

Annual Report



NSRF
National Suicide
Research Foundation

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Compiled and designed by Emer O'Callaghan, NSRF.

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Suicide Research Foundation website: www.nsrf.ie



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Foreword

This Annual Report of the National Suicide Research Foundation (NSRF) serves a dual purpose. It contains the Members' Report and Financial Statements for the year ended December 31st 2016, as tabled at the meeting of the Executive Committee on May 17th 2017 and at the Annual General Meeting of the Board of Members on September 27th 2017. The Annual Report also contains a summary report on the research and associated activities undertaken by the team in 2016/2017.

The NSRF is constituted as a company limited by guarantee (Company Number 224676) as set out under the Companies Act 2014. Its purpose and objectiveness and how it conducts its business are set out in its Constitution which is posted on its website www.nsr.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 NSRF was established by the late Dr Michael J Kelleher in November 1994 as the Suicide Research Foundation Limited. Permission was subsequently granted by the Companies Registration Office to dispense with the word Limited in the title of the company and in 2001, the Registrar of Business Names granted permission to use the name of National Suicide Research Foundation. The NSRF relocated to the Western Gateway Building in University College Cork in 2012 as part of the National Health Services Research Institute which received capital funding from the HEA's PRTL1-V. The governance structure together with a list of personnel is on Pages 9 - 11.

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

In accordance with the Companies Act 2014, the Financial Statements 2016 have been prepared by independent auditors H&A Accounting Services Limited t/a Hickey & Associates, Cork. The Financial Statements 2016 have been approved by the members of the Executive Committee and have been submitted to the Companies Registration Office. The turnover in 2016 was €1,340,781 and the net surplus for the year after taxation was €7,342. The NSRF employed forty-two people during 2016. Costs in respect of salaries and pensions amounted to €948,867 and social security costs were €91,860. The total liability to the Revenue Commissioners in respect of 2016 PAYE/PRSI/USC was €283,293. We are grateful to Ms Shelley Meenehan of Hickey & Associates for her sterling work on the audit of the NSRF accounts.

In 2016, the NSRF co-ordinated 19 research projects in the area of suicide, self-harm and related mental health issues including the evaluation of intervention and prevention programmes for suicide and self-harm. The NSRF meets requests for information from a wide range of stakeholders in policy, health and social services on a weekly basis. In addition, the NSRF receives an increasing number of requests for information and advice from the general population. In 2016, NSRF staff members were involved in 10 papers published in peer-review journals, including a number of high impact journals. In addition, NSRF staff members presented more than 80 lectures at local, national and international seminars and conferences. In addition, in 2016, the NSRF provided briefing documents for the National Office for Suicide Prevention, Department of Health and other key stakeholders on an on-going basis.

The NSRF works closely with the Health Service Executive's National Office for Suicide Prevention in relation to providing research and evidence in line with the objectives of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020. The NSRF has an Overall Agreement with NOSP for the duration of *Connecting for Life* and receives annual funding, subject to a Service Arrangement, for the running of the National Self Harm Registry Ireland

and agreed research projects in the area of improved quality in suicide prevention.

Additionally, the NSRF has a long track record in obtaining grant funding from agencies such as the European Commission and the Health Research Board of Ireland. A breakdown of the Income and Expenditure 2016, in respect of the different tranches of funding, is contained in the Financial Statements 2016 on Pages 55 - 79.

Following the publication of the WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm in 2016, which is based on the template of the Irish Registry, the NSRF has fulfilled an increasing number of requests to guide countries in developing a regional or national surveillance system for self-harm in European, Eastern Mediterranean, African and Asian countries.

Even though the annual report, in the main, relates to 2016, we would like to take the opportunity to announce the appointment in July 2017 of Dr Paul Corcoran as Director of Research at the NSRF. The vacancy for the position of Director of Research came about on the appointment of Professor Ella Arensman as Research Professor at the Department of Epidemiology and Public Health in University College Cork. Professor Arensman is leading the research programme funded by the Health Research Board Research Leaders Programme entitled Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services. In addition to her appointment with University College Cork, Professor Arensman has been appointed as Scientific Director at the NSRF.

We would like to thank the members of the NSRF team for their dedication and hard work in 2016 and look forward to continuing to work together in efforts to provide the strong research base necessary to underpin efforts in addressing the significant public health issue that is suicide.



Ms Eileen Williamson

Executive Director
Company Secretary



Professor Ella Arensman

Research Professor
Scientific Director

About Us

Who We Are

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

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

The NSRF's principal aims are to build capacity in knowledge and expertise to achieve greater understanding of the causes of suicide and self-harm in Ireland, and to improve evidence-informed programmes in self-harm intervention, suicide prevention and mental health promotion.

The NSRF is a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention and, as such, fulfills an advisory role to the WHO, and, additionally, provides guidance to countries internationally in developing and implementing registration systems and prevention programmes for self-harm and suicide. Furthermore, the NSRF's research contributes to international policy development in suicide prevention.

