ANNUAL REPORT 2025

NSRF

National Suicide Research Foundation

ENTER >

Directors'/Trustees' Annual Report and Financial Statements

Registered in Ireland under number 224676

Registered Office 4.28 Western Gateway Building, Western Road, Cork

Registered Charity Number 20030889

Charity Tax Number CHY 11351

Company Limited by Guarantee

Published by National Suicide Research Foundation

Compiled by: Mr Niall McTernan and Mx Sofia Bettella

Designed by: Mr Alan O'Shea

ISSN 2712-0341

Hard copies of the Annual Report are available from:

National Suicide Research Foundation
4.28 Western Gateway Building
University College Cork
Cork
Ireland

Tel: +353 21 420 5551
Email: infonsrf@ucc.ie

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

TABLE OF CONTENTS

4 Senior Management Team Foreword

6 Chairperson's Foreword

7 About the NSRF

8 Priority Research Areas

10 Strategic Priority Areas

11 Our Team

15 Performance Indicators 2025

16 2025 Financial Summary

17 Structure, Governance and Management

20 Principles of Good Governance

22 Equality, Diversity and Inclusion

24 **Snapshot of activities by priority area**

24 Surveillance

26 Research Excellence

32 Impact

38 Communication

40 Organisational Strength

44 Highlights by strategic research cluster

44 Suicide and self-harm surveillance

- National Self-Harm Registry Ireland
- 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
- Surveillance of suspected suicide among the Traveller community

46 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.
- Study into deaths by suicide of current and former members of the Defence Forces in Ireland
- Targeting inequalities in self-harm and suicide among children, adolescents and young adults (EQUALISE)

47 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
- 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)
- 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
- 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)
- The impact of inpatient Specialist Rehabilitation Units

- Revisiting suicide prevention in later life: human-centred approaches in an ageing Ireland
- Postpartum Post-Traumatic Stress Disorder: a mixed methods study
- The impact of patient suicide on mental health nurses
- Preventing suicide in public places - systematic review

51 **Awareness, training and education**

- Development, implementation and evaluation of a university module in suicide prevention for undergraduate health and social care students
- 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
- Exploration of suicide prevention training experiences among GP trainees

53 **Policy and practice implementation & quality improvement**

- Evaluation of the CAMS (The Collaborative Assessment and Management of Suicidality) in CHO7
- Review of Exchange House Ireland's Traveller Mental Health Service
- Evaluating the appropriateness and effectiveness of an adapted programme of Minding Your Wellbeing for third-level students in Ireland
- Let's Talk About Suicide: A national mixed-methods evaluation of a brief online suicide prevention programme.
- Suicide or Survive: A high-level service evaluation
- Establishing an evidence base to inform the development of a framework for suicide bereavement services
- Supporting the evidence base for Ireland's new suicide and self-harm reduction strategy

55 **Publications**

61 **Membership of Committees and Steering Groups**

63 **Financial Statements**

SENIOR MANAGEMENT TEAM FOREWORD

Dr Eve Griffin
Chief Executive Officer

Dr Paul Corcoran
Head of Research

Professor Ella Arensman
Chief Scientist

We are delighted to present the 2025 Annual Report of the National Suicide Research Foundation (NSRF), which summarises the activities of the organisation in 2025.

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. In 2025, the NSRF led out on a total of 40 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 27 peer-review articles, 8 reports and presented more than 63 lectures at local, national and international seminars and conferences, including the 33rd World Congress of the International Association for Suicide Prevention in Vienna in June 2025. We also delivered 10 trainings to 134 participants and were represented on several advisory and steering groups at national and international level.

The NSRF works closely with the Health Service Executive's National Office for Suicide Prevention (NOSP) to produce research and evidence to inform national suicide prevention activities. In 2025 we worked on a range of projects with HSE NOSP, including the implementation of Prepare, Support, Prevent Train-The-Trainer programme for undergraduate health and social care students; a study exploring the impact of patient suicide on mental health nurses; in addition to new studies seeking to establish an evidence base to inform the development of model of care for suicide bereavement services and focusing on surveillance of probable suicide among the Traveller community.

This year also saw the NSRF team working with the Department of Health to support the development of Ireland's Strategy to Reduce Suicide and Self-harm: Connecting for Life 2026–2035, which was launched on 27th May 2026. The NSRF supported the public consultation process for the strategy, reporting on submissions received from more than 1,800 individuals, primarily from those with lived experience. We also published a comprehensive evidence synthesis which formed the basis for

the strategy. We also hosted the dedicated Lived Experience Reference Group who were involved in the strategy development and contributed to the Expert Advisory Group.

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 2025 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 a keynote lecture at 55th Annual Suicide Prevention Conference in France on national suicide prevention strategies and attended an online meeting of suicide prevention WHOCCs.

In 2025 we continued to develop the NSRF's Lived Experience panel. For us, it is crucial that people with lived experience contribute to all aspects of our research and practice. This panel consists of 10 individuals representing a range of backgrounds and experiences, and our lived experience panel members 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 2025 included the 7th Annual World Mental Health Day Seminar on October 10th, at which the Dr Michael J Kelleher Memorial Lecture was delivered by Professor Shekhar Saxena, Former Director, Department of Mental Health and Substance Abuse, WHO. We also held the 5th Suicide and Self-Harm Research Workshop, organised by the C-SSHRI Network: Connecting Suicide and Self-Harm Researchers on the Island of Ireland. Webinars for World Suicide Prevention Day on mental health promotion as an upstream approach for suicide prevention in the workplace, and to launch the 2024 National Self-Harm Registry Ireland Annual Report, were hosted.

Our new Strategic Plan, Leading Research Shaping Change 2025-2030, was launched in February 2025 in the Aula Maxima in University College Cork. The plan outlines key priority areas and research topics to guide the organisation over the coming six years. These priority areas will ensure the ongoing delivery of high-quality and impactful research and deliver out on the NSRF's overall vision. This plan also highlights the continued commitment of the NSRF to collaborate with a wide range of organisations and research partners to advance suicide prevention research. This includes further collaboration with University College Cork, with whom the NSRF has an existing Memorandum of Collaboration, organisations such as Irish Prison Service, Exchange House Ireland, and many others involved in addressing suicide and self-harm in Ireland and internationally. In December 2025, it was announced that NSRF will co-lead a new National Collaborative Research Network in Mental Health (CO-PRIME), along with University of Maynooth and University of Galway, funded by the Health Research Board. Together, this cross-institutional leadership team is part of a large consortium of almost 70 partners which brings deep and broad expertise and a shared commitment to advancing mental health research to make a tangible difference in people's lives.

The work of the NSRF is very much a reflection of the skillset and dedication of all staff members bringing expertise from multiple relevant disciplines. We would like to acknowledge these efforts and thank each and everyone 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 Barry McGale
Chairperson

The 2025 Annual Report clearly reinforces the National Suicide Research Foundation's (NSRF) commitment to its vision of supporting the reduction of suicide and self-harm in Ireland, and globally, through impactful research.

In early 2025, the NSRF launched its new strategic plan, "*Leading Research, Shaping Change*" (2025-2030). The plan was developed from a series of wide ranging consultations, including with staff, the NSRF's Board of Directors, Research Advisory Group and Lived Experience Panel. We also consulted stakeholders and the public via an open survey and targeted consultation sessions. This plan sets out an 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. The first implementation plan (2025-2027) was approved by the Board of Directors in November.

This year also saw further collaborative work with the Department of Health, with the NSRF supporting the development of Ireland's Strategy to Reduce Suicide and Self-harm: Connecting for Life 2026–2035, which was launched in May 2026. This is Ireland's third national strategy and builds on significant progress undertaken under *Reach Out* and *Connecting for Life, 2015-2024*. The new strategy has several important strengths, including: the increased focus on the social determinants of suicide and self-harm; a greater recongition of the need to provide supports to people bereaved by suicide; the commitment to involving people with lived experience in the implementation of the strategy; and the prioritisation of high-quality research and data. Now, more than ever, the importance of evidence-informed supports and services, along with high-quality research evidence, is critical to addressing the root causes of suicide across communities.

The NSRF has continued to perform strongly in 2025 with staff members pursuing research and innovation via applying for highly competitive funding calls. Incoming resources increased to €2,587,181 and the total number of employed staff was 50. In 2025 we undertook many activities to ensure that the NSRF continues to be well-resourced, agile and strategically positioned. These included reviewing and updating the NSRF's risk, audit and compliance practices and reviewing membership and areas of expertise represented by the Board of Directors. Furthermore, in late 2025, we introduced an Affiliate Researcher scheme, to encourage researchers, clinicians and academics with an interest in the area of suicide and self-harm to be designated as an Affiliate Researcher in order to strengthen multi/interdisciplinary collaborations and to make a signifcant contribution to the strategic priorities and vision of the NSRF.

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

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

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

Our Mission

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

NSRF
National Suicide Research Foundation

WORKPLACE MENTAL HEALTH

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

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 2

Surveillance

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

Priority Area 3

Impact

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

Priority Area 4

Communication

Increase the impact of our research through dissemination and communication.

Priority Area 5

Organisational Strength

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

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, Research Fellow

OPERATIONS TEAM

Ms Una O'Callaghan
Financial Controller

Ms Eileen Hegarty
Operations Manager

Mr Niall McTernan
Research and Operations Manager

Ms Kamila Stanisch
Executive Assistant
Resigned March 2025

Mr Ken Kidney
Executive Assistant
Appointed 2025

Ms Sarah Nicholson (O'Meara)
Data Protection Officer/Quality Manager
Resigned September 2025

Ms Fenella Ryan
Research Officer

Ms Karen Mulcahy
Research Administrator (UCC)

Ms Margaret Kenneally
Research Assistant (UCC & NSRF)
Resigned November 2025

BOARD OF DIRECTORS

Dr Margaret Kelleher
General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy
Chief Investments and Strategy Officer, Tirlán

Mr Barry McGale (Chairperson)
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, Regional Director of Psychology HSE Southwest 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's National Traveller Service

Dr Eric Kelleher
Consultant Liaison Psychiatrist, CUH and MUH

RESEARCHERS

Dr Katerina Kavalidou
Research Fellow

Dr Caroline Daly
Research Fellow

Dr Clíodhna O'Brien
Post-Doctoral Researcher

Dr Michelle O'Driscoll
Research Fellow

Dr Mallorie Leduc
Post-Doctoral Researcher

Dr Aileen Callanan
Lived Experience Coordinator
Resigned November 2025

Dr Elizabeth Bodunde
Post-Doctoral Researcher
Appointed December 2025

Dr Edel Burton
Post-Doctoral Researcher
March 2025 to June 2025

Dr Leigh Huggard
Post-Doctoral Researcher

Dr Eibhlín Walsh
Post-Doctoral Researcher

Dr Shelly Chakraborty
Data Analyst

Ms Karen Kelly
Research Officer

Ms Kerrie Gallagher
Research Officer

Mr Pawel Hursztyn
Research Support Officer

Dr Grace Cully
Post-Doctoral Researcher

Dr Elaine Mc Mahon
Senior Research Fellow (UCC/NSRF)

Mx Sofia Bettella
Research Officer (UCC)

Ms Almas Khan
Research Officer (UCC)

Ms Grace Phillips
Research Officer

Dr Noreen Kearns
Post-Doctoral Researcher

Dr Isabela Troya
Research Fellow

Dr Maeve Cosgrove
Data Manager, NCPSHSI

Ms Zara Harnett
Research Officer

Ms Audrey Murphy
Research Officer

Ms Geraldine Paul
Programme Implementation Officer

Ms Emilie Aloeristok
Research Assistant
Appointed June 2025

Dr Darragh O'Shea
Health Psychologist

Dr Daniel O'Callaghan
Post-Doctoral Researcher

NATIONAL DIALECTICAL BEHAVIOUR THERAPY TRAINING TEAM

Ms Louise Dunne
Administrator

Dr Alan Fruzzetti
DBT Lead for Supervision & Implementation

Dr Armida Fruzzetti
DBT Lead for Supervision & Implementation

Ms Ashweeja Gowda
Research Officer

Ms Blathin Power
Research Officer
Resigned February 2025

Mr Christopher Shum
Post-Doctoral Researcher
Appointed June 2025

COMPANY MEMBERS

Mrs Patricia Behan
Founder, Suicide Aware Ireland

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
Chief Investments & Strategy Officer,
Tirlán

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 Programme Manager Community Care, HSE South

Mr Daniel Flynn
Chartered Clinical Psychologist, Regional Director of Psychology,
HSE South West and Adjunct Professor at the School of Applied Psychology, UCC

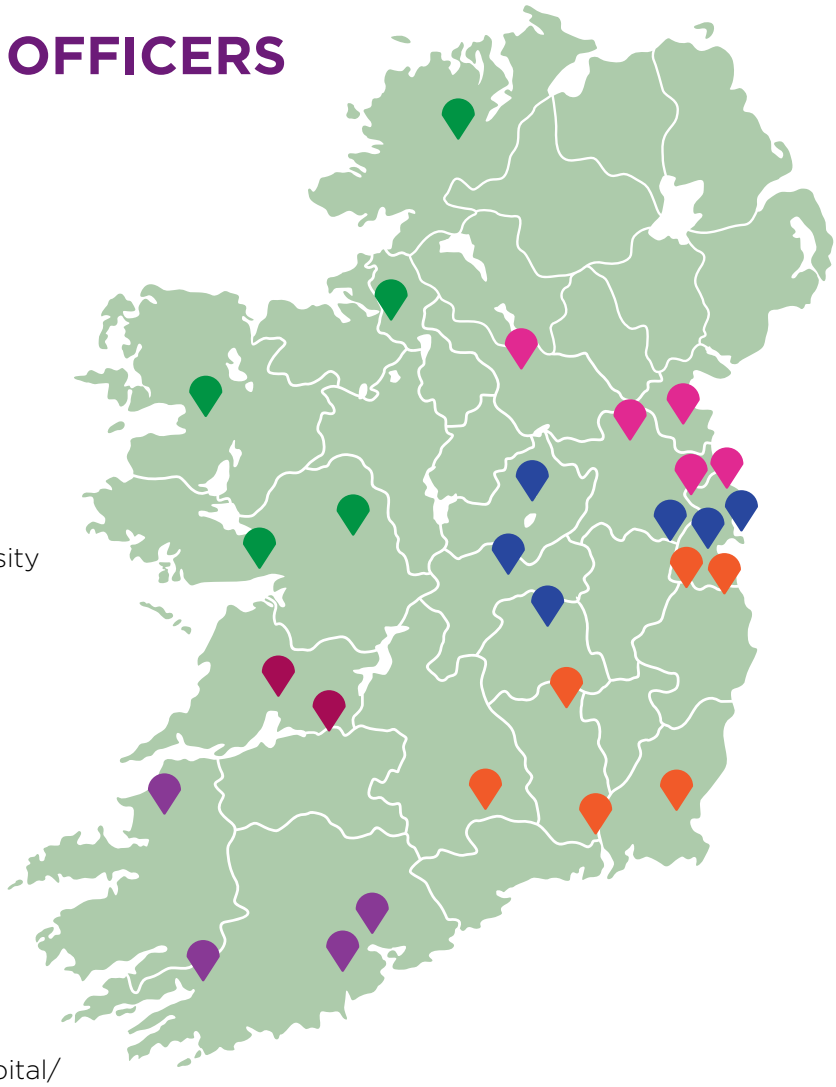
Dr Karen Galway
Senior Lecturer in Mental Health at Queen's University Belfast.

