1,583
Grant taken to I&E:	€1,583
Amounts deferred at year end:	€Nil
Expenditure:	€1,583
Remaining in reserves:	€Nil
Term:	Ended
Date received:	30 August 2024
Restriction on use:	For GLE Match Event
Tax clearance:	Yes

8 Details of grant and other information

Type of funding:	UCC Revenue Grant
Purpose of grant:	Funding for GLE Match Event hosted by NSRF
Total grant:	€1,583
Funds deferred from prior year:	€Nil
Received in the year:	€1,583
Grant taken to I&E:	€1,583
Amounts deferred at year end:	€Nil
Expenditure:	€1,583
Remaining in reserves:	€Nil
Term:	Ended
Date received:	9 August 2024
Restriction on use:	For GLE Match Event
Tax clearance:	Yes

SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

9 Details of grant and other information

Type of funding:	Failte Ireland Revenue Grant
Purpose of grant:	Funding to travel to EU Symposium on suicide and suicidal behaviour conference in order to present bid to host the conference in Ireland in 2030.
Total grant:	€973
Funds deferred from prior year:	€Nil
Received in the year:	€973
Grant taken to I&E:	€973
Amounts deferred at year end:	€Nil
Expenditure:	€973
Remaining in reserves:	€Nil
Term:	Ended
Date received:	18 October 2024
Restriction on use:	For travel costs to EU symposium
Tax clearance:	Yes



NSRF
National Suicide
Research Foundation