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

What We Do

The NSRF undertakes research into a wide range of topics relating to suicide and self-harm and, accordingly, provides the knowledge base for suicide prevention, intervention and postvention strategies.

The NSRF's specialist areas of expertise include:

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

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

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

National Suicide Research Foundation

Highlights for the Year 2016



200 email subscribers



1863 Likes on Facebook



830 Followers on Twitter



18 Board Members



New Website launched



27,804
Website Views



Top Visitors to
www.nsrif.ie

Scopus*

1,000 citations



1,800 citations

} by NSRF Team

Established for



23 Years

85 Lectures and Presentations



10 Peer reviewed papers



19 On-going Surveillance Systems and Studies



€1,340,781 Turnover



The Team





National Suicide Research Foundation

Limited Company : 224676
Registered Charity : 20030889
Charity Tax Number: CHY 11351

Board of Members

Executive Committee

Steering Group / Directorate

Employees Report to :
The Directorate

Employees

Board of Members

Professor Ella Arensman

Research Professor, Department of Epidemiology & Public Health
University College Cork
Scientific Director, National Suicide Research Foundation
President, International Association of Suicide Prevention

Mrs Patricia Behan

Founder, Suicide Aware Ireland

Professor Colin Bradley

Professor/Head, Department of General Practice University
College Cork

Bishop John Buckley

Catholic Bishop, Cork & Ross

Professor Patricia Casey

Professor of Psychiatry University College Dublin; Consultant
Psychiatrist the Mater Misericordiae University Hospital

Professor Eugene Cassidy

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

Bishop Paul Colton

Anglican Church of Ireland Bishop, Cork Cloyne and Ross

Dr Paul Corcoran

Senior Lecturer, Perinatal Epidemiology at the National Perinatal
Epidemiology Centre (NPEC) Department of Obstetrics &
Gynaecology and Department of Epidemiology & Public Health
University College Cork

Mr Dave Drohan

South Regional Director, Resilience Ireland
Former General Manager, HSE South

Dr Birgit Greiner

Senior Lecturer, Department of Epidemiology & Public Health
University College Cork

Mr Bertie Kelleher

Retired Principal, Colaiste an Spiorad Naomh Cork

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr Patrick Madden (*resigned December 2nd 2016*)

Former CEO, Mercy University Hospital Cork
Former Programme Manager Mental Health, HSE South

Mr James McCarthy

Transaction Advisory Services Associate Director, Ernst & Young
Cork

Mr Barry McGale

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

Mr Tom O' Dwyer

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

Mr Mike O'Sullivan

CEO, Nano Nagle Place Cork

Professor Ivan J Perry

Professor/Head, Department of Epidemiology & Public Health
University College Cork,
Principal Investigator HRB Centre for Health & Diet Research

Eileen Williamson

Executive Director, Company Secretary, National Suicide
Research Foundation

Executive Committee

Professor Eugene Cassidy

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

Mr Dave Drohan

South Regional Director, Resilience Ireland
Former General Manager, HSE South

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr Patrick Madden (*resigned December 2nd 2016*)

Former CEO, Mercy University Hospital Cork
Former Programme Manager, Mental Health HSE South

Mr James McCarthy

Transaction Advisory Services Associate Director, Ernst & Young,
Cork

Mr Barry McGale

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

Mr Mike O'Sullivan

CEO Nano Nagle Place Cork

Professor Ivan J. Perry

Professor/Head of the Department of Epidemiology & Public
Health University College Cork
Principal Investigator HRB Centre for Health & Diet Research

Steering Group

Professor Ella Arensman

Research Professor Department of Epidemiology & Public Health
University College Cork
Scientific Director National Suicide Research Foundation,
President of the International Association of Suicide Prevention

Eileen Williamson

Executive Director
Company Secretary National Suicide Research Foundation

Steering Group Main Tasks and Objectives

- Strategic planning and decision making on research and related activities of the NSRF
- Management, training and supervision of all research projects and staff working with the NSRF
- Acquisition of funding for core research projects and pursuing developmental funding for research innovation
- Ensuring dissemination of the outcomes of the NSRF's research projects in high quality reports and peer-review papers, and its impact on policy and practice
- Ensuring multidisciplinary and interdisciplinary collaboration with relevant agencies and stakeholders at national and international level

Personnel (in 2016)

Professor Ella Arensman

Scientific Director

Marco Bennardi

MARATONE Student Marie Curie Funded Project

Ruth Benson

PhD Student HRB RLA

Dr Paul Corcoran

Senior Statistician

Dr Colette Corry

Senior Research Officer Donegal Project

Caroline Daly

PhD Scholar

Research Officer International Association for Suicide Prevention

Dr Martin Davoren (*resigned August 2016*)