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

DATA REGISTRATION OFFICERS EMPLOYED IN 2025



HSE West and North West

Eileen Quinn/Martina Callaghan
Letterkenny University Hospital

Monica Mitchell/Ailish Melia
Sligo University Hospital

Helen Mellody
Letterkenny University Hospital/Mayo University Hospital/Portiuncula University Hospital/ University Hospital Galway

HSE Mid West

Catherine Murphy
University Hospital Limerick

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/Clodagh Douglas
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
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 2025

NSRF

40
Projects

16
Seminars, Events & Trainings

27
Journal publications

7
Reports

3
Briefing Documents & Policy Submissions

3,661
Scopus citations

63
Presentations

5
Newsletters

22
National Self-Harm Registry Data and Datafile requests

NSRF Website

Number of users
17,500

Number of sessions
23,486

LinkedIn Engagement

Number of impressions per month
15,000

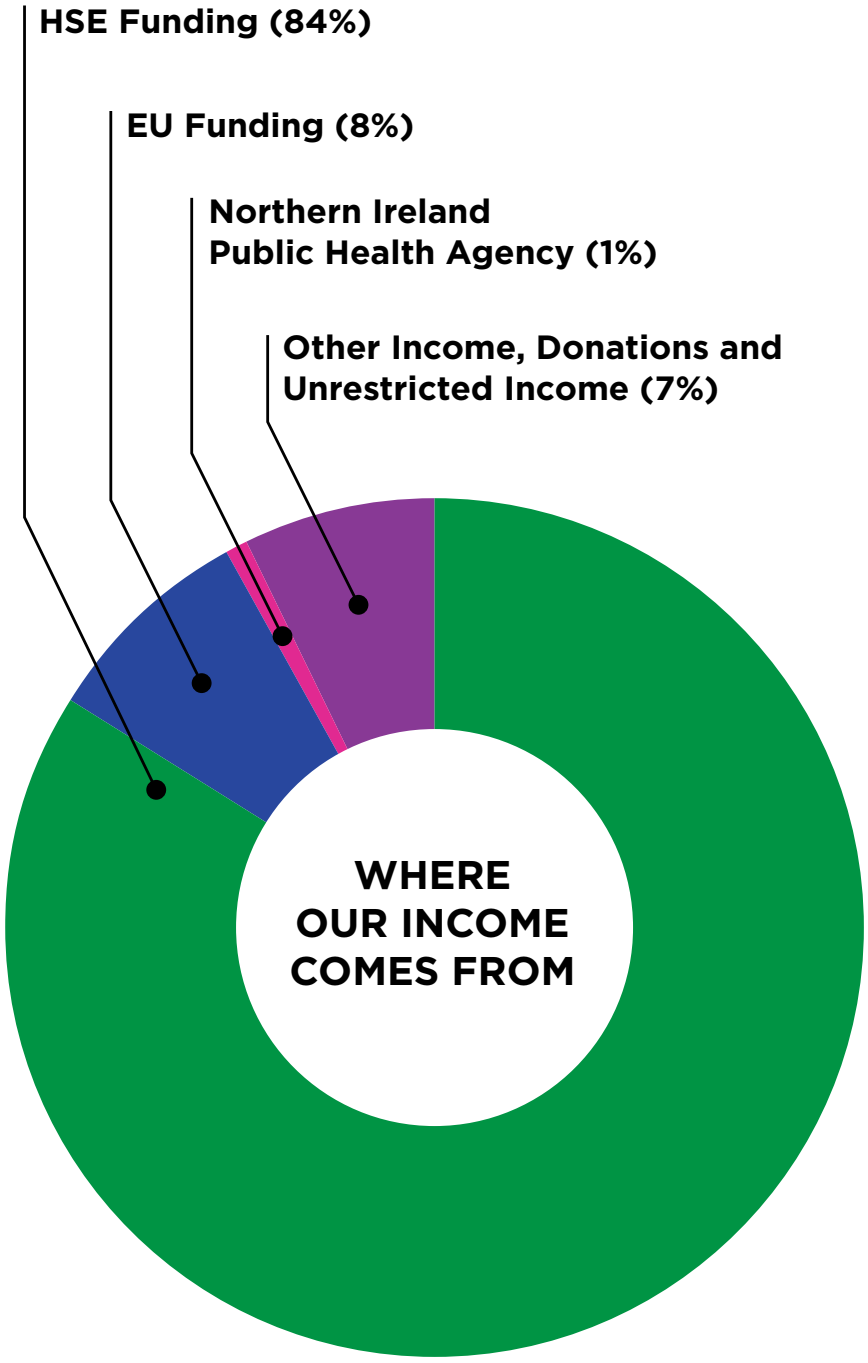
New followers per month
133

54
Advisory, Steering Groups & Committees

Lived Experience Panel Project Contributions

10 Research Projects
2 Grant Applications

2025 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.nsrf.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 5 and a maximum number of 11 people. The Board meets at least five times each year. Each Director's term of office is three years. A Chairperson is elected by the Board of Directors whose term of office is also three years. At each Annual General Meeting one third of the Directors elected from the membership retire by rotation and may be eligible for re-election. The process for nominations and voting is laid out in the constitution 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.nsrf.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.nsrf.ie, LinkedIn: National Suicide Research Foundation

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 outlined 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

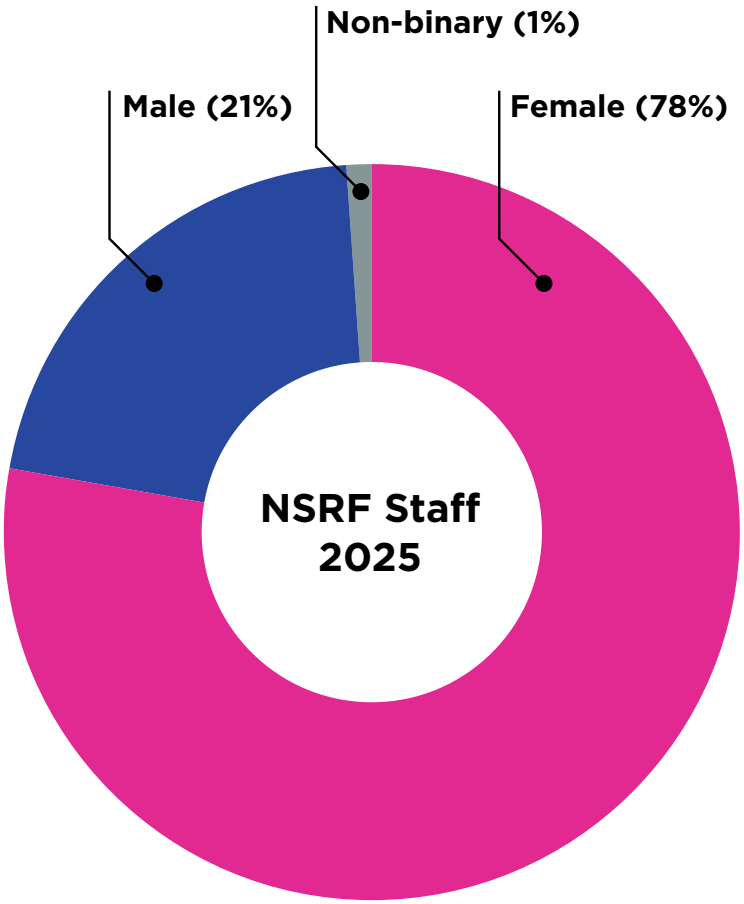
The **NSRF Gender Equality Plan** is available on our website. The NSRF is committed to the integration of gender in research, teaching and funding.

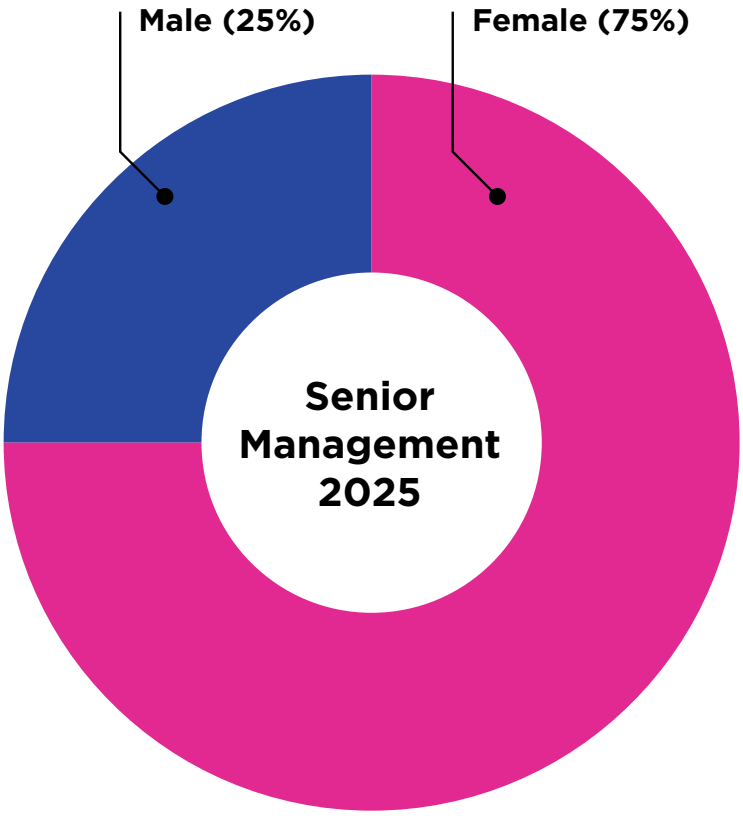
KEY ACTIVITIES IN 2025

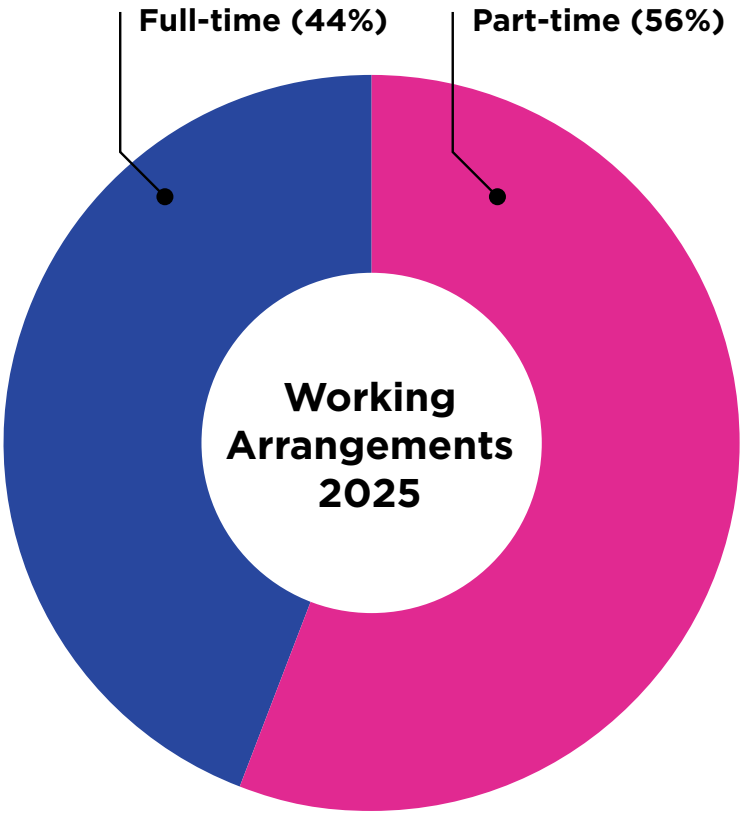
- As evidenced below, the NSRF offers part-time flexible roles where possible.
- The NSRF Blended Working Policy, implemented in 2025, sets out the principles around blended working in the organisation including adhering to core working hours.
- The NSRF is in a strategic collaboration with UCC and as 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.




Male (25%)
Female (75%)
Senior Management 2025


Full-time (44%)
Part-time (56%)
Working Arrangements 2025

SNAPSHOT OF ACHIEVEMENTS BY PRIORITY AREA

(1) SURVEILLANCE

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

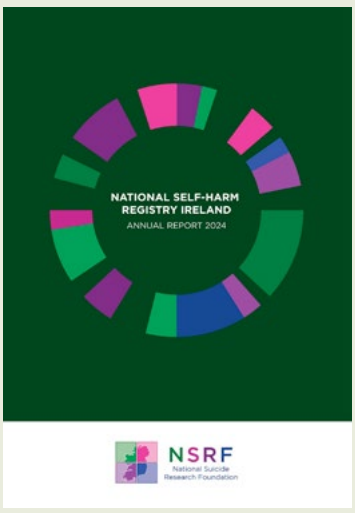
4 OPERATIONAL / IN DEVELOPMENT SURVEILLANCE SYSTEMS

In 2025, the NSRF continued to collect high-quality national and local data on self-harm and suicide 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 remained engaged in providing 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 maintained its operation of the Suicide Observatory in Cork and Kerry and consulted with stakeholders to inform development of a national register of probable suicide in mental health services in Ireland.

A new study, focusing on surveillance of suspected suicide among the Traveller community, began in 2025, in collaboration with Exchange House Ireland and HSE National Office for Suicide Prevention.

In 2025, the NSRF launched the 2022/2023 and 2024 reports of the National Self-Harm Registry Ireland. The Annual Report for 2024 was launched via a webinar on December 4th.

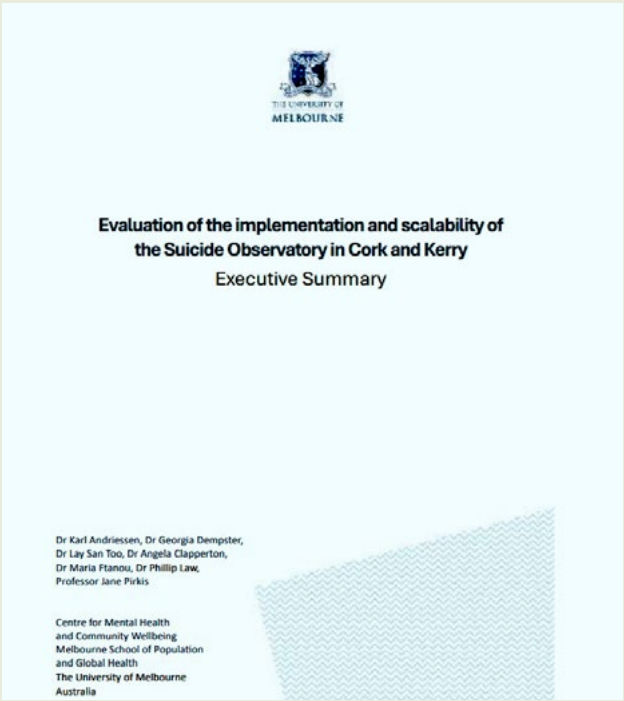
Reports are available to download here:
https://www.nsrf.ie/findings/reports/



Dr Paul Corcorcan, Head of Research at the NSRF, contributed to a panel discussion at a webinar hosted by Mental Health Reform in October, discussing the value of real-time data for suicide prevention.

For those who missed it, you can watch the recording here:

https://www.youtube.com/watch?v=bMKmHwZ5ELk&feature=youtu.be



A report on the evaluation of the implementation and scalability of the Suicide Observatory in Cork and Kerry was published in October.

Led by Dr Karl Andriessen and colleagues at the University of Melbourne, and commissioned by HSE NOSP, the evaluation found strong support for its upscaling and wider implementation.

The evaluation indicated that its processes for collecting near real-time data of suspected suicides were generally effective, valued by stakeholders, and aligned with national suicide prevention strategies.

Link:
https://www.lenus.ie/bitstreams/3d1a90be-54f7-4236-a668-8ba4889d8046/download

(2) RESEARCH EXCELLENCE

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

10 TRAININGS DELIVERED TO 134 PARTICIPANTS

New projects in 2025 included summarising findings from the public consultation to inform Ireland's new suicide and self-harm reduction strategy; the impact of Inpatient Specialist Rehabilitation Units; Preventing suicide in public places: a systematic review; the impact of patient suicide on mental health nurses; a study of perinatal Post-Traumatic Stress Disorder; and a study establishing an evidence base to inform the development of a framework for suicide bereavement services.

In 2025, the NSRF continued to provide trainings, outreach and support to healthcare professionals, community groups and third level educators.

Training sessions included:

(1) Level 3: Suicide awareness and prevention skills for oncology staff (March 2025)

(2) Level 3: Awareness and Skills Training for Depression, Self-harm and Suicide: A Workshop for Community Facilitators (June & July 2025)

(3) Level 1: Management of Depression and Suicidal Behaviour: An Interactive Workshop for Health and Mental Health Professionals (August 2025)

(4) Level 3: Awareness and Skills Training for Depression, Self-harm and Suicide: A Workshop for Community Facilitators (October 2025)

(5) Level 1: Management of Depression and Suicidal Behaviour: An Interactive Workshop for Health and Mental Health Professionals (November 2025)

(6) Self-Harm Assessment and Management in General Hospitals (SAMAGH) Training Programme (March 2025)

(7) Self-Harm Assessment and Management in General Hospitals (SAMAGH) Training Programme (November 2025)

(8) Prepare, Support, Prevent Train-the-trainer Programme (May 2025)

(9) Development of PRISM module on family informed care (May 2025)

Throughout 2025, the NSRF embedded lived experience in our research via our Lived Experience Panel. In 2025, Lived Experience panel members contributed a total of 43 hours, with an average contribution of 5 hours per person (range: 2–7.5 hours). Panel members contributed to 10 research projects and were

also involved in two grant applications. More specifically, panel members contributed their expertise to MENTBEST; the Youth Suicide Bereavement project; the RESTRICT project; the MHAINTAIN programme; the PERMANENS project; the Revisiting Suicide Prevention in Later Life project; PRISM KTA: Implementing Family-Informed Care for Self-Harm; an evaluation of the Suicide and Self-Harm Observatory; an evaluation of Connecting for Life; and the HSE public consultation on the new Suicide and Self-Harm reduction strategy.