Research Officer SSIS-ACE Project

Dr Christina Dillon

Data Manager National Self Harm Registry Ireland

Post Doctorate Researcher

Hugh Duane

NOSP Information Officer

Anne Fitzpatrick

Business Manager

Dr Eve Griffin

Manager, National Self Harm Registry Ireland

Senior Post Doctorate Researcher

Tiernan Hourihan

Research Support Officer Technical

Dr Celine Larkin (*resigned May 2016*)

Project Co-ordinator SSIS-ACE Project

Dr Dorothy Leahy

Post Doctorate Researcher HRB RLA

Dr Sara Leitao-Alexandre

Research Officer SSIS ACE Project

Dr Elaine McMahon

Research Fellow HRB ICE Programme

Jacklyn McCarthy

Research Officer SSIS ACE Project

Niall McTernan

Research Support Officer

Karen Mulcahy

Research Administrator

Emilie Mullins

Research Officer SSIS ACE Project

Aoife Murphy

Research Officer

Emer O'Callaghan

Communications and Marketing Manager

Orla O'Connor

Research Officer

Gretta O'Connell

Research Officer Evaluation of Erris Social Prescribing Project

Research Officer SSIS ACE Project

Grace O'Regan

PhD Student HRB RLA

Research Officer

Ailbhe Spillane

SPHeRE HRB Scholar

Eileen Williamson

Executive Director

National Dialectical Behaviour Therapy (DBT) Project

Louise Dunne

Administrator

Conall Gillespie

Research Officer

Justina Hurley

Research Officer

Paula Hurley

Research Officer

Dr Mary Joyce

Project Co-ordinator

Mareike Weihrauch

Research Officer

Post-Doctoral Team

Dr Colette Corry**Dr Martin Davoren** (*resigned August 2016*)**Dr Christina Dillon****Dr Eve Griffin****Dr Mary Joyce****Dr Celine Larkin** (*resigned May 2016*)**Dr Dorothy Leahy****Dr Sara Leitao-Alexandre****Dr Elaine McMahon**

Data Registration Officers

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

HSE West Region

Eileen Quinn
Letterkenny General Hospital

Mary Nix
Mayo General Hospital
Portiuncula Hospital, Ballinasloe
Galway University Hospital

Catherine Murphy
University Hospital Limerick
Ennis Hospital
Nenagh Hospital
St. John's Hospital, Limerick

Ailish Melia
Sligo Regional Hospital

HSE Dublin/North East Region

Agnieszka Biedrycka & Adrienne Timmins
Mater Misericordiae University Hospital, Dublin

Alan Boon
Beaumont Hospital
Connolly Hospital, Blanchardstown
Childrens University Hospital, Temple Street

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

HSE Dublin/Midlands Region

Liisa Aula
St. Columcille's Hospital, Loughlinstown
'Other' Hospital, Dublin
St. Michael's Hospital, Dun Laoghaire

Edel McCarra & Sarah MacMahon
Our Lady's Children's Hospital, Crumlin

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

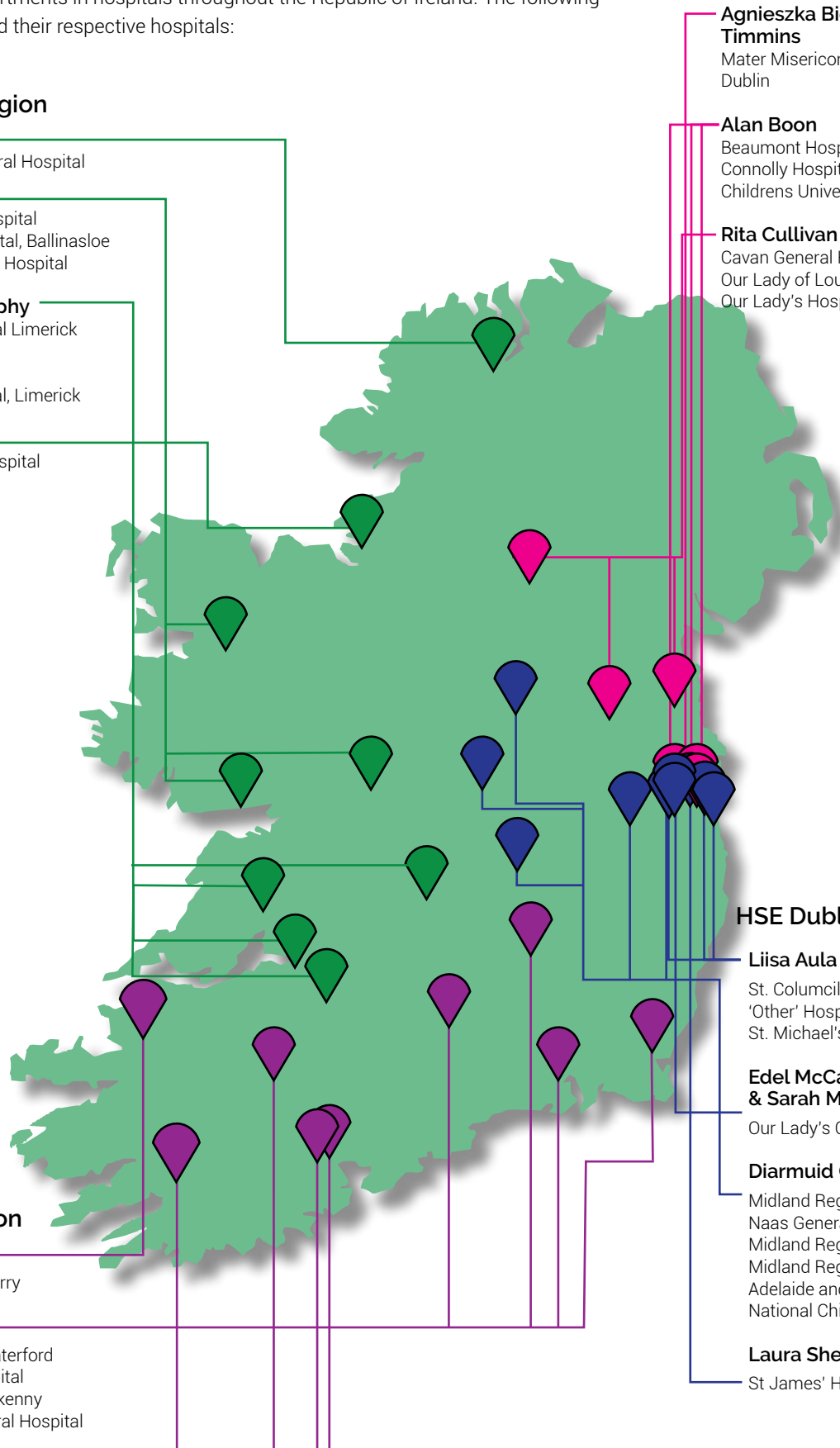
Laura Shehan
St James' Hospital

HSE South Region

Karen Twomey
University Hospital, Kerry

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

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



Membership of Committees and Steering Groups

| Professor Ella Arensman | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| The International Association for Suicide Prevention (IASP) | President |
| European Alliance Against Depression | Vice-President |
| EuroSafe Task Force on Suicide and Deliberate Self Harm | Coordinator |
| World Health Organisation | Advisor |
| European Regions Enforcing Actions Against Suicide (EUREGENAS) | Advisor |
| IASP Special Interest Group - Clusters and Contagion in Suicidal Behaviour | Co-Chair |
| Crisis, The Journal Of Crisis Intervention and Suicide Prevention | Co-Editor and Reviewer |
| CSO Liaison Group on Suicide Mortality Statistics | Member |
| National Cross Sectorial Steering and Implementation Group for Connecting for Life 2015–2020 | Member |
| Graduate Studies Board Committee, Department of Epidemiology and Public Health, University College Cork, Ireland | Member |
| Programme Steering Group for the UK study on suicide and self-harm funded by the National Institute for Health Research, UK | Member |
| National Steering Group of the Mental Health Awareness Campaign - Ireland | Member |
| National Steering Group for the Implementation of the Suicide Crisis Assessment Nurse (SCAN) programme | Member |
| National Steering Group for the Implementation of the National Suicide Bereavement Liaison Service | Member |
| Steering Group for the National Implementation of Dialectical Behaviour Therapy | Member |
| Research Working Group for the National Implementation of Dialectical Behaviour Therapy | Member |
| Steering Group for the evaluation of the Pieta House Intervention Model | Member |
| Steering Group for the Study of Untimely Sudden Deaths and People who Took their Lives while in the care of the Donegal Mental Health Service | Member |
| Archives of General Psychiatry | Reviewer |
| Archives of Suicide Research | Reviewer |
| British Medical Journal | Reviewer |
| British Journal of Psychiatry | Reviewer |
| Irish Journal of Medical Science | Reviewer |
| Irish Medical Journal | Reviewer |
| Journal of Affective Disorders | Reviewer |
| Journal of Epidemiology and Community Health | Reviewer |
| Lancet | Reviewer |
| Lancet Psychiatry | Reviewer |
| Health Research Board, Ireland | Reviewer |
| Department of Health, UK | Reviewer |
| Department of Health – Research & Development, Northern Ireland | Reviewer |

| Dr Paul Corcoran | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Graduate Studies Board Committee, Department of Obstetrics and Gynaecology and Department of Epidemiology and Public Health, University College Cork | Member |
| Dr Eve Griffin | |
| Northern Ireland Registry of Self Harm Regional Steering Group | Member |
| Special Interest Group – Child Injury Prevention | Member |
| European Injury Data Base (IDB) | National Data Administrator |
| International Association for Suicide Prevention | Member |
| Royal Academy of Medicine in Ireland (RAMI) | Member |
| Psychopharmacology | Reviewer |
| Irish Medical Journal | Reviewer |
| Dr Margaret Kelleher | |
| Irish Association of Suicidology. | Director |
| International Academy for Suicide Research | Member |
| Ms Eileen Williamson | |
| Steering Group for the National Implementation of Dialectical Behavioural Therapy | Member |
| Association for Child and Adolescent Mental Health Special Interest Group | Member |
| International Association for Suicide Prevention | Member |
| Steering Group for the Study of Untimely Sudden Deaths and People who Took their Lives while in the care of the Donegal Mental Health Service | Member |
| CSO Liaison Group on Suicide Mortality Statistics | Co-Chair and Member |
| International Journal of Injury Control and Safety Promotion | Reviewer |
| Irish Journal of Psychological Medicine | Reviewer |