In addition, the NSRF began collaborations with the Department of Health and Exchange House Ireland to establish Lived Experience Reference groups to inform the development of the next suicide and self-Harm reduction strategy and a national Traveller Mental Health Action Plan.

The NSRF were pleased to support Department of Health, Ireland by independently summarising findings from the public consultation to inform Ireland's new suicide reduction strategy, 2026-2035.

The NSRF published a review synthesising evidence on interventions for suicide prevention, and risk and protective factors for suicide and self-harm.

Key emerging themes from the public consultation include:

- Ensuring accessible and high-quality services
- Enhancing care systems
- Targeted interventions and support
- Education and stigma reduction
- Addressing social determinants in suicide prevention

The review prioritised recent and high-quality reviews published on these topics and research relevant to the Irish context.

Access findings from the online public consultation survey here:
https://www.nsrf.ie/wp-content/uploads/2025/09/Findings-from-the-Public-Consultation-Survey.pdf

Read outcomes from public consultation submissions here:
https://www.nsrf.ie/wp-content/uploads/2025/09/Synthesis-of-Public-Consultation-Submissions-Report.pdf

The evidence synthesis can be accessed here:
https://www.nsrf.ie/wp-content/uploads/2026/05/Report-Evidence-synthesis-to-inform-Irelands-next-suicide-reduction-policy_SUBMITTED-30.07.25.pdf

---

Editorial

Suicide Prevention in Changing Environments

Thomas Niederkrotenthaler[1], Ella Arensman[2], Gregory Armstrong[3], Katherine Keyes[4], Alexandra Pitman[5,6], and Benedikt Till[1]

[1]Public Mental Health Research Unit, Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, Vienna, Austria
[2]School of Public Health, College of Medicine and Health and National Suicide Research Foundation, University College Cork, Cork, Ireland
[3]Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, VIC, Australia
[4]Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA
[5]Epidemiology & Applied Clinical Research Department UCL Division of Psychiatry, University College London, London, UK
[6]Veterans Mental Health and Wellbeing Service, North London NHS Foundation Trust, St Pancras Hospital, London, UK

Changing Environments at *Crisis*

In January 2024, Dr. Jane Pirkis from Australia handed over the reins of Editor-in-Chief (EiC) to Dr. Thomas Niederkrotenthaler from Austria. From 2018, Dr. Pirkis guided the journal from strength to strength, together with her associate editors, Drs. Maria Oquendo and Ella Arensman. While Dr. Arensman will carry on in the leadership team of the journal, Dr. Pirkis and Dr. Oquendo will also continue as members of the broader editorial board. To cope with the increasing demand on journal editors, it was deemed necessary to expand the leadership to a team of six recognized experts in the area of suicide prevention, with clinical, psychiatric, psychological, epidemiological, and public health expertise, as reflected in the journal's content. Since January 2025, Drs. Gregory Armstrong (Australia), Katherine Keyes (United States), Alexandra Pitman (United Kingdom), Benedikt Till (Austria), Ella Arensman (Ireland), and Thomas Niederkrotenthaler (Austria) have worked together to handle manuscripts, develop the journal and the submission policies, and help promote *Crisis* in order for it to become a globally leading outlet in the area of suicide prevention research. A brief resumé of the leadership team members can be found at the end of this editorial.

We anticipate that the next few years will bring many changes to the journal, some of them related to changes in academic publishing, others reflecting the ever-changing social environments that are relevant to suicide and its prevention. This editorial will cover the dynamic content areas that are essential for the future of suicide prevention and require more research to better understand their implications for suicide and its prevention. The areas covered here are not exhaustive, but are meant to provide readers with examples of ongoing developments that will be relevant to the field and that readers of *Crisis*, including ourselves, will certainly be pleased to read and learn more about.

There are also some structural plans and visions for the journal that we want to tackle. First, it appears necessary to clarify and revise the authorship guidelines of the journal. We would like to sharpen the definitions of manuscript types and, potentially, expand the types of submissions that we consider. For example, we plan to commission a new type of article – Debates – and also consider pieces covering seminal works in suicide prevention from the past, together with commentary adding contemporary perspectives. Keep an eye on upcoming issues to learn more about this in the near future. Furthermore, *Crisis* will also continue to support open science and we will update our related guidance.

One of our primary goals is to further strengthen the links of editorial leadership with the editorial board and reviewers. The editorial board and peer reviewers, like the authors, are the backbone of *Crisis*, and their work is the basis for all developments to be successful. In our work to secure good-quality reviews, editorial boards and reviewers play an essential role and we would like to sincerely thank everyone involved in one (or often several) of these roles for their important contributions. At the same time, we want to ensure that the board is involved in the everyday work of the journal and want to encourage everyone on the board to review and submit their work to *Crisis*. Together, we can ensure that *Crisis* remains a premier journal for good-quality suicide prevention research, with a strong focus on clinical and public health research, observational and experimental studies,

Crisis (2025), 46(3), 123–131
https://doi.org/10.1027/0227-5910/a001007

Prof Ella Arensman was a co-author along with colleagues Gregory Armstrong, Katherine Keyes, Alexandra Pitman and Benedikt Till on an editorial in Crisis led by Prof Thomas Niederkrotenthaler.

The editorial highlights several pressing societal changes that will require the attention of the suicide research field in the near future, including:

- Changing online environments
- Changing work environments
- The cost-of-living crisis
- Climate change
- Artificial intelligence
- Political turmoil and armed conflict

Read the article here:
https://econtent.hogrefe.com/doi/10.1027/0227-5910/a001007?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

Pictured (l-r): Ms Ailish O'Neill, HSE-NOSP, Dr James O'Mahony, UCC, Dr Eve Griffin, NSRF, Dr Michelle O'Driscoll, NSRF. Ms Kerrie Gallagher, NSRF and Dr Claire Magner, UCD.

On May 13th and 14th 2025, educators from across Ireland came together for a national Train-the-Trainer event with one clear goal: to support the long-term delivery of a suicide prevention module for undergraduate health and social care students.

Funded by the Strategic Alignment of Teaching and Learning Enhancement (SATLE) initiative, the two-day event was a major step forward in the sustainable rollout of the "Prepare, Support, Prevent" module. Designed to equip students with the knowledge, skills, and confidence to support people experiencing suicidal distress, the module has already been piloted in two Irish universities.

Thanks to this training programme, 13 Higher Education Institutions (HEIs) across Ireland now have in-house capacity to deliver the module to their students. We estimate that the student reach has been approximately 550 students to date. This marks a major milestone in suicide prevention education for future healthcare professionals.

Throughout the event, trainers explored best practices in teaching sensitive topics, discussed how to tailor content to local needs, and began planning for module implementation within their own institutions. The programme also opened important conversations about how the module can be embedded in curricula and evaluated on a wider scale going forward.

The event was co-led by a multidisciplinary team from the National Suicide Research Foundation, University College Cork, University College Dublin, and the HSE National Office for Suicide Prevention, including Dr Michelle O'Driscoll, Ms Kerrie Gallagher, Dr Eve Griffin, Ms Ailish O' Neill, Dr Paul Corcoran, Prof Ella Arensman, Dr James O'Mahony, Dr Claire Magner, and Prof Eilish McAuliffe.

The module was subsequently delivered to 27 third-year Munster Technological University Kerry Social Care students in October 2025 by Laura O'Halloran and Marguerita O'Neill, both lecturers in the Dept. of Applied Social Studies, with support from Donagh Hennebry, local Resource Officer for Suicide Prevention.

Laura and Marguerita were two of 16 healthcare educators to complete the Train the Trainer programme for this module in May.

By investing in educators, this initiative ensures that more students, future nurses, social workers, doctors, and allied health professionals, will be better prepared to respond with empathy, skill, and confidence in the face of suicide risk.

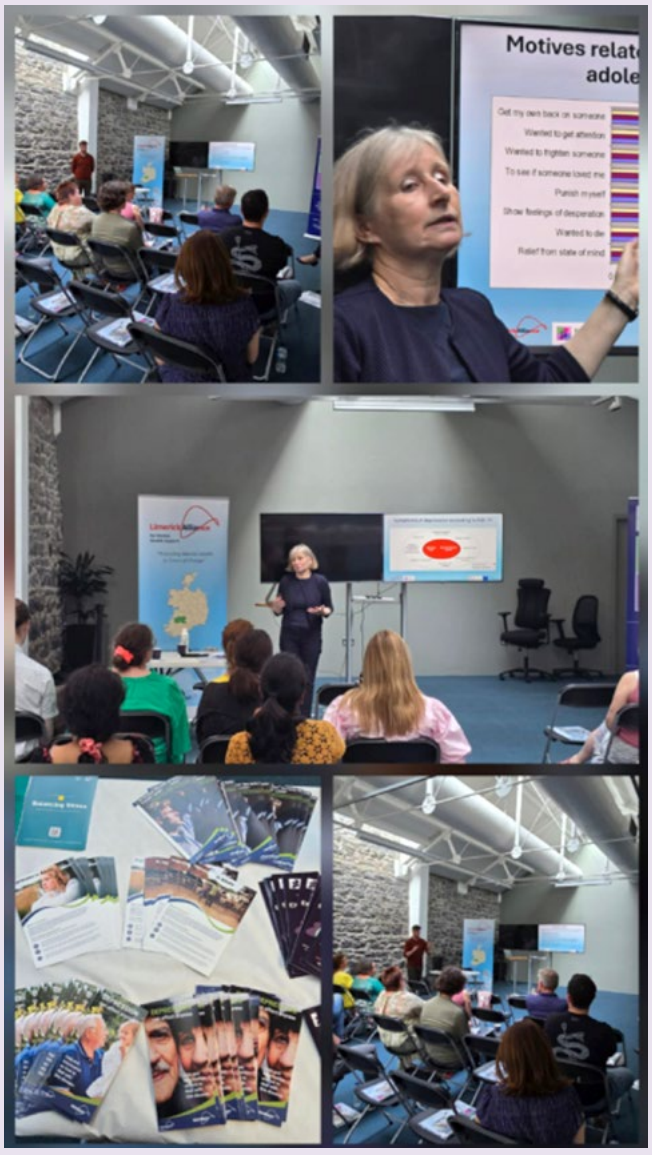
This is a hopeful step towards a better prepared workforce and, ultimately, safer, more supportive communities.

The Limerick Alliance for Mental Health Support implemented their first gatekeeper training workshop for community facilitators on 19th June at City Hall, Limerick.

The training was attended by community facilitators working in various areas such as addiction and dual diagnosis, mental health support and psychotherapy. This training, as part of the MENTBEST project through its National Suicide Research Foundation Irish team, focuses on topics including how to identify depression, provide appropriate support, and effectively signpost individuals at risk of self-harm or suicide.

As part of ongoing implementation of the EAAD's 4-level community-based intervention model in Limerick, on 28th November 2025 the Limerick Alliance for Mental Health Support organised a Level 1 training workshop for healthcare workers and mental health professionals, aimed at strengthening knowledge and skills to identify signs and symptoms, assessment and support for people living with depression and suicidal behaviour.

More than 20 participants from public services and voluntary community-based organisations attended the event, engaging in evidence-informed learning, discussion, and skills building. These trainings are accredited by both the Psychological Society of Ireland and the Irish Association for Counselling and Psychotherapy, ensuring professional standards.



The NSRF and The School of Public Health UCC organised and delivered SAMAGH (Self-Harm Assessment and Management Programme for General Hospitals in Ireland) training for Emergency Department (ED) mental health professionals on the 13th and 14th of November 2025.

The trainings were organised with the support of the ASSERT Centre, University College Cork, Ireland, a world-class simulation facility for healthcare education, research and training.

The sessions were highly engaging and well received by the ED staff such as Clinical Nurse Specialists (CNS). The sessions were tailored to enhance participants' skills to assess and support people presenting to EDs with suicide and self-harm behaviours.

(3) IMPACT

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

In 2025, the NSRF continued to inform policy in suicide and self-harm prevention.

Policy submissions included:

(1) Public consultation related to the Online Health Taskforce (March 2025)

(2) Submission to WHO Age is Living Strategy development (July 25th)

(3) The development of National Standards for Child and Adolescent Mental Health Services (December 2025)

Advisory group representation in 2025 included the Expert Advisory Group for Ireland's next Suicide Reduction Policy and 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, the Advisory Committee of the National Probable Suicide Monitoring System and the Advisory Group for a toolkit to prevent deaths in public places.

Notable conference national and international presentations included Professor Ella Arensman's Keynote Lecture at the 55th Annual National Suicide Prevention Conference, France (September 25th); fourteen presentations at the 33rd World Congress of the International Association for Suicide Prevention in Vienna (June 10th-12th), and four presentations at the 9th Suicide & Self-Harm Early and Mid-Career Researchers' Forum in Glasglow (June 2nd & 3rd).

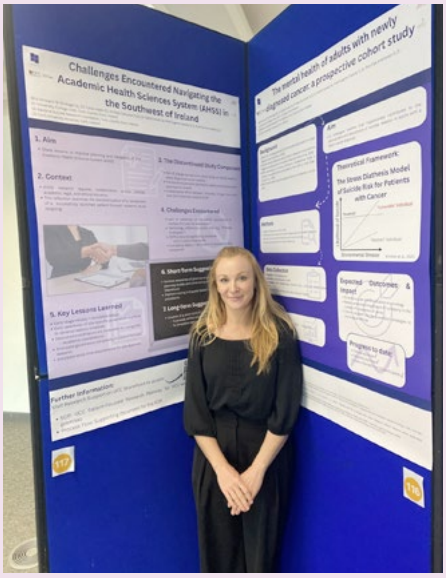
Further activities to inform local, national and international policies are listed on page 64.

NATIONAL IMPACT

On February 4th, the HSE National Office for Suicide Prevention published a new best practice toolkit – Preventing suicide in public places, focusing on deaths by suicide that occur in public places – at bridges, cliffs, parks, railways, roads, waterways and historic sites.

The toolkit is targeted at public bodies, agencies or stakeholders responsible for these types of public places in Ireland. It is also for those involved in related health, public health or suicide prevention/ postvention responses, locally and nationally.

It was developed with the support of a multi-agency Project Advisory Group. The group included expert representatives from responsible agencies nationwide that oversee the public locations addressed in this toolkit, and other stakeholders in suicide prevention, including the NSRF's Niall McTernan. Prof Ella Arensman also provided expert review of the document.



Several members of the NSRF team presented at the UCC Medicine and Health Research Conference in April.

Well done to Aileen Callanan, Doireann Ní Dhálaigh, Madhav Bhargav, Sofia Bettella, Almas Khan and Prof John Browne who presented on behalf of Pawel Hursztyn.

The NSRF's ongoing collaboration with University College Cork across several disciplines supports a vision of enhancing and sustaining capacity, knowledge and quality in research and policy development to prevent suicide in our communities.

On May 1st, a new report identifying the support needs of young people and their families following a bereavement by suicide was published.

Co-authored by Dr Grace Cully, Dr Eibhlín Walsh, Dr Audrey Murphy and Dr Eve Griffin, along with HSE colleague Ms Selena O'Connell, and Ms Cat Stringer, and funded by HSE National Office for Suicide Prevention, the report reflects the voices of young people who have experienced a suicide bereavement, as well as parents of children with experience of suicide bereavement and professionals who support young people.

The report highlights the significant impact of suicide bereavement on young people and illustrates their support needs in the aftermath.

Read the report in full here:
Report-Youth-suicide-bereavement-study.pdf

On May 29th and 30th the NSRF co-hosted the annual National Clinical Programme for Self-harm and Suicide related ideation annual conference, providing an opportunity to share research findings and clinical experiences of providing care for self-harm in emergency departments.

The conference included a research consultation with healthcare professionals on involving family members / supporters in care following self-harm. Via our Health Research Board (HRB) funded knowledge translation award we will be co-producing an e-module for healthcare staff along with accessible information resources for family members, supporters and people with self-harm.

In September, Ms Audrey Murphy Meehan attended the Psychological Society of Ireland Early Graduate Group (PSI EGG) conference, presenting both a poster and an oral presentation on identifying the support needs of young people bereaved by suicide.

Ms Zara Harnett was involved in the organisation of the event in her role as PSI EGG chair for 2025.

Dr Eve Griffin joined a panel discussion on Living, Suicide Resistance and Grief at the Royal College of Surgeons in Ireland (RCSI) in November. The panel brought together researchers, clinicians, artists, and advocates to discuss how compassion, creativity, and community can support those affected by suicide and complex loss.

Together, speakers explored a sensitive topic with compassion, honesty, and a shared commitment to creating real change for individuals and communities across Ireland.

Above (l-r): Liam Quaide TD, Dr Eve Griffin, Dr Trudy Meehan, Matthew Kelly.

INTERNATIONAL IMPACT

Prof Alan E. Fruzzetti, Dr Armida Fruzzetti and Dr Mary Joyce from the NSRF attended the European DBT Association Congress in Gdansk, Poland from May 8th-10th.

Also in attendance were Dr Mary Kells, Mr Declan O'Shea and Dr Ruth O'Driscoll from the HSE DBT training team.

The following presentations were delivered:

- Prof Alan Fruzzetti delivered a Plenary Session on DBT for families and Family Connections
- Prof Alan Fruzzetti and Dr Armida Fruzzetti co-facilitated pre-congress workshops on DBT with couples, families and kids. Both Alan and Armida also contributed to symposia about training in DBT and DBT with adolescents
- The Questionnaire for Suicidal Ideation (QSI): Psychometric properties of a brief tool measuring suicidal ideation in adult and adolescent clinical populations (Mary Joyce)
- Effect of a coordinated implementation approach on DBT programme sustainability (Mary Kells)
- Hopelessness for family members of individuals with borderline personality disorder (Mary Kells)
- Co-production of a modular based approach to Dialectical Behaviour Therapy training in Ireland (Poster)
- Personal mastery, burnout and related constructs for mental health professionals before participating in Clinician Connections (Poster)

Above (l-r): Prof Alan Fruzzetti, Dr Mary Joyce and Dr Armida Fruzzetti.

In August the NSRF co-hosted a Global Leadership Exchange Knowledge Hub webinar in collaboration with HSE National Office for Suicide Prevention and the Mental Health Commission of Canada.

The webinar included a keynote lecture by Prof Murad Khan on 'Suicide prevention: translating evidence into policy development and implementation' and a panel discussion on 'Advancing Suicide Prevention in Changing Environments'.

The goal of the Hub is to create opportunities for international partnerships, collaborations, and knowledge exchange on suicide prevention, intervention, and postvention, and self-harm between previous GLE suicide prevention match attendees.

The International Association for Suicide Prevention launched a Special Interest Group on the Social Determinants of Suicide in November, co-chaired by the NSRF's Dr Eve Griffin, Dr Lay San Too, and Dr Angela Rintoul.

This webinar provided an opportunity to:

- Share insights from new and emerging research on the social and commercial determinants of suicide.
- Engage in discussions about priority areas for research and suicide prevention initiatives.

The group aims to bring together individuals with a shared interest or expertise to collaborate on research, policy, and practice. Key objectives include sharing global research, highlighting impactful interventions and policies, promoting interdisciplinary knowledge exchange, and facilitating international collaboration and funding opportunities.

Three NSRF team members attended the 9th annual Suicide and Self-Harm Early and Mid-Career Researchers' Forum in Glasgow on 2nd and 3rd June 2025.

The annual conference, hosted by the Suicidal Behaviour Research Laboratory, brought together researchers with a range of different expertise and experiences with a research focus on suicide and self-harm.

The forum offered the opportunity for attendees to connect, learn and be inspired by one another's research as well as hearing from a range of invited speakers who provided insight into their work.

Presentations delivered included:

Grace Phillips
Oral Presentation: The social determinants of suicide: an umbrella review.

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

Dr Daniel O'Callaghan
Oral Presentation: A rapid review of best practice in suicide prevention for Gypsy, Roma, Traveller (GRT) populations.

Zara Harnett
Oral Presentation: Let's Talk About Suicide: Evaluation of a brief introductory online suicide prevention training programme.

Prof Ella Arensman presented a keynote lecture on 'Do National Suicide Prevention Strategies Work?' at the 55th Annual National Suicide Prevention Conference in France in September.

Read Ella's slides here:
https://www.nsrf.ie/wp-content/uploads/2025/10/Lecture_Prof-Ella-Arensman_GEPS_55_23-09-2025_Version-for-presentation.pdf

Including:

- Recent trends in suicide and self-harm
- The Status of National Suicide Prevention Strategies at Global Level
- Impact of National Suicide Prevention Strategies
- Evaluation of National Suicide Prevention Strategies: Barriers and Facilitators
- Priorities for Suicide Prevention in Changing Environments.

Above: The NSRF team at the 33rd World Congress of the International Association for Suicide Prevention.

In honour of her impactful work, the International Association for Suicide Prevention has established the "Ella Arensman Special Lecture Award," celebrating individuals whose work bridges the gap between research, policy, and practice in suicide prevention.

Professor Ella Arensman has been an active member of the International Association for Suicide Prevention for over 20 years and a board member for 8 years. Ella played a fundamental role in the strategic development of IASP and was elected the first female IASP President in 2013.

Ella's career reflects a deep commitment to reducing suicide and self-harm through evidence-based research, strategic policy development, and international collaboration. She was integral in the development of the National Self-Harm Registry Ireland and has worked nationally, and globally, with WHO to develop national strategies and provide technical support and training.

This award ensures that her legacy of mentorship and cross-sector collaboration continues to inspire the next generation of suicide prevention professionals.

The first recipient of the Special Lecture Award was Associate Professor Sarah Hetrick, presented at the International Association for Suicide Prevention 33rd World Congress in Vienna.

Several of the NSRF team presented on a range of topics at the 33rd World Congress of the International Association for Suicide Prevention in Vienna from June 10th-13th.

The conference provided a unique opportunity for researchers, clinicians, policymakers, and advocates from around the world to come together, share ideas, learn from one another, and work on real solutions to the global public health challenge of suicide and suicidal behaviours.

(4) COMMUNICATION

Increase the impact of our research through dissemination and communication.

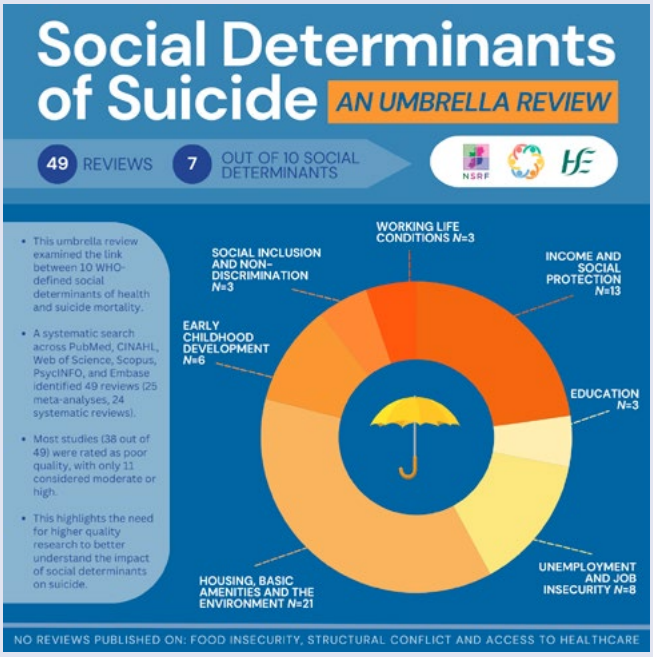
6 EVENTS

From a communications perspective, in 2025 the NSRF shared publications, presentations and training, and summaries from events on social media platforms, via our mailing list and our newsletter.

Highlights included a series of videos for World Suicide Prevention Day on September 10th and a video demonstrating findings from the 2022/2023 National Self-Harm Registry Ireland Annual Report.

The NSRF hosted six seminars and events in 2025:

- Launch of the NSRF Strategic Plan (2025-2030), "Leading Research, Shaping Change" (February 11th)
- A webinar to share findings of a multi-site intervention involving suicide prevention training for health and social care students in Ireland (March 3rd)
- Our 7th Annual World Mental Health Day Seminar (October 10th)
- The fifth Early and Mid-Career Suicide and Self-Harm Researcher Workshop on the island of Ireland (November 12th)
- A webinar to launch the 2024 National Self-Harm Registry Ireland Annual Report (December 4th)
- A World Suicide Prevention Day webinar on mental health promotion as an upstream approach for suicide prevention in the workplace (11th September)



To mark World Suicide Prevention Day, the NSRF shared a series of videos and resources highlighting some of our research projects which ensure that suicide and self-harm prevention activities, in Ireland and globally, are informed by high-quality research and data.

The first video highlighted a new commentary in Nature Mental Health describing the process, learnings, and implications of the AfterWords research collaboration with HUGG.

The second video highlighted outcomes from the NSRF's umbrella review of the social determinants of suicide, published in March 2025.

Upstream approaches to suicide prevention also form an integral part of our research programme, as we aim to support the reduction of suicide and self-harm in Ireland and globally, through impactful research.

On Friday October 10th, the NSRF hosted our 7th annual World Mental Health Day Seminar in Nano Nagle Place, Cork City.

The 2025 theme was 'Access to services: Mental Health in Emergencies'. Thank you to all attendees, the HSE National Office for Suicide Prevention and The School of Public Health University College Cork for supporting the event, and to our keynote speakers and masterclass presenters for the insightful and engaging presentations.

Topics covered include:

- The 2024 Lancet Commission on Youth Mental Health: Global Priorities and Directions – Prof Barbara Dooley
- Suicide Prevention in Changing Environments – Prof Shekhar Saxena
- Developing Ireland's new suicide reduction strategy – Ms Sarah Woods
- Masterclass One: Implementing psychological interventions for suicidality in community mental health settings - Dr Eoin Galavan, Dr Padraig Collins & Ms Grace Phillips
- Masterclass Two: The social determinants of suicide - Ms Kerrie Gallagher, Dr Eve Griffin, Dr Elaine McMahon, Dr Isabela Troya
- Masterclass Three: Training and Education: Responding to Suicide and Depression within the Community - Dr Michelle O'Driscoll, Ms Ailish O'Neill, Dr Darragh O'Shea

Each year, the Dr Michael J Kelleher Memorial Lecture reminds us that suicide remains a major public health priority and of the need for high-quality research and data to inform policy, practice and perspectives on suicide prevention.

Above (l-r): Prof Barbara Dooley, Prof Ella Arensman, Ms Sarah Woods, Dr Eric Kelleher, Dr Margaret Kelleher, Dr Eve Griffin and Dr Paul Corcoran.

On Wednesday November 12th the NSRF hosted the 5th Early and Mid-Career Suicide and Self-Harm Researcher Workshop in collaboration with HSE National Office for Suicide Prevention and The School of Public Health UCC.

Thank you to keynote speaker Dr Ruth Melia for a very engaging and relevant presentation on 'The Integration of AI in Suicide Research'.

We would also like to thank Sarah O'Leary, Eamonn Byrne, Shelly Chakraborty, Miranda Kilwein, Niamh Murray, Ashweeja Gowda, Kerrie Gallagher and Christopher Shum for sharing their emerging research in the field of suicide prevention.

Congratulations to Sarah O'Leary on her research bursary award for her presentation on Harnessing Parental Support to Promote Adolescent Emotion Regulation and Mental Health: An Upstream Prevention Approach.

The overarching aim of Connecting Suicide and Self-Harm Researchers on the island of Ireland (C-SSHRI) is to create a collaborative, supportive and sustainable 'community of influence' within suicide and self-harm research and policy.

(5) ORGANISATIONAL STRENGTH

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

LAUNCH OF STRATEGY 2025-2030

In 2025, the NSRF launched its strategic plan 2025-2030, Leading Research, Shaping Change. In 2025, the NSRF Staff Handbook was updated to include PRSA and auto-enrolment 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).

Above (l-r): Dr Eve Griffin, Prof Philip Dodd, Dr Paul Corcoran and Prof Ella Arensman at the launch.

NEW STRATEGIC PLAN 2025-2030

On February 11th, 2025, the NSRF launched the Foundation's new Strategic Plan, *Leading Research, Shaping Change* in the Aula Maxima in University College Cork. The plan outlines key priority areas and research topics to guide the organisation over the coming six years. The development of this plan reflects societal trends and the ongoing need to work together to prevent suicide in our communities. It also sets out our revised vision, mission and values, reflecting the consistent and innovative work of the NSRF over three decades. These priority areas will ensure the ongoing delivery of high-quality and impactful research and deliver out on the NSRF's overall vision.

The day commenced with welcoming addresses from Professor Helen Whelton, Head of the College of Medicine and Health at University College Cork (UCC), and Mr John Meehan, Head of the HSE National Office for Suicide Prevention (NOSP).

The strategic plan was introduced by Dr Eve Griffin, our Chief Executive Officer, and Professor Ella Arensman, Chief Scientist, who

provided context, development insights, and highlighted priority areas.

The event showcased examples of the NSRF's research impact and collaboration, both nationally and internationally, presented by Dr Alexandra Fleischmann from the World Health Organization, as well as Dr Paul Corcoran, Head of Research at NSRF, and Senior Postdoctoral Researcher Dr Michelle O'Driscoll. Their insights underscored the critical role of research in informing policy and practice in mental health.

A panel discussion followed, moderated by Professor Philip Dodd, Deputy Chief Medical Officer and Mental Health Policy Specialist at the Department of Health. The panel brought together prominent figures in the field and collaborators: Ms Fiona Tuomey, CEO of HUGG; Professor Ivan Perry, Emeritus Professor of Public Health at UCC; Dr Siobhán Cusack, Director of Research Strategy and Projects at UCC; and Dr Eric Kelleher, Consultant Liaison Psychiatrist at Cork University Hospital and Mercy University Hospital.

Thank you to all our contributors and everyone who attended the launch. *Leading Research, Shaping Change* is underpinned by collaboration, and we are committed to generating evidence which is co-produced by a range of partners and collaborators and with people with lived experience.

We would like to thank each person who contributed to this strategy and who has supported our work over the past 30 years. We look forward to working with stakeholders from across the suicide prevention sector, both nationally and internationally, over the next six years, as we deliver on our implementation plan which identifies subgroups/members of staff as responsible for leading and delivering on actions, outputs and indicators in phase one and two.

On Wednesday March 5th the NSRF hosted a Team Away Day in Nano Nagle Place, Cork city, focusing on:

- Implementing our new strategy Leading Research, Shaping Change
- Reviewing our strategic research clusters
- Communicating and disseminating our work

Thank you to all the team for their contributions and participation, and to our external speakers Dr Camille Boostrom, Dr Marita Hennessy and Ms Jen Ui Dhubhgain for their insightful and informative presentations on:

- The Health Research Board (HRB) National Mental Health Research Strategy
- Involving experts by experience (Pregnancy Loss Research Group)

RESEARCH MEETINGS

Dr Ana Donnelly, Senior Editor at Nature Mental Health, presented at our April Research Meeting on 'Getting published: an editor's perspective'.

Ana's wide-ranging presentation focused on all aspects of writing a research paper including reporting standards, the submission process, editorial evaluation and reasons for rejection.

Thank you to Martin Ryan and Donagh Hennebry, HSE National Office for Suicide Prevention Resource Officers for Suicide Prevention in Cork and Kerry, for presenting on 'Using Observatory data for immediate suicide prevention' at the NSRF's monthly team research meeting in November.

The valuable observations and experiences shared, showcasing how data and research can inform suicide prevention at a community level, was very inspiring for all team members.

AWARDS

Congratulations to the NSRF's Dr Katerina Kavalidou and co-authors Michael Wilson, Dr Sadhbh Byrne, Dr Krista Fisher and Dr Zac Seidler on their award at the HSE Open Access Research Awards.

Using data from the National Clinical Programme for Self-harm and Suicide-related Ideation the research analysed hospital-presenting suicidal ideation and self-harm among males.