National Suicide Research Foundation

Research Strategy

Aim

To produce a nationally and internationally recognised body of reliable knowledge from a multidisciplinary and interdisciplinary perspective on the risk and protective factors associated with suicidal behaviour, and the effectiveness of self-harm intervention and suicide prevention programmes.

Outcome

A solid evidence base for policy development and intervention in the prevention of suicide and the management of patients presenting with self-harm.

Priorities are in line with *Connecting or Life* Ireland's National Strategy to Reduce Suicide 2015 - 2020

1.
Research projects addressing the extent of self-harm and suicide, patterns, risk and protective factors.

2.
Efficacy of intervention and prevention programmes for self-harm and suicide, and attitudes towards suicidal behaviour and its prevention.

I. Research projects addressing the extent of self-harm and suicide: Patterns, risk and protective factors (some studies will be ongoing into 2017/2018)

Self-harm

1. National Self-Harm Registry Ireland: Monitoring of all hospital treated self-harm cases since 2002
2. Improving assessment and aftercare of self-harm patients presenting to Hospital Emergency Departments (HSE South)
3. The association between intentional and unintentional injuries
4. Self-Harm Registry Northern Ireland (NSRF is key collaborator)
5. In-depth analyses and dissemination of the data from the studies: Saving and Empowering Young Lives in Europe (SEYLE) and Child and Adolescent Self-harm in Europe (CASE) in collaboration with national and international researchers
6. The interaction between psychological vulnerability and the impact of social contagion associated with self-harm (part of MARATONE)
7. Types of drugs used in intentional drug overdose
8. Risk and protective factors associated with high-risk self-harm (SSIS-ACE and IMPRESS)
9. Risk and protective factors associated with self-harm among people with a history of frequent self-harm repetition (IMPRESS)
10. Early identification and geospatial analysis of emerging clusters of self-harm
11. Cyberbullying, mental health and self-harm

Suicide

12. Implementation of a Suicide Support and Information System: A study in the Cork region
 - a. Improved facilitation of support to those bereaved by suicide,
 - b. Identification of risk factors associated with suicide,
 - c. Identification of emerging suicide clusters - Dissemination
13. Risk and protective factors in relation to suicide among people who resided in industrial schools as children –Dissemination
14. Improved prediction of suicide risk through linking self-harm and suicide mortality data
15. Accuracy of recording systems of suicide and other external causes of death
16. Psychosocial, psychiatric and work related factors associated with suicide: a case-control study (SSIS-ACE)
17. Research into a potential suicide cluster among people who died by suicide and who were in contact with the Donegal Mental Health services at time of death
18. Psychological and physical outcomes in suicide survivors
19. Early identification and geospatial analyses of suicide clusters
20. Development of a Suicide and Self-Harm Observatory to access real-time data on suicide

II. Efficacy of intervention and prevention programmes for self-harm and suicide, and attitudes towards suicidal behaviour and its prevention

Efficacy of intervention programmes for self-harm patients

1. Five level community-based intervention project for depression and suicidal behaviour: (OSPI) - Dissemination
2. Training of emergency department and mental health care staff in increasing awareness of self-harm and suicide
3. Implementation and evaluation of an internet-based guided self-management intervention for young people and adults with mild to moderate depression (PREDI-NU)
4. Effectiveness of psychological and pharmacological treatments for self-harm
5. Effectiveness of suicide prevention programmes

Attitudes towards suicidal behaviour and its prevention

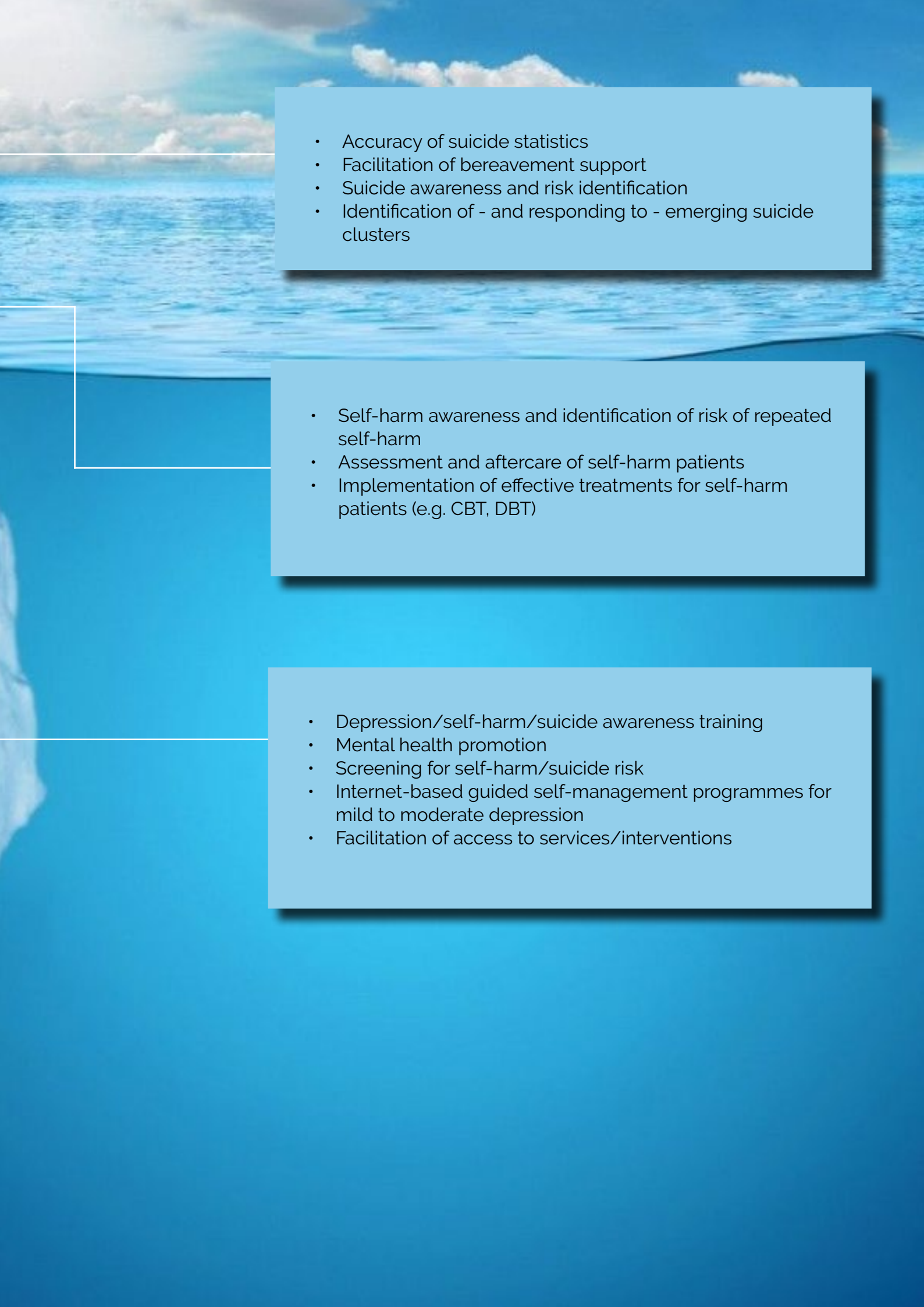
6. Attitudes towards suicide and its prevention among policy, health care and community-based professionals including politicians, coroners, GPs, nurses, pharmacists, Gardai etc.


Suicide
APP. 550 P.A.

The image features a large iceberg floating in the ocean. The top part of the iceberg is above the water surface, while the bottom part is submerged. A white triangle is overlaid on the iceberg, with three horizontal lines dividing it into three sections. Each section contains a text box with statistics. The top section is the smallest, the middle section is larger, and the bottom section is the largest, representing the 'hidden' cases of self-harm.

Self-Harm
Medically treated
APP 11,000 P.A.

“Hidden” cases
of
Self-harm
APP. 60,000 P.A.

- 
- Accuracy of suicide statistics
 - Facilitation of bereavement support
 - Suicide awareness and risk identification
 - Identification of - and responding to - emerging suicide clusters

- 
- Self-harm awareness and identification of risk of repeated self-harm
 - Assessment and aftercare of self-harm patients
 - Implementation of effective treatments for self-harm patients (e.g. CBT, DBT)

- Depression/self-harm/suicide awareness training
- Mental health promotion
- Screening for self-harm/suicide risk
- Internet-based guided self-management programmes for mild to moderate depression
- Facilitation of access to services/interventions



National Self-Harm Registry Ireland

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

The Registry Aims

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

Personnel Involved

Director of Registry: Professor Ivan Perry (Epidemiology and Public Health, University College Cork)

Registry Manager: Dr Eve Griffin

Data Manager: Dr Christina Dillon

Personnel Involved: Ms Eileen Williamson, Professor Ella Arensman, Dr Paul Corcoran, Mr Tiernan Hourihan

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

Specific Objectives 2017

- Form part of the Outcomes Frameworks for Connecting for Life, 2015-2020 and Healthy Ireland, 2013-2025;
- On-going linkage of data from the National Self-Harm Registry Ireland with suicide mortality data at national level, to expand to 2012-2014 data;
- Explore potential for linkage of Registry data with other datasets;
- Expand the scope of the Registry data items to include data on psychosocial and psychiatric assessment in at least 12 hospitals;
- Continue use of the Registry template as international best practice in self-harm surveillance, as recommended by the World Health Organisation (WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-harm. Geneva, WHO. 2016).
- Develop an E-Learning programme based on the WHO Practice Manual to support wider dissemination.