Key findings:

- Males more commonly presented with suicidal ideation than females (56% v. 44%) and less often with self-harm (42% v. 58%).
- A majority of males presenting to ED reported no existing linkage with mental health services.
- Emergency clinicians have an opportunity to ensure subsequent linkage to mental health services for men post-crisis, with the aim of prevention of suicides.

Read the paper in full here:

https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/national-analysis-of-hospitalpresenting-suicidal-ideation-and-selfharm-among-males/75183B24E2A0255BC2ACFB5D1FA0FF0A

Congratulations to the NSRF's Dr Daniel O'Callaghan on his award, as part of the Hidden Grief Research Project team, at the UCC Research and Innovation Awards for Engaged Research of the Year.

Related to Daniel's PhD research exploring the impact of drug-related deaths for families, communities, and services, Daniel is dedicated to producing high-impact research that promotes social inclusion and recognises the importance of strategic multi-agency and cross-disciplinary approaches to suicide prevention.

RESEARCH HIGHLIGHTS BY STRATEGIC RESEARCH CLUSTER

SUICIDE AND SELF-HARM SURVEILLANCE

7 RESEARCH PROJECTS

National Self-Harm Registry Ireland

National system which records and reports information about hospital-presenting self-harm at Emergency Departments (EDs) in hospitals across Ireland. World's first national registry of cases of intentional self-harm presenting to hospital EDs.

Key deliverables and outcomes

- National Self-Harm Registry Ireland Annual Report 2022-23. March 2025.
- National Self-Harm Registry Ireland Annual Report 2024. December 2025.
- National Self-Harm Registry Ireland Resource Officer for Suicide Prevention Reports 2022-2023. July 2025.
- Meetings of Data Registration Officers from NSHRI in April, July and September 2025.
- Joint meeting with Northern Ireland Registry of Self-Harm in March 2025.

Northern Ireland Registry of Self-Harm

The National Suicide Research Foundation provides statistical analysis, support and independent verification of data recorded by the NIRSH.

Key deliverables and outcomes

- Data pertaining to Q4 of 2023/24 were processed and analysed.
- Performance figures for the full year of 2023/24 were provided to the NIRSH.
- Incidence rates by council areas were prepared for the years 2022/23 and 2023/24.
- Data were processed for all District Electoral Areas in Northern Ireland for both the years 2022/23 and 2023/24.
- Data were processed and analysed for inclusion in the Public Health Agency Director of Public Health Core Tables 2023 and 2024.

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

- In 2025, the SADA Project focused on strengthening and streamlining reporting processes, and stakeholder engagement mechanisms. Key developments included refinement of data management protocols and updates to the SADA manual to reflect operational changes.

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

- Evaluation of the Suicide Observatory in Cork and Kerry report published in October.
- Meeting with colleagues in New Zealand to discuss learnings for New Zealand Observatory.

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

- Annual report outlining 2024 activities submitted to WHO.
- Online meeting of suicide prevention WHOCCs (May 2025).
- Submission to WHO Age is Living Strategy development.
- Keynote Lecture at 55th Annual Suicide Prevention Conference in France on 'Do National Suicide Prevention Strategies Work?

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 (final draft submitted in January).

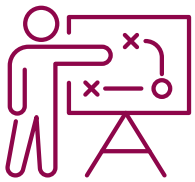
Surveillance of suspected suicide among the Traveller community

Implementing surveillance of probable suicide among members of the Traveller community in Ireland in collaboration with Exchange House Ireland.

Key deliverables and outcomes

- Analysis of data and development of preliminary recommendations for presentation to NOSP.

SOCIAL DETERMINANTS OF SUICIDE AND SELF-HARM



5 RESEARCH PROJECTS

Secondary analysis of the Healthy Ireland Survey

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

Key deliverables and outcomes

- HRB Summer Scholarship completed with report drafted exploring associations between having long-lasting disabilities 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 comprehensive, cross-sectoral prevention strategies and policy development.

Key deliverables and outcomes

- Publication of findings from this umbrella review in Epidemiologic Reviews, contributing to the evidence base on the 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.

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 to conduct qualitative research with clinical staff and individuals attending community-based centres.
- Submission of brief report of descriptive analyses of clinical management and next care pathways of individuals who present to hospital with self-harm involving alcohol and drugs in the CHO7 area.

Study into deaths by suicide of current and former members of the Defence Forces in Ireland

This research includes two interrelated studies: 1) Incidence of suicide among members of the Irish Defence Forces and military personnel internationally: A systematic review and meta-analysis, and 2) Retrospective cohort study into suicide deaths and other premature deaths due to external causes, 2003-2023.

Key deliverables and outcomes

- Conducted searches across six electronic databases.
- Outputs are being prepared for a report submitted to the Department of Defence and a peer-reviewed journal manuscript.
- Ethics applications for study two have been submitted, and meetings have been held to establish data sources.

Targeting inequalities in self-harm and suicide among children, adolescents and young adults (EQUALISE)

The EQUALISE study is an inter-disciplinary programme of research which addresses major gaps in our current knowledge of the social determinants of youth suicide and self-harm in the Irish context.

Key deliverables and outcomes

- Successful recruitment of a post-doctoral researcher for the study in Q3 2025.
- Ethical approval and data sharing agreements were put in place with NOSP for use of the Irish Probable Suicide Deaths Study data.
- Data cleaning, data analysis and presentation of preliminary findings were carried out.
- Data access for the Healthy Ireland Study was completed via the Dept of Health.

INTERVENTION AND PREVENTION PROGRAMMES FOR SELF-HARM AND SUICIDE

14 RESEARCH PROJECTS

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

In 2019, funding was awarded as part of the Health Research Board's Emerging Investigators Award programme, for a programme to examine outcomes for individuals who present to hospital as a result of self-harm. The project is a collaboration between University College Cork, National Suicide Research Foundation and the Irish Health Service Executive. The project commenced in September 2019 and ran until February 2025.

Key deliverables and outcomes

- World Café event held at the Sheraton Hotel, Athlone on the 29th of May 2025 as part of a National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) educational event.
- Online survey conducted with individuals with experience of presenting to the emergency department following self-harm and their families/supporters.
- Working group established to contribute to the development of e-learning module.

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

Development of 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

- Focus Groups: Using mixed method research, we investigated currently unmet needs in suicide risk assessment to ensure that the proposed CDSS' objectives and methodology maximally address users' needs. This Focus Group included persons with lived experience and medical professionals. The results of these focus groups will be disseminated via a peer-reviewed publication which is currently under preparation for submission.
- Small-scale feasibility study: This will involve 10 clinician-patient dyads of for each selected study location. A dyad being defined as a pair consisting of Medical Professionals and a Person with Lived Experience [LE]. A website training hub and guidance manual for medical professionals were developed to support informed and effective use of the CDSS prototype.

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. Evaluation is a core component of the WG and is integrated into the lifecycle of the group.

Key deliverables and outcomes

- Working Group meetings held on 15th April, 3rd July, 9th October 2025.
- Ongoing dissemination of educational materials regarding safe paracetamol sales to pharmacy and retail settings (Jan – Dec 2025).
- A comprehensive independent mystery shopper exercise of retail and pharmacy settings was conducted on behalf of the WG by PAN Research (March – April 2025).
- Findings presented to the group, to consider appropriate next steps.

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

- Revised Data Management Plan.
- Facilitation and documentation of data linkage priorities and systematic review protocols.
- Ongoing collaboration with stakeholders and knowledge users.
- Customisation and review of a project Knowledge, Engagement and Dissemination Plan.
- Ongoing active engagement with Lived Experience Advocate panel and Steering Group, including new recruitment.
- Programme of research and professional development advancements in alignment with Research Fellowship plan.

National Dialectical Behaviour Therapy Training Team

The NSRF collaborates with the HSE on the implementation and evaluation of Dialectical Behaviour Therapy (DBT) training in mental health services across Ireland. The HSE DBT Training Team was established in 2021 to enhance DBT training and programme availability across Ireland. A comprehensive evaluation of this training model is being undertaken as part of this collaboration.

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.
- Data collection and data analysis completed for study which evaluates the acceptability and clinicians' experience of the DBT training model.
- Manuscript drafted for peer-review for study which evaluates clinician attitudes towards individuals with emotion and behaviour dysregulation.
- Four presentations accepted for delivery at the First European Dialectical Behaviour Therapy Association Congress.

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

- Report reviewed by the Steering Group and final version approved and disseminated.

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

- Trainings for community based gatekeepers and healthcare professionals.
- General population awareness campaigns.

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 2025: Consortium Plenary Meeting.
- May 2025: Ethics Approvals for Feasibility Study, approved in 11 countries.
- June 2025: Feasibility Study Commences.
- December 2025: Feasibility Study Outcomes Shared Internally (extended to February-March 2026 to accommodate for final phases of data collection to be completed).

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 2025.
- Completion of ethics [Ongoing].
- Infrastructures for recruitment and data collection established.
- Recruitment of participants has commenced.
- Ongoing engagement with PPI and Lived Experience Panel.
- Completion of Annual progress reports for the HRB.

The impact of inpatient Specialist Rehabilitation Units

Exploring the delivery and impact of services provided in the Specialist Rehabilitation Units (SRUs) to generate evidence to contribute to the broader area of mental health rehabilitation and recovery. Providing recommendations for the further development of SRUs in Ireland and for development of, and integration with, community-based rehabilitation services.

Key deliverables and outcomes

- Collaborated with the SRU staff and SRU referrals committee to develop procedures to access and collect operational data from the SRUs.
- Interviewed 11 health professionals to gather experiences of care pathway processes between SRUs and community mental health services/community rehabilitation services.

Revisiting suicide prevention in later life: human-centred approaches in an ageing Ireland

This project examines self-harm and suicide risk among adults aged over 60 in Ireland. Using two national databases and interviews with older adults, families, and clinicians, it identifies self-harm and suicide risk factors and lived experience to co-produce evidence based clinical and policy guidelines for targeted suicide prevention and improved care pathways nationally.

Key deliverables and outcomes

- Establish Lived Experience Advisory Group Panel.
- Submission of Study Protocol to Peer Reviewed Journal (BJ Psych Open).
- Submission of Work Package 2, Study 1, to Peer Reviewed Journal (BMJ Mental Health).
- Abstract submission to International Congress (ESSSB21).
- Obtain Ethical approval.

Postpartum Post-Traumatic Stress Disorder: a mixed methods study

This research is a collaboration between the National Perinatal Epidemiology Centre and the National Suicide Research Foundation. It is a four-year PhD project focusing on perinatal PTSD. This is caused by a traumatic or disappointing experience prior to or during pregnancy, delivery or the 12 months following birth and presents as persistent distress marked by intrusive memories, avoidance of reminders, negative shifts in mood and thinking, and heightened reactivity following a pregnancy, birth or the months following birth.

Key deliverables and outcomes

- Literature review examining current screening practices for perinatal PTSD and their impact on prevalence.
- Analysis of existing data to identify factors associated with perinatal PTSD.
- Two qualitative interview studies: one exploring clinicians' experiences of screening and treatment, and another centering mothers' experiences of perinatal PTSD.
- Lived experience contribution throughout the course of the project.

The impact of patient suicide on mental health nurses

The present study aimed to investigate how patient suicide affects the personal and professional lives of mental health nurses in Ireland, and what resources/systems mental health nurses would find helpful in mitigating the impact of a patient suicide.

Key deliverables and outcomes

- To scope out a project which explores the experiences of mental health nurses with patient death by suicide.

Preventing suicide in public places - systematic review

This systematic review and meta-analysis builds on previous reviews to provide a comprehensive evaluation of the effectiveness, and cost-effectiveness, of a broad range of interventions to prevent suicide in public places.

Key deliverables and outcomes

- PROSPERO protocol submitted.
- Abstract submitted to European Symposium on Suicidal Behaviour.
- Short report drafted.

AWARENESS, TRAINING AND EDUCATION

6 RESEARCH PROJECTS

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

This study responds to Action 5.4.4 of the first Connecting for Life strategy, which advocates for the integration of suicide prevention training into the third-level curricula of relevant health and social care programmes. The project is being delivered in five structured phases: Phase One (Exploration), Phase Two (Design), Phase Three (Implementation), Phase Four (Evaluation), and Phase 5 (Sustainable Rollout).

Key deliverables and outcomes

- The development, piloting, and evaluation of a Train-the-Trainer programme involving healthcare educators from 11 universities across Ireland.
- Ongoing implementation support was provided to facilitators delivering the module within their institutions, helping to strengthen consistency and sustainability of delivery. International collaborations were also established with academic partners in Malaysia and South Africa to explore adaptation of the module for other higher education contexts.
- Manuscripts reporting findings from the pilot evaluation and implementation process were prepared and submitted for peer review, contributing to the emerging evidence base for suicide prevention education in undergraduate healthcare training.

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 between 2022-2025, to provide General Practitioners in Ireland with the same training.

Key deliverables and outcomes

- Training organised in March 2025 and November 2025.
- 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.

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 Friday 10th October (in person).
- 5th Early and Mid-Career Researcher Workshop on Wednesday 12th November (online).
- Newsletters shared with C-SSHRI network in June and December.

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

- Meeting with UK Online safety regulator (OFCOM) in relation to harmful impact of suicide and self-harm content online review (March 2025).
- Engagement with NOSP regarding online forums and websites of concern.
- Submission to public consultation related to the Online Health Taskforce (March 2025).

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

- Submission and publication of a manuscript to the Irish Journal of Psychological Medicine which reports on the personal and professional experiences of psychiatrists who experienced a patient death by suicide.
- Delivery of a presentation of the study findings to psychiatrists who had experienced a patient death by suicide, as part of a postvention workshop hosted by the Medical Psychotherapy Psychiatry Faculty in the Irish College of Psychiatrists.

Exploration of suicide prevention training experiences among GP trainees

This study aims to (1) identify and organise key evidence including suicide prevention needs, existing suicide prevention training programmes and key competencies needed for suicide prevention, and (2) develop recommendations for a suicide prevention programme, which will equip GP trainees with competencies required to intervene with patient suicidality.

Key deliverables and outcomes

- Completed Phase 1 of study, which included collating key evidence including suicide prevention needs, existing suicide prevention training programmes and key competencies needed for suicide prevention.
- Initiate Phase 2 of study, which involves the recruitment of consultative group members to participate in workshops to develop recommendations for a suicide prevention programme for the ICGP.

POLICY AND PRACTICE IMPLEMENTATION & QUALITY IMPROVEMENT

8 RESEARCH PROJECTS

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

- Finalised planning for implementation-evaluation study exploring clinicians' experiences with the CAMS framework in training and practice contexts.
- Explored clinicians' experiences of engaging in the training and use of CAMS in practice.
- Submission of report investigating the experiences of clinicians working in CHO7 who engaged in the training and use of CAMS in practice.

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

- Presentation at NSRF World Mental Health Day Seminar 2025.

Review of Exchange House Ireland's Traveller Mental Health Service

This project reviewed the National Traveller Mental Health Service (NTMHS) within Exchange House Ireland (EHI). The review of the NTMHS aimed to better support and understand the existing services within EHI, how they connect with each other, and provide a knowledge base for service improvement and quality enhancement.

Key deliverables and outcomes

- Evaluation report of Exchange House Ireland's National Traveller Mental Health Service completed and shared with EHI and NOSP, November 2025.
- Rapid Review document completed and shared with EHI and NOSP November 2025.
- 2026 work plan: Following on from the rapid review, an exploration of possibilities to implement recommendations into the National Traveller Mental Health Action Plan are underway for 2026.
- Summary report produced and shared with EHI and NOSP, March 2026.

Minding Your Wellbeing (MYW) Programme: Evaluating the appropriateness and effectiveness of an adapted programme of Minding Your Wellbeing for third-level students in Ireland

The study aimed to assess whether the adapted module improved students' understanding of what influences/impacts mental health and wellbeing; if the adapted module changed students' awareness of positive psychological concepts; and whether the module developed students' knowledge of tools and strategies which could be used to maintain/improve their mental health and wellbeing.

Key deliverables and outcomes

- Ethical approval from SREC, UCC received in June 2025.
- Co-production workshop with MYW module facilitators, facilitated by members of the HSE Health and Wellbeing Unit and NSRF held in UCD, March 2025.
- Co-production workshop with students, facilitated by members of the HSE Health and Wellbeing and NSRF held in UCD, August 2025.

- Summary report of key feedback from both workshops was compiled by the NSRF and sent to NOSP and HSE Health and Wellbeing.
- Pre- and post- MYW module online surveys administered via the Qualtrics platform to UCD veterinary students prior to and directly after completing the modified Minding Your Wellbeing Programme, October/November 2025.
- A draft report titled "Evaluating a modified version of the Minding Your Wellbeing Programme" Winter 2025 (ongoing 2026).

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

Let's Talk About Suicide evaluation study, participants' attitudes, behaviour intention, and competencies were assessed at baseline with an exploration of changes in these scores assessed upon completion of the training programme. The study assessed the acceptability, feasibility, and appropriateness of the suicide prevention training programme.

Key deliverables and outcomes

- Data collection was completed in March 2025 which allowed for data collection across three time points.
- Research outcomes presented at two international conferences.
- Two focus groups were conducted with those who had engaged in the training.
- 2026 work plan developed aimed at submitting a paper to academic journal for publication and sending 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

- Final report shared with SOS and NOSP in February 2025.
- Research project signed off and closed with a meeting of NSRF, SOS and NOSP in March 2025.
- Summary of report completed and shared SOS and NOSP in December 2025.

Establishing an evidence base to inform the development of a framework for suicide bereavement services

Establishing an evidence base to inform the development of a framework for suicide bereavement services.

Key deliverables and outcomes

- Report describing findings from the evidence synthesis submitted (December 2025).

Supporting the evidence base for Ireland's new suicide reduction strategy

Ireland's national strategy to reduce suicide, Connecting for Life, ended in 2024 and has entered its evaluation stage. The Department of Health undertook a public consultation to support the development of Ireland's next suicide reduction policy. The Department of Health commissioned the NSRF to analyse and summarise the findings from the public consultation survey and supplementary submissions / meetings. In addition to this, the study involved the synthesis of the most current evidence for effective interventions for suicide prevention and for risk and protective factors for suicide and self-harm.

Key deliverables and outcomes

- Report presenting findings from the Department of Health's public consultation on the development of Ireland's next suicide reduction policy (July 2025).
- Report presenting findings of the evidence synthesis to inform Ireland's next suicide reduction policy (July 2025).

PUBLICATIONS

27 JOURNAL ARTICLES PUBLISHED

Peer Review Papers/Reports/Briefings

Papers published 2025 (n=27)		
National clinical assessment data of Indigenous Traveller women attending 24 Irish emergency departments, between 2018–2022, in a suicidal crisis: a sequential mixed method study.	**Kavalidou K**, Tighe J, Corcoran P, Quinlivan L, O'Mahony J.	*Irish Journal of Psychological Medicine*
A qualitative analysis of people who died by suicide and had gambling documented in their coronial file.	Reynolds C, Cox G, Lyons S, McAvoy H, O'Connor L, **Kavalidou K**.	*Addictive Behaviors,Volume 163*
National analysis of hospital-presenting suicidal ideation and self-harm among males.	Wilson MJ, Byrne SJ, Fisher K, Seidler ZE, **Kavalidou K**.	*Irish Journal of Psychological Medicine.*
Harms associated with prescription drug misuse in Ireland: A national observational study of trends in treatment demand, non-fatal intentional drug overdoses and drug related deaths 2010–2020.	Durand L, **Arensman E**, **Corcoran P**, **Daly C**, Bennett K, Lyons S, Keenan E, Cousins G.	*Drug and Alcohol Dependence 272*
The social determinants of suicide: An umbrella review.	**Gallagher K**, **Phillips G**, **Corcoran P**, Platt S, McClelland H, **O'Driscoll M**, **Griffin E**.	*Epidemiologic Reviews*
Probable suicide among men in farming- and agricultural-related occupations in the Republic of Ireland: Exploring coronial data.	Cox G, Stapleton A, Russell T, McHugh L, **Kavalidou K**.	*Journal of Agromedicine*
Thoughts of suicide and self-harm: A national study on young people presenting to non-paediatric acute hospitals in Ireland.	**Kavalidou K**, O'Mahony J, Lovejoy SA, McNicholas F, Russell V.	*Journal of Child & Adolescent Mental Health*
Suicide prevention curriculum development for health and social care students: a scoping review.	**O'Brien C**, **Gallagher K**, **O'Driscoll M**, **Ní Dhálaigh D**, **Corcoran P**, Jensen M, **Griffin E**.	*Plos One*
Suicide prevention interventions in the emergency department – A scoping review.	Jensen M, **Gallagher K**, **O'Driscoll M**, Østervang C, Christiansen E, Stenager E.	*Journal of Emergency Nursing*
Understanding the needs of undergraduate healthcare students in relation to suicide prevention training: a qualitative study.	**Gallagher K**, **Phillips G**, **Griffin E**, **O'Driscoll M**.	*Plos One*
Investigating how patient suicide affects personal and professional lives of psychiatrists and psychiatrists in training in Ireland.	**O'Brien C**, **Walsh EH**, Dodd P, Lynch A, Doherty A, **Corcoran P**.	*Irish Journal of Psychological Medicine*
Improving health-promoting workplaces through interdisciplinary approaches. The example of WISEWORK-C, a cluster of five work and health projects within Horizon-Europe.	De Moortel D, Turner MC, **Arensman E**, Nguyen ABVD, Gonzalez V.	*Scand J Work Environ Health 51(4):259-264*
A co-produced national study of suicide bereavement: From experience to evidence.	**Griffin E**, O'Connell S, **Arensman E**, Andriessen K, Tuomey F.	*Nature Mental Health*
Barriers and facilitators impacting the implementation of digital interventions targeted at mental health and musculoskeletal disorders in the workplace: a systematic scoping review protocol.	**Leduc M**, Sinesi A, **Kenneally M**, Maxwell M, Greiner B, Aust B, Pina C, Czaplicki A, Coppens E, Burdof A, Gusmao R, Guinart D, Cresswell-Smith J, Qirjako G, Fanaj N, Giovanis E, O'Connor A, Zsak E, Lobo P, Cerga Pashoja A, Ross V, **Arensman E**, **Griffin E**.	*Systematic reviews*
Suicide Prevention in Changing Environments.	Niederkrotenthaler T, **Arensman E**, Armstrong G, Keyes K, Pitman A, Till B.	*Crisis 46,(3)*

Is Mental Health Multimorbidity Associated with Contact with Healthcare Services Before Suicide? Retrospective Analysis of Irish Coronial Data, 2015–2020.	**Kavalidou K**, Cox G, Munnelly A, Platt S.	*Archives of Suicide Research, 1–15*
Implementing the Collaborative Assessment and Management of Suicidality Framework (CAMS) in Student Counselling Services in Ireland.	**Grace Phillips**, **Cliodhna O'Brien**, **Selena O'Connell**, **Grace Cully**, **Eibhlin H Walsh**, **Eve Griffin**.	*Irish Journal of Psychological Medicine*
Understanding variation in the clinical management of self-harm and suicidal ideation in hospital emergency departments: A qualitative implementation study.	**O'Connell S**, **Cully G**, McHugh S, Maxwell M, **Arensman E**, **Griffin E**.	*BJPsych Bulletin*
The benefits of hindsight: Exploratory analysis of 6 years of Irish coronial data on female suicide mortality across the life course.	Cox G, O'Neill S, **Kavalidou K**.	*Death Studies, 1–12*
Utilization of Postvention Supports: A National Cross-Sectional Survey of Adults Bereaved by Suicide.	**Griffin E**, **O'Connell S**, Andriessen K, **Khan A**, **O'Brien C**, **Daly C**, Tuomey F, **Arensman E**.	*Archives of Suicide Research, 1–14*
The impact of suicide bereavement on healthcare and community professionals.	Roshan H, **Griffin E**, **O'Connell S**.	*Ir Med J, Vol 118, 9; 150*
Age of onset of self-harm in children and adolescents: A scoping review.	**Wiggin D**, **Ní Dhálaigh D**, **McMahon E**, McNicholas F, **Griffin E**.	*Child and Adolescent Psychiatry and Mental Health*
Wish to die and healthcare use in older people: cross-sectional findings from The Irish Longitudinal Study on Ageing (TILDA).	**Troya I**, **Arensman E**, Briggs R, **Griffin E**, Lonergan C, Lovejoy S, Mughal F, O'Mahony J, Ward M.	*Journal of Public Health*
Treat both sides of the transaction: Suicidality and self-harm in children affect their parents, and parent trauma-related problems affect their teen and young adult children.	**Fruzzetti AE**.	*DBT Bulletin, 9, 7-11*
Family Connections: The impact of an education program for carers of individuals with borderline personality disorder in Italian mental health services.	Lanfredi M, Meloni S, Ferrari C, **Fruzzetti AE**, Geviti A, Macis A, Vanni G, Perna G, Diaferia G, Pinti M, Occhialini G, Ridolfi M, Rossi R.	*Family Process, 64: e13098, 1-12.*
Examining the relationship between emotion dysregulation and gender identity among suicidal adolescents in residential or partial hospital DBT treatment.	Pomeranz R, Young H, Porter N, Bamatter W, Batejan K, Galen G, Ronzio B, Shogren N, Tung E, Worden P, **Fruzzetti AE**.	*Psychology and Sexuality, 1–13.*
Machine Learning-Based Clinical Decision Support System for Suicide Risk Management: The PERMANENS Project.	Leis A, Mortier P, Amigo F, **Bhargav M**, Conde S, Ferrer M, Flygare O, Kizilaslan B, Latorre Moreno L, Mayer MA, Pérez Sola V, Portillo van Diest A, Ramírez-Anguita JM, Sanz F, Vilagut G, Alonso J, Mehlum L, **Arensman E**, Bjureberg J, Pastor M, Qin P.	*Stud Health Technol Inform. 15; 327:221-222.*

Reports 2025 (n=7)		
Postvention in Higher Education Institutions in Ireland.	**Phillips G**, **Ryan F**, **O'Brien C**, **O'Connell S**, **O'Driscoll M**, **Griffin E**.	*National Suicide Research Foundation*
National Self-Harm Registry Ireland Annual Report 2024.	**Joyce M**, **Chakraborty S**, **McGuiggan J**, **Hursztyn P**, **Nicholson S**, **Arensman E**, **Griffin E**, **Corcoran P**.	*National Suicide Research Foundation*
National Self-Harm Registry Ireland Annual Report 2022-2023.	**Joyce M**, **Chakraborty S**, **McGuiggan J**, **Hursztyn P**, **Nicholson S**, **Arensman E**, **Griffin E**, **Corcoran P**.	*National Suicide Research Foundation*
Problem drug use in Cork City: a study on prevalence and harms.	Muttucomaroe L, Millar S, Hanrahan MT, Mongan D, **Joyce M**, **Corcoran P**, Byrne M.	*University College Cork*
NSRF Annual Report 2024.	**N/A**	*National Suicide Research Foundation*
Findings from the Public Consultation Survey to Inform Ireland's New Suicide Reduction Strategy.	**N/A**	*National Suicide Research Foundation*
Evidence synthesis to inform Ireland's next suicide reduction policy - Risk and Protective Factors for Suicide and Interventions for Suicide Prevention.	**N/A**	*National Suicide Research Foundation*

Briefing documents and policy submissions 2025 (n=3)		
Submission to Online Health Taskforce.	National Suicide Research Foundation	March 2025
Submission to WHO Age is Living Strategy development.	National Suicide Research Foundation	July 25th
Submission to public consultation to develop National Standards for Child and Adolescent Mental Health Services (CAMHS).	National Suicide Research Foundation	December 12th

Presentations 2024 (n=63)			
January			
14th	Daly C.	RESTRICT REducing intentional overdose. A mixed methods STudy of means RestrICTion interventions. Brown Bag.	*Presentation to the team at the Centre for Health Policy and Management, Trinity College Dublin*
16th	O'Driscoll M, Gallagher K.	The implementation and evaluation of a suicide prevention module for undergraduate health and social care students.	*College Cork, School of Public Health Seminar Series*
February			
11th	O'Driscoll M.	The design, delivery and evaluation of a suicide prevention module for undergraduate health and social care students.	*National Suicide Research Foundation Strategy Launch*
11th	Corcoran P.	Examples of research impact and collaboration: Surveillance of hospital-presenting self-harm.	*National Suicide Research Foundation Strategy Launch*
March			
10th	Griffin E.	Understanding and Preventing Suicide from a Public Health Perspective.	*Brain Awareness Week, UCC*
April			
9th	Gallagher K, Kelly E.	Self-harm in Irish Prisons.	*Irish Prison Service Chief Nursing Officers Meeting, Longford*
May			
5th	O'Driscoll M.	The evaluation of a suicide prevention workshop for MPharm students.	*Nordic Social Pharmacy Conference, Glasgow*
8th-10th	Fruzzetti A.	DBT for Families and Family Connections.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*
8th-10th	Fruzzetti A.	An Overview of Family Connections: its rationale and supporting data.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*
8th-10th	Fruzzetti A.	DBT for Couples and Families.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*
8th-10th	Rubio Fruzzetti A.	DBT for Kids and Families.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*
8th-10th	Joyce M.	The Questionnaire for Suicidal Ideation (QSI): Psychometric Properties of a Brief Tool Measuring Suicidal Ideation in Adult and Adolescent Clinical Population.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*
8th-10th	Joyce M.	Personal mastery, burnout and related constructs for mental health professionals prior to participating in Clinician Connections.	*European Dialectical Behaviour Therapy Association (EDBTA) Congress, Gdansk, Poland*

16th	Arensman E.	Focus on mental health: responding to a rising challenge.	*International Social Security Association Conference, London, United Kingdom.*
21st	Gallagher K, Hume S, Kelly E.	Self-harm in Irish Prisons.	*Self-harm in Irish Prisons. Irish Prison Service Prison Leadership Team Meeting, Longford*
22nd	O'Driscoll M, Gallagher K.	"Prepare, Support, Prevent": A suicide prevention module for undergraduate health and social care students – results from a multi-site feasibility study.	*Irish Network of Healthcare Educators (INHED) Conference, Cork*
June			
2nd-3rd	Harnett Z.	Let's Talk About Suicide: Evaluation of a brief introductory online suicide prevention training programme.	*9th Suicide and Self-Harm Early and Mid-career Researcher's Forum, Glasgow*
2nd-3rd	O'Callaghan D.	A rapid review of best practice in suicide prevention for Gypsy, Roma, Traveller (GRT) populations.	*9th Suicide and Self-Harm Early and Mid-career Researcher's Forum, Glasgow*
2nd-3rd	Phillips G.	The social determinants of suicide: an umbrella review.	*9th Suicide and Self-Harm Early and Mid-career Researcher's Forum, Glasgow*
6th	Callanan A.	Feasibility of a Simulation Based Self-Harm and Management Training Programme for Healthcare Professionals in Ireland. University College Cork Teaching and Learning Showcase.	*University College Cork Teaching and Learning Showcase (June 6th)*
11th	Walsh E.	The Impact of Patient Death by Suicide on Psychiatrists and Psychiatrist in Training in Ireland.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
11th	Arensman E.	Trends in self-harm in children aged 5-12 in Ireland: 2015-2024.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
11th	Wiggin D.	Trends in age of onset of self-harm in young people in Ireland (2015-2019).	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
11th	Wiggin D.	Age of onset of self-harm in children and adolescents: A scoping review [Poster]	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
11th	Corcoran P.	Data Monitoring: International Approaches and Surveillance Systems.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
11th	Cully G, Murphy A, O'Connell S, McInerney S, Byrne N, O'Feich P, Griffin E	Improving implementation of family-informed care: e-learning module for health professionals providing care to individuals following self-harm.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	O'Driscoll M.	A mixed-methods evaluation of a suicide prevention training for undergraduate health and social care students.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	Gallagher K.	Interprofessional education in suicide prevention training for health and social care students.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	O'Driscoll M, Gallagher K.	The evaluation of a suicide prevention workshop for MPharm students.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	Arensman E.	Real-time Suicide Surveillance: Insights from a Regional Suicide Observatory in Ireland.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	Cully G, McMahon E, O'Connell S, Griffin E, Huggard L, Corcoran P.	Feasibility of a national register of probable suicide in mental health services in Ireland: A mixed methods study.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*