Specific Research Topics 2017

- Research into trends in self-harm among children and adolescents
- Research into referrals and assessment patterns following self-harm
- Research into correlations between self-harm and weather patterns
- Research into impact of service reconfiguration and self-harm
- Research into predictors of short term and long term risk of repeated self-harm and suicide among self-harm patients with a history of multiple acts of self-harm (i.e. major repeaters) and those engaging in highly lethal acts of self-harm
- Research into profile of intentional drug overdose presentations in Ireland
- On-going identification of emerging clusters of self-harm using geo-spatial analyses
- Improving surveillance and monitoring of self-harm in Irish prisons

Northern Ireland Registry of Self-Harm

The Northern Ireland Registry of Self-Harm is operated by the Public Health Agency in Northern Ireland. The Registry was introduced in the Western Trust Area in 2007 as part of the Protect Life –Suicide Prevention Strategy, using comparable standard operating procedures to that of the National Self-Harm Registry Ireland. The Registry has been implemented across all Health and Social Care Trusts in Northern Ireland since April 2012.

Personnel Involved

Dr Eve Griffin, Dr Christina Dillon, Mr Brendan Bonner (Public Health Agency), Ms Linda Cassidy (Public Health Agency).

As part of the operation of this Registry, the National Suicide Research Foundation provides the following services:

- Statistical analysis and independent verification of data from the Northern Ireland Self-Harm Registry
- Contribution to quarterly and annual reporting of data from the Registry
- Preparation of annual reports
- Preparation of comparative journal articles

Specific Research Objectives 2017

- Examine area-level variation of self-harm in Northern Ireland
- Explore profile of presentations to hospital involving suicidal ideation
- Publication of a five-year summary report and individual Trust area reports

Suicide Support and Information System (SSIS)

The SSIS is an innovative system that was developed to provide access to support for those bereaved by suicide, while also, collecting information on risk factors associated with suicide and deaths classified as open verdicts.

The SSIS Aims

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

Personnel Involved

Lead Principal Investigator: Prof Ella Arensman, Dr Celine Larkin, Ms Jacklyn McCarthy, Ms Eileen Williamson, Prof Ivan Perry (NSRF; Epidemiology and Public Health, University College Cork)

Specific Objectives 2017

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



Studies

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

Study Aim

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

Specific Objectives

1. To determine specific psychosocial, psychiatric and work-related factors associated with suicide. In order to determine specific factors associated with suicide, significant differences between suicide cases and General Practice patient controls, and between suicide cases and ED patient controls who have presented with an act of high risk non-fatal suicidal behaviour were investigated
2. To determine protective factors which prevent people from engaging in suicide
3. To investigate consistency of information obtained retrospectively on suicide cases, self-harm patients and the general population using multiple sources

Personnel Involved

Senior Researchers: Dr Sara Leitao, Dr Celine Larkin, Ms Jacklyn McCarthy, Dr Dorothy Leahy, Dr Martin Davoren
 Research Officers: Ms Gretta O'Connell, Ms Ailbhe Spillane, Ms Grace O'Regan, Mr Niall McTernan, Ms Emilie Mullins, Mr Tiernan Hourihan
 Principal Investigator: Prof Ella Arensman
 Co-supervisors and partners: Dr Birgit Greiner, Ms Eileen Williamson, Prof Ivan Perry, Dr Paul Corcoran, Dr Eve Griffin, Prof Eugene Cassidy, Dr James Kinahan, Dr Carmel McAuliffe, Prof Colin Bradley, Dr Christina Dillon

Specific Objectives 2017

- Completion of data analysis in relation to the primary outcomes paper
- First presentation of primary outcomes of SSIS-ACE at seminars for Healthcare and Community based professionals
- Completion of protocol paper and primary outcomes paper for peer-review journals

Link with Connecting for Life Strategy

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups
 Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour
 Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Suicide prevention strategies revisited: 10-year systematic review and Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis

Study Aim

In 2016, two major reviews which synthesise the evidence around suicide prevention were published. The first, Zalsman et al (2016), reviewed the evidence for suicide prevention initiatives over the past ten years. The second, Hawton et al (2016) reviewed the effectiveness of psychosocial assessment for adults who have engaged in self-harm.