12th	Cully G, O'Connell S, Corcoran P, Griffin E.	The impact and implementation of a national programme self-harm and suicidal ideation in emergency departments.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	Arensman E, Corcoran P.	Real-time Observatory Surveillance: Insights from a Regional Suicide Observatory in Ireland.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
12th	O'Driscoll M, Cully G, Griffin E, Harnett Z.	Advances in the development and implementation of suicide prevention, education and training programmes.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Walsh E.	Experiences of Postvention Support for Clinicians in Ireland Following Patient Suicide.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Gallagher K.	Enhancing university suicide prevention curricula.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Arensman E, Troya I.	Addressing depression and suicidal behaviour in public health emergencies and beyond through evidence-based EAAD four-level community intervention approaches.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Gallagher K.	Self-harm among Irish prisoners: findings from a national surveillance project (SADA) 2022-2023.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Cully G.	Identifying the impact of suicide and need for supports: Implications for support.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
13th	Cully G, Walsh E, Murphy A, Stringer C, O'Connell S, Griffin E, Stringer C.	Identifying the support needs of young people bereaved by suicide.	*International Association for Suicide Prevention (IASP) 33rd World Congress, Vienna*
July			
1st	Walsh E.	Presentation of the study findings to psychiatrists who had experienced a patient death by suicide.	*Medical Psychotherapy Psychiatry Faculty Workshop in the Irish College of Psychiatrists*
September			
3rd	Chakraborty S.	Patterns in admissions, after care and psychiatric assessment for hospital-presenting self-harm in the Republic of Ireland during 2012-2023- a Registry study [Poster].	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Chakraborty S.	Hospital-presenting self-harm in Northern Ireland and the Republic of Ireland [Poster].	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Khan A.	Adherence to Cognitive Behavioural Therapy amongst people living with chronic physical and comorbid mental health conditions: Preliminary findings of a scoping review [Poster].	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Hursztyn P.	Factors Influencing Mental Health Service Delivery during Public Health Emergencies. A Scoping Review.	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Callanan A.	Establishing a Lived Experience Panel in Suicide and Mental Health Research [Poster].	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Ni Dhalaigh D.	Challenges encountered navigating the academic health sciences system (AHSS) in the Southwest of Ireland.	*College of Medicine and Health conference, University College Cork, Cork.*
3rd	Bhargav M, Bettella S, Arensman E.	Unmet needs in Self-Harm Risk Assessment in the Emergency Department: A mixed methods Evaluation.	*College of Medicine and Health conference, University College Cork, Cork.*

October			
2nd	Cully G, O'Connell S, Corcoran P, Griffin E.	Referral patterns and risk of repetition following presentation to the emergency department with self-harm.	*University College Cork Psychiatry Deanery Day*
2nd	Leduc C.	Challenges and opportunities in creating and supporting mentally healthy workplaces: An overview of recent evidence and introduction to current projects.	*8th FOHNEU International Congress on Occupational Health, Cork*
6th	Arensman E.	Evidence-based interventions for comorbid mental and physical health conditions in workplace settings: EU PROSPERH.	*EPICOH 2025, Utrecht, Netherlands.*
10th	Gallagher K, Griffin E.	The social determinants of suicide [workshop].	*National Suicide Research Foundation World Mental Health Day Seminar*
10th	O'Driscoll M.	The design, delivery and evaluation of a suicide prevention module for undergraduate health and social care students.	*National Suicide Research Foundation World Mental Health Day Seminar*
10th	Troya I.	Later life suicide prevention: the role of social determinants across the life-course.	*National Suicide Research Foundation World Mental Health Day Seminar*
10th	Phillips G.	Collaborative Assessment and Management of Suicidality (CAMS) in Student Counselling Services in Ireland.	*National Suicide Research Foundation World Mental Health Day Seminar*
10th	O'Shea D.	Protecting mental health in times of change: MENTBEST training workshops for community facilitators.	*National Suicide Research Foundation World Mental Health Day Seminar*
10th	McMahon E.	Social determinants of youth mental health, self-harm and suicide.	*National Suicide Research Foundation World Mental Health Day Seminar*
23rd	Phillips G, Kelly K, Burton E, Corcoran P, Griffin E, Arensman E.	Study into deaths by suicide of current and former members of the Defence Forces in Ireland.	*Steering Group Meeting*
November			
12th	Chakraborty S.	Hospital presenting self-harm in the Republic of Ireland and Northern Ireland across 10 years: 2013-2022.	*5th NSRF Early and Mid-Career Suicide and Self-Harm Researcher Workshop, Online*
12th	Gallagher K, Griffin E.	"Prepare, Support, Prevent": A suicide prevention module for undergraduate health and social care students – results from a multi-site feasibility study.	*5th NSRF Early and Mid-Career Suicide and Self-Harm Researcher Workshop, Online*
12th	Gowda A.	Acceptability of a modular dialectical behavior therapy training model in Irish community mental health services: A mixed-methods study.	*5th NSRF Early and Mid-Career Suicide and Self-Harm Researcher Workshop, Online*
12th	Shum C.	Dialectical Behaviour Therapy in Your Pocket: Exploring the User Experience of a DBT App.	*5th NSRF Early and Mid-Career Suicide and Self-Harm Researcher Workshop, Online*
December			
4th	Corcoran P, Joyce M.	National Self-Harm Registry Ireland Annual Report 2024 findings.	*Annual Report 2024 Launch, National Suicide Research Foundation, Cork, Ireland*
18th	Phillips G, Kelly K, Burton E, Corcoran P, Griffin E, Bodunde E, Arensman E.	Study into deaths by suicide of current and former members of the Defence Forces in Ireland.	*Steering Group Meeting*

MEMBERSHIP OF COMMITTEES AND STEERING GROUPS

Professor Ella Arensman	
Expert Advisory Group for next Suicide Reduction Policy	Member
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 (ICSPRC)	Member
Healing Untold Grief Groups (HUGG) Project Working Group	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 Suicide Mortality Statistics Liaison Group	Member
Implementation Advisory Group, HSE National Clinical Programme for Self-Harm and Suicide-Related Ideation	Member
School of Public Health Social Research Ethics Committee	Member
School of Medicine Graduate Entry Medicine Oversight Committee	Member

Dr Eve Griffin	
Expert Advisory Group for next Suicide Reduction Policy	Member
International Association for Suicide Prevention	National Representative (Ireland)
International Association for Suicide Prevention Social Determinants Special Interest Group	Co-chair
International Association for Suicide Prevention Postvention Special Interest Group	Member
Advisory Committee of the National Probable Suicide Monitoring System	Member
Bereavement Network Europe	Member
Connecting for Life Expert Advisory Group	Member
Connecting for Life Evaluation Stakeholder Group	Chair
CO-PRIME Mental Health Research Network	Co-Lead
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
UCC Healthy Campus Mental Health, Drugs, Alcohol and Tobacco Steering Group	Member
UCC Supporting Student Success Working Group	COMH Representative
Northern Ireland Self-Harm Registry Pharmacy Subgroup	Member
Dr Katerina Kavalidou	
National Office for Suicide Prevention Advisory Group for Suicide Screening in Addiction Services	Member
International Association for Suicide Prevention (IASP)	Advisor for Suicide Prevention Coordination and Development in Greece
International Network for Suicide Researchers (NETCR)	Editorial Board Member
School of Public Health PhD Panel	Member

NATIONAL SUICIDE RESEARCH FOUNDATION

ANNUAL REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Legal and Administrative 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
Cork

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

Directors' Report	64
Statement of Directors' Responsibilities	73
Independent Auditor's Report	74
Statement of Financial Activities	77
Balance Sheet	78
Statement of Cash Flows	79
Notes to the Financial Statements	80
Appendices to the Financial Statements	94

NATIONAL SUICIDE RESEARCH FOUNDATION

DIRECTORS' REPORT (INCLUDING TRUSTEES' REPORT)

FOR THE YEAR ENDED 31 DECEMBER 2025

The directors present their report and financial statements for the year ended 31 December 2025.

The financial statements have been prepared by National 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

National Suicide Research Foundation (NSRF), is an independent, multi-disciplinary research unit established in Cork, in 1994, by the late Dr Michael J Kelleher. National Suicide Research Foundation 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. The NSRF's vision is to support the reduction of suicide and self-harm in Ireland and globally, through impactful research. 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.

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. In addition, NSRF has a memorandum of collaboration with University College Cork (UCC). Since 2015, NSRF has been designated as a World Health Organisation (WHO) Collaborating Centre for Surveillance and Research in Suicide Prevention, fulfilling an advisory role to the WHO, and, additionally, providing guidance to countries internationally in developing and implementing registration systems and prevention programmes for self-harm and suicide.

Achievements and performance

In 2025, NSRF co-ordinated 37 projects funded by the HSE National Office for Suicide Prevention, the European Commission, the Public Health Agency, Research Ireland and the World Health Organisation. We published 25 peer-review journal articles and nine reports.

New projects in 2025 included the impact of Inpatient Specialist Rehabilitation Units; Preventing Suicide in public places: a systematic review; the impact of patient suicide on mental health nurses; and a study of perinatal Post-Traumatic Stress Disorder.

Reports published included the 2022-2023 and 2024 National Self-Harm Registry annual reports, a report outlining the findings from the Public Consultation Survey to Inform Ireland's New Suicide Reduction Strategy, a report on Postvention in Higher Education Institutions in Ireland, and a report identifying the support needs of young people and their families following a bereavement by suicide. On World Suicide Prevention Day 2025 (September 10th), a comment was published in the journal Nature Mental Health. The comment, entitled "A co-produced national study of suicide bereavement: from experience to evidence", describes the design, conduct and impact of a collaborative co-produced national study of suicide bereavement, including people with lived or living experience in the research.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

On February 11 2025, NSRF published its new Strategic Plan 2025-2030 - 'Leading Research, Shaping Change'. The development of this strategic plan sets out key priority areas and research topics to guide the NSRF over the coming six years, across the following strategic priority areas: Research Excellence, Surveillance, Impact, Collaboration and Organisation Strength.

In 2025, NSRF researchers submitted two policy submissions and briefing documents, hosted five seminars and events, delivered 31 external presentations, and attended advisory groups on several national committees.

Policy documents included a submission to a public consultation related to the Online Health Taskforce (March 2025) and the development of National Standards for Child and Adolescent Mental Health Services (December 2025).

We hosted five seminars and events in 2025. These included the launch of the NSRF Strategic Plan (2025-2030); "Leading Research, Shaping Change" (February 11th); a webinar to share findings of a multi-site intervention involving suicide prevention training for health and social care students in Ireland (March 3rd); our 7th Annual World Mental Health Day Seminar (October 10th); the fifth Early and Mid-Career Suicide and Self-Harm Researcher Workshop on the island of Ireland (November 12th); and a webinar to launch the 2024 National Self-Harm Registry Ireland Annual Report (December 4th). On October 10th, Professor Shekhar Saxena delivered the annual Dr Michael J Kelleher Memorial Lecture, with his presentation focusing on "Suicide Prevention in Changing Environments".

Notable conference presentations included Professor Ella Arensman's Keynote Lecture at the 55th Annual National Suicide Prevention Conference, France (September 25th); fourteen presentations at the 33rd World Congress of the International Association for Suicide Prevention in Vienna (June 10th - 12th), and four presentations at the 9th Suicide & Self-Harm Early and Mid-Career Researchers' Forum in Glasgow (June 2nd and 3rd).In honour of her impactful work, in 2025 the International Association for Suicide Prevention established the "Ella Arensman Special Lecture Award", celebrating individuals whose work bridges the gap between research, policy, and practice in suicide prevention. The recipient of the inaugural award was Associate Professor Sarah Hetrick, New Zealand.

Advisory group representation in 2025 included the Expert Advisory Group for Ireland's next Suicide Reduction Policy and 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, the Advisory Committee of the National Probable Suicide Monitoring System and the Advisory Group for a toolkit to prevent deaths in public places.

In December 2025, it was announced that NSRF would be a co-lead for a new national mental health research network, funded by the Health Research Board, in collaboration with Maynooth University and University of Galway. CO-PRIME will, for the first time, bring together researchers, people with lived experience and clinicians, policymakers and community organisations in a single, co-ordinated network.

Throughout 2025, the NSRF continued to embed lived experience in our research via our Lived Experience Panel. In total, 9 projects utilised lived/living experience contributions in 2025. Furthermore, in collaboration with the Department of Health, the NSRF co-ordinated the establishment of a national Lived Experience Reference Group, which informed the development of Ireland's next suicide reduction strategy.

From a communications perspective, the NSRF shared publications and training, and summaries from events on social media platforms, via our mailing list and our regular newsletter. Highlights included videos introducing the NSRF's new strategy and summarising the co-production behind the AfterWords national survey.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

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 2026 Service Level Arrangement and associated Programme of Work were agreed with the HSE NOSP in Quarter 1 of 2026, with funding in line with funding received in 2025. The NSRF will also receive additional funding as part of the WRC Pay Agreement between HSE and Section 39 organisations in staff-related costs for 2026. In addition, in 2026 a new national Suicide Reduction Strategy will be published.

The first implementation plan for the NSRF's Strategic Plan covers the period 2025-2027. This was approved by the Board of Directors in November 2025. As part of the implementation of that plan, a funding strategy will be developed.

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 additional 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 €3,382 (2024: €40,693) with total incoming resources from the Health Service Executive, other agencies and other income amounting to €2,587,181 (2024: €2,292,793) and total resources expended amounting to €2,583,799 (2024: €2,252,100).

The balance sheet shows total charity funds of €269,256 (2024: €265,874) 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

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

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

National 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 National 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 National Suicide Research Foundation demonstrates its full compliance with the Governance Code. The Chief Executive Office schedules a 2-hour induction meeting with each newly appointed director in the first month following appointment, at which a sub-set of information customised for each new member is made available.

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

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

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

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

Directors' attendance at the 2025 meetings:

Dr Margaret Kelleher	2 of 6
James McCarthy	3 of 6
Barry McGale	5 of 6
Mark O'Callaghan	6 of 6
Daniel Flynn	5 of 6
Dr Eric Kelleher	6 of 6
John O'Brien	2 of 6
Dr Karen Galway	5 of 6

Directors, trustees and other senior personnel

Dr. Margaret Kelleher - Margaret worked closely with the late Dr. Michael Kelleher in having suicide decriminalised in 1993. On the death of Dr. Michael Kelleher in 1998, Margaret became the Director with overall responsibility for the foundation. She continues as the medical director of National 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 until 18th June 2025 - James is a Chartered Accountant and Chief Investment and Strategy Officer in Tirlán. He joined the National Suicide Research Foundation's Board as a director in 2016, and served as chairperson to the Board from 2018 - 2025, James brings more than 20 years financial services experience to the Board.

Barry McGale, Chairman from 18th June 2025 - Barry McGale was a Registered Mental Health Nurse and Cognitive Behavioural Therapist until his retirement as Suicide Liaison Officer in the Western Health and Social Care Trust Northern Ireland (NI). Barry was responsible for setting up for the first NHS postvention service in the UK and NI and this model is currently being replicated throughout the UK. He is recognised as an international leader in this field and has received several national and international awards. He has been a member of National Suicide Research Foundation's Board since 2013; Patron and Consultant with Suicide Bereavement UK; and Patron with the Support After Suicide Partnership. In 2023, Barry was the first person in teh UK to be awarded the International Association for Suicide Prevention Norman Farberow Award. In 2016 he was the recipient of the American Association of Suicidology Roger J Tierney Award for services to suicide prevention, the first non-American to receive it. Barry is one of the authors of the 'Postvention: Assisting those Bereaved by Suicide (PABBS)' training, which was funded by the National Institute for Health (NIHR). He is also a member of the research team who conducted the national suicide bereavement survey. He was formerly a Director of the Irish Association of Suicidology, Member of the Advisory Board for 'Cycle Against Suicide', International Representative on the Board of the American Association of Suicidology (AAS) and Senior Coaching Trainer with Living Works, Canada. He has a wide experience of delivering training nationally and internationally.

Mark O'Callaghan - Mark has been a solicitor for 28 years and has been practising in Dublin since 2005. He is also qualified as a Chartered Tax Advisor and an Accountant. Mark acted as Company Solicitor to the National Suicide Research Foundation from 2001 until his appointment to the Board in 2019. Mark brings his extensive legal and financial experience and expertise to the Board. He is, and has been, a charity trustee for several other charities.

Daniel Flynn - Daniel is a Chartered Clinical Psychologist with the Psychologist Society of Ireland and Regional Director of Psychology Services in the Health Service Executive (HSE) South West Region. He is an Adjunct Professor at the School of Applied Psychology at UCC, Ireland. He has accumulated over 25 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 Healthy Cities and partner agencies to promote mental health and well-being in workplaces and communities across the city and county.

Dr. Eric Kelleher - 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 suicide behaviour with the NSRF. He is an honorary Clinical Senior Lecturer with the Department of Psychiatry and Neurobehavioural science in UCC.

John O'Brien - John has been working in the Community and 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 currently taking a career break from her role as 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 has been involved in research funding totalling £1.6m. She has published over 50 peer reviewed papers and reports featuring suicide prevention and postvention. During her career break, Karen is establishing a cat café in Belfast, to explore the potential for feline therapy in mental health promotion.

Dr Eve Griffin, CEO and company secretary - Eve Griffin is Chief Executive Officer at the National Suicide Research Foundation and Adjunct Professor with the School of Public Health, University College Cork. She is co-lead at the WHO Collaborating Centre for Surveillance and Research in Suicide Prevention at the NSRF and co-lead of the HRB-funded CO-PRIME Mental Health Research Network. Eve is currently the Irish national representative for the International Association for Suicide Prevention and co-chair of its Social Determinants of Suicide Special Interest Group. She is also a member of the Expert Advisory Group for Ireland's next Suicide Reduction Strategy. Eve has a strong track record of collaborating with partners representing policy, service provision, clinical practice and lived experience. Her research interests include supporting people bereaved by suicide, surveillance of suicide behaviour and programme evaluation.

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 Public 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

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).

Organisation structure and how decisions are made
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. 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 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 National Suicide Research Foundation's staff members, programmes, projects, finances and all other administrative aspects so that the National Suicide Research Foundation's ongoing mission, vision and strategies are fulfilled within the context of the National 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 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 the Memorandum of Understanding/Service Arrangement or a form of written agreement which is approved by the board of directors.

Internal controls
National 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 National Suicide Research Foundation is exposed, an assessment of their impact and likelihood of happening and risk mitigation actions for each.

The report of the sub-committee to the board contains a section on risk analysis updating the board regarding the status of the most acute risks to the NSRF and this is reviewed at each meeting of the board of directors.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

Transparency and public accountability
The board believes that 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. National 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.nsrf.ie, under the About Us section.

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 continue in office as auditor of the company.

NATIONAL SUICIDE RESEARCH FOUNDATION

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

FOR THE YEAR ENDED 31 DECEMBER 2025

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.

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

Margaret Kelleher
Director

Barry McGale
Director

Date signed: 14 May 2026

NATIONAL SUICIDE RESEARCH FOUNDATION

STATEMENT OF DIRECTORS' RESPONSIBILITIES

FOR THE YEAR ENDED 31 DECEMBER 2025

The trustees, who are also directors of National 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: 14 May 2026

NATIONAL SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT

TO THE DIRECTORS OF NATIONAL SUICIDE RESEARCH FOUNDATION

Opinion

We have audited the financial statements of National Suicide Research Foundation ('the company') for the year ended 31 December 2025 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 2025 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE DIRECTORS OF NATIONAL 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 financail 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE DIRECTORS OF NATIONAL 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: https://iaasa.ie/publications/description-of-the-auditors-responsibilities-for-the-audit-of-the-financial-statements/

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: 4 June 2026

NATIONAL SUICIDE RESEARCH FOUNDATION

STATEMENT OF FINANCIAL ACTIVITIES
INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2025

	Notes	Unrestricted funds 2025 €	Restricted funds 2025 €	Total 2025 €	Total 2024 €
Income and endowments from:					
Charitable activities	**3**	99,838	2,484,120	2,583,958	2,291,733
Investments	**4**	1,007	-	1,007	1,060
Other income	**5**	1,032	1,184	2,216	-
Total income		101,877	2,485,304	2,587,181	2,292,793
Expenditure on:					
Charitable activities	**6**	100,750	2,483,049	2,583,799	2,252,100
Net incoming resources before transfers		1,127	2,255	3,382	40,693
Net movement in funds		1,127	2,255	3,382	40,693
Fund balances at 1 January		257,477	8,397	265,874	225,181
Fund balances at 31 December		258,604	10,652	269,256	265,874

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

All income and expenditure derive from continuing activities.

NATIONAL SUICIDE RESEARCH FOUNDATION

BALANCE SHEET

AS AT 31 DECEMBER 2025

	Notes	2025 €	€	2024 €	€
Fixed assets					
Tangible assets	**10**		7,142		7,411
Current assets					
Debtors	**11**	21,334		20,499	
Cash at bank and in hand		924,360		911,537	
		945,694		932,036	
Creditors: amounts falling due within one year	**12**	(683,580)		(673,573)	
Net current assets			262,114		258,463
Total assets less current liabilities			269,256		265,874
Income funds					
Restricted funds	**15**		10,652		8,397
Unrestricted funds			258,604		257,477
			269,256		265,874

The financial statements were approved by the board of directors and authorised for issued on 14 May 2026 and signed on its behalf by

Margaret Kelleher
Director

Barry McGale
Director

NATIONAL SUICIDE RESEARCH FOUNDATION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2025

	Notes	2025 €	2025 €	2024 €	2024 €
Cash flows from operating activities					
Cash generated from operations	**20**		14,945		146,050
Investing activities					
Purchase of tangible fixed assets	**10**	(3,129)		-	
Investment income received		1,007		1,060	
Net cash (used in)/generated from investing activities			(2,122)		1,060
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			12,823		147,110
Cash and cash equivalents at beginning of year			911,537		764,427
Cash and cash equivalents at end of year			924,360		911,537

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies

Charity information

National 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.

National Suicide Research Foundation is a company limited by guarantee 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

The trustees acknowledge that they are required to assess the company's ability to continue as a going concern.

The trustees are aware of the company's financial position. The trustees 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 €3,382 (2024: €40,693) with total incoming resources from the Health Service Executive, other agencies and other resources amounting to €2,587,181 (2024: €2,292,793) and total resources expended amounting to €2,583,799 (2024: €2,252,100). The balance sheet shows total charity funds of €269,256 (2024: €265,874).

Having considered the cash flow forecasts, current and anticipated income levels, and government funding together with current levels of reserves, the trustees confirm that they 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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

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 unity) 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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 lift 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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 instument 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.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

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 trustees 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 trustees have assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The trustees 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 trustees 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 trustees 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. Grant income is deferred when the company is subject to specific performance related conditions that must be fulfilled before the company becomes entitled to recognise the income. Grant income is recognised only when these performance conditions have been satisfied. Until these conditions are met, the related grant income is recorded as deferred income and presented as a liability.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

3 Charitable activities

For the year ended 31 December 2025

	NOSP	Northern Ireland PHA	EU Funding	HEA	HSE South	Other Grant Income	Various / Overheads	Total 2025	Total 2024
	2025	2025	2025	2025	2025	2025	2025		
	€	€	€	€	€	€	€	€	€
Grant funding for projects	1,843,774	42,110	199,208	16,719	325,159	57,150	99,838	2,583,958	2,253,991
Sundry income	-	-	-	-	-	-	-	-	37,742
	1,843,774	42,110	199,208	16,719	325,159	57,150	99,838	2,583,958	2,291,733
Analysis by fund									
Unrestricted funds	-	-	-	-	-	-	99,838	99,838	79,981
Restricted funds	1,843,774	42,110	199,208	16,719	325,159	57,150	-	2,484,120	2,211,752
	1,843,774	42,110	199,208	16,719	325,159	57,150	99,838	2,583,958	2,291,733

3 Charitable activities (Continued)

For the year ended 31 December 2024

	NOSP	Northern Ireland PHA	EU Funding	HEA	HSE South	Other Grant Income	Various / Overheads	Total 2024
	€	€	€	€	€	€	€	€
Grant funding for projects	1,629,729	40,076	177,782	52,138	294,244	17,783	42,239	2,253,991
Sundry income	-	-	-	-	-	-	37,742	37,742
	1,629,729	40,076	177,782	52,138	294,244	17,783	79,981	2,291,733
Analysis by fund								
Unrestricted funds	-	-	-	-	-	-	79,981	79,981
Restricted funds	1,629,729	40,076	177,782	52,138	294,244	17,783	-	2,211,752
	1,629,729	40,076	177,782	52,138	294,244	17,783	79,981	2,291,733

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

4 Investments

	Unrestricted funds 2025 €	Unrestricted funds 2024 €
Interest receivable	1,007	1,060

5 Other income

	Unrestricted funds 2025 €	Restricted funds 2025 €	Total 2025 €	Total 2024 €
Other income	1,032	1,184	2,216	-

6 Charitable activities

	Foundation and research 2025 €	Registry 2025 €	Total 2025 €	Total 2024 €
Staff costs	1,541,040	716,788	2,257,828	1,930,550
Depreciation and impairment	1,914	1,484	3,398	2,772
Data collection costs	-	16,280	16,280	22,026
Data collection travel costs	-	31,685	31,685	40,300
Meeting and travel costs	44,384	3,742	48,126	64,000
Lived experience panel costs	10,367	115	10,482	1,523
Consultancy fees	50,842	-	50,842	48,512
Scholarships	6,000	-	6,000	-
	1,654,547	770,094	2,424,641	2,109,683
Share of support costs (see note 7)	86,802	59,165	145,967	120,863
Share of governance costs (see note 7)	6,645	6,546	13,191	21,554
	1,747,994	835,805	2,583,799	2,252,100
Analysis by fund				
Unrestricted funds	100,750	-	100,750	44,685
Restricted funds	1,647,244	835,805	2,483,049	2,207,415
	1,747,994	835,805	2,583,799	2,252,100

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

7 Support and governance costs

	Support costs	Governance costs	2025	2024
	€	€	€	€
Telephone costs	522	-	522	1,056
Rent	23,000	-	23,000	23,000
Insurance	7,107	-	7,107	4,521
Fees and subscriptions	44,062	-	44,062	31,854
Accountancy	481	-	481	11,828
Computer costs	52,478	-	52,478	39,671
Printing, postage and stationery	11,427	-	11,427	4,923
Recruitment costs	-	-	-	75
Sundry costs	6,890	-	6,890	3,935
Audit fees	-	12,669	12,669	20,910
Bank charges	-	522	522	644
	145,967	13,191	159,158	142,417
Analysed between				
Charitable activities	145,967	13,191	159,158	142,417

8 Directors

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

9 Employees

The average monthly number of employees during the year was:

	2025 Number	2024 Number
Foundation	32	28
Registry	18	18
Total	50	46

Employment costs	2025 €	2024 €
Wages and salaries	1,979,100	1,695,885
Social security costs	214,448	183,855
Other pension costs	64,280	50,810
	2,257,828	1,930,550

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

9 Employees (Continued)

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

	2025 Number	2024 Number
€70,000 - €80,000	-	1
€80,000 - €90,000	1	1
€90,000 - €100,000	1	-

10 Tangible fixed assets

Current financial year

	Computers €
Cost	
At 1 January 2025	51,161
Additions	3,129
At 31 December 2025	54,290
Depreciation and impairment	
At 1 January 2025	43,750
Depreciation charged in the year	3,398
At 31 December 2025	47,148
Carrying amount	
At 31 December 2025	7,142
At 31 December 2024	7,411

11 Debtors

	2025 €	2024 €
Amounts falling due within one year:		
Prepayments	21,334	20,499

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

12 Creditors: amounts falling due within one year

	Notes	2025 €	2024 €
Other taxation and social security		55,070	50,557
Deferred income	13	565,099	593,469
Accruals		63,411	29,547
		683,580	673,573

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.

13 Deferred income

	2025 €	2024 €
Arising from government grants	565,099	593,469

Deferred income is included in the financial statements as follows:

	2025 €	2024 €
Current liabilities	565,099	593,469
	565,099	593,469

14 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 €64,280 (2024 - €50,810).

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

15 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 2025	Movement in funds: Incoming resources	Movement in funds: Resources expended	Balance at 31 December 2025
	€	€	€	€
Foundation and Research funding	644	1,648,319	(1,647,244)	1,719
NOSP Registry funding	7,753	836,985	(835,805)	8,933
	8,397	2,485,304	(2,483,049)	10,652

16 Analysis of net assets between funds

	Unrestricted funds 2025	Restricted funds 2025	Total 2025	Total 2024
	€	€	€	€
Fund balances at 31 December 2025 are represented by:				
Tangible assets	7,142	-	7,142	7,411
Current assets/(liabilities)	251,462	10,652	262,114	258,463
	258,604	10,652	269,256	265,874

17 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.

18 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 2025.

NATIONAL SUICIDE RESEARCH FOUNDATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

19 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 €541 (2024: €968).

Remuneration of key management personnel
The remuneration of key management personnel is as follows.

	2025 €	2024 €
Aggregate compensation	196,338	182,443

20 Cash generated from operations

	2025 €	2024 €
Surplus for the year	3,382	40,693
Adjustments for:		
Investment income recognised in statement of financial activities	(1,007)	(1,060)
Depreciation and impairment of tangible fixed assets	3,398	2,772
Movements in working capital:		
(Increase)/decrease in debtors	(835)	64,608
Increase/(decrease) in creditors	38,377	(16,689)
(Decrease)/increase in deferred income	(28,370)	55,726
Cash generated from operations	14,945	146,050

21 Analysis of changes in net funds

	At 1 January 2025 €	Cash flows €	At 31 December 2025 €
Cash at bank and in hand	911,537	12,823	924,360

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

22 Comparative information

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

23 Approval of financial statements

The board of directors approved the financial statements for issue on the 14 May 2026.

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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:	€2,200,013
Funds deferred from prior year:	€286,491
Received in the year:	€1,736,583
Grant taken to I&E:	€1,857,881
Amounts deferred at year end:	€165,193
Expenditure:	€1,855,627
Remaining in reserves:	€2,254
Term:	January 2025 - December 2025
Date received:	Monthly
Restriction on use:	Service arrangement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

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:	€43,877
Funds deferred from prior year:	€10,074
Received in the year:	€43,877
Grant taken to I&E:	€42,110
Amounts deferred at year end:	€11,841
Expenditure:	€42,110
Remaining in reserves:	€Nil
Term:	April 2025 - March 2026
Date received:	5 December 2025
Restriction on use:	Service arrangement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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:	€1,100,461
Funds deferred from prior year:	€206,615
Received in the year:	€208,535
Grant taken to I&E:	€234,219
Amounts deferred at year end:	€180,931
Expenditure:	€234,219
Remaining in reserves:	€Nil
Term:	Ongoing
Date received:	Various
Restriction on use:	Grant agreement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

---

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:	€16,719
Received in the year:	€Nil
Grant taken to I&E:	€16,719
Amounts deferred at year end:	€Nil
Expenditure:	€16,719
Remaining in reserves:	€Nil
Term:	Ended
Date received:	
Restriction on use:	Per grant agreement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

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:	€400,708
Funds deferred from prior year:	€57,623
Received in the year:	€400,708
Grant taken to I&E:	€335,159
Amounts deferred at year end:	€123,172
Expenditure:	€335,159
Remaining in reserves:	€Nil
Term:	January 2025 - December 2025
Date received:	Various
Restriction on use:	Per service arrangement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

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:	€47,554
Funds deferred from prior year:	€10,084
Received in the year:	€23,779
Grant taken to I&E:	€17,948
Amounts deferred at year end:	€15,915
Expenditure:	€17,948
Remaining in reserves:	€Nil
Term:	January 2024 - December 2025
Date received:	4 November 2025
Restriction on use:	Per service arrangement
Tax clearance:	Yes

NATIONAL SUICIDE RESEARCH FOUNDATION

APPENDICES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

---

7 Details of grant and other information

Type of funding:	Health Research Board
Purpose of grant:	Summer Student Scholarship Scheme
Total grant:	€3,200
Funds deferred from prior year:	€Nil
Received in the year:	€3,200
Grant taken to I&E:	€3,200
Amounts deferred at year end:	€Nil
Expenditure:	€3,200
Remaining in reserves:	€Nil
Term:	Ended
Date received:	24 November 2025
Restriction on use:	Per Student Scholarship Scheme
Tax clearance:	Yes

---

8 Details of grant and other information

Type of funding:	Department of Defence
Purpose of grant:	Study into deaths by suicide of current and former members of the Defence Forces in Ireland
Total grant:	€101,310
Funds deferred from prior year:	€Nil
Received in the year:	€101,310
Grant taken to I&E:	€38,244
Amounts deferred at year end:	€63,066
Expenditure:	€38,244
Remaining in reserves:	€Nil
Term:	Ongoing
Date received:	Monthly
Restriction on use:	Per grant agreement
Tax clearance:	Yes

NSRF
National Suicide
Research Foundation