Personnel Involved

Co-author: Prof Ella Arensman

Specific Objectives 2017

- Based on the outcomes of both reviews, continue to strengthen the evidence base in several areas of suicide prevention such as :
 - Restricting access to lethal means
 - Promoting school-based awareness programmes
 - Exploring further the anti-suicidal effects of clozapine and lithium
 - Promoting effective pharmacological and psychological treatments for depression
 - Continuing to educate physicians
- Continue to investigate public health approaches such as gatekeeper training, media regulation, internet-based intervention, and helplines, as well as the two health-care approaches of physician education and screening in primary care
- Promote CBT is an effective intervention among adult patients following self-harm
- Promote DBT as an effective intervention in reducing the frequency of repeat self-harm in patients with borderline personality disorder
- Explore further the practice of sending regular postcards to reduce the proportion of patients repeating self-harm, in particular in settings where community psychiatric services are limited

Link with Connecting for Life Strategy

Goal 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Goal 5: To ensure safe and high quality services for people vulnerable to suicide

Goal 6: To reduce and restrict access to means of suicidal behaviour

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

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

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

Study Aim

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

The design is a prospective cohort study consecutive of self-harm patients of all ages presenting to emergency departments in all 34 hospitals in Ireland, between 2008 and 2015 (approximately 11,000 self-harm presentations per year), allowing for at least 24 months follow-up.

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

In 2016, a survey was conducted among the Data Registration Officers to verify the possibility to obtain additional data items, in particular: current psychiatric diagnosis, previous psychiatric treatment, and previous self-harm. In addition, an amendment was prepared for accessing the proposed additional information on clinical characteristics of self-harm patients in the 12 largest hospitals for the Ethics Committee (CREC).

Personnel Involved

PhD researcher: Ms Grace O'Regan

Principal Investigator: Prof Ella Arensman

Co-supervisors and partners: Dr Dorothy Leahy, Dr Paul Corcoran, Dr Frances Shiely, Dr Eve Griffin, Prof Eugene Cassidy, Prof Nav Kapur, Prof Keith Hawton

Specific Objectives 2017

- Conduct survival analysis using the core data items of the Registry
- Conduct survival analysis using additional data items obtained from a smaller number of hospitals
- Complete paper based on the outcomes of the survival analysis

Link with Connecting for Life Strategy

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

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

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

Study Aim

The objectives of this study are: 1) to examine psychosocial, psychiatric and work related factors associated with repeated self-harm among major repeaters (i.e. those with 5 or more previous self-harm acts) and patients with high risk suicidal behaviour; 2) to examine the sensitivity and specificity of factors associated with repeated self-harm; 3) to develop a risk assessment procedure for repeated self-harm and suicide for use in a general hospital setting. This study will complement the research into sensitivity and specificity of predictors associated with repeated self-harm conducted in the previous Registry based study.

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

Personnel Involved

PhD researcher: Ms Grace O'Regan

Principal Investigator: Prof Ella Arensman

Co-supervisors and partners: Dr Dorothy Leahy, Dr Paul Corcoran, Dr Frances Shiely, Dr Eve Griffin, Prof Eugene Cassidy, Prof Nav Kapur, Prof Keith Hawton

Specific Objectives 2017

- To continue data collection on consecutive cases of high risk self-harm patients and major repeaters in four hospitals
- To conduct baseline and follow-up interviews with high risk self-harm patients and major repeaters
- To conduct analyses using the baseline interview data
- Complete paper for peer review journal on the baseline data

Link with Connecting for Life Strategy

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Health Research Board (HRB) Interdisciplinary Capacity Enhancement (ICE)

Study Aim

This project involves using existing large scale data-sets to address important questions in the area of youth mental health and suicidal behaviour.

Personnel Involved

Postdoctoral Research Fellow: Dr Elaine McMahon

Lead Principal Investigator: Prof Mary Cannon (Royal College of Surgeons in Ireland)

Other Investigators: Dr Paul Corcoran (NSRF; Cork University Maternity Hospital), Dr Helen Keeley (Child and Adolescent Mental Health Services), Mr Derek Chambers (Inspire Ireland), Dr Mary Clarke (Royal College of Surgeons in Ireland), Prof Pat McGorry (Orygen Centre Melbourne), Ms Eileen Williamson

Background

This research programme addresses the important area of youth mental health. Addressing young people's mental health needs is crucial if they are to fulfil their potential. Key longitudinal studies have revealed that most individuals with a psychiatric disorder have had a diagnosable illness much earlier in life. Therefore, we must develop more robust risk/predictive models by looking in childhood and adolescence for the early signs of mental illness and for patterns of symptoms or risk factors that point towards later mental ill-health or adverse outcomes such as suicide.

Specific Objectives

1. What is the prevalence of mental health problems and risk behaviours in Irish adolescents and what means of help-seeking do young people in Ireland employ?
Dr McMahon and colleagues have completed work on a report of the mental health and wellbeing of Irish adolescents: Young lives in Ireland. A school-based study of mental health and suicide prevention). In this study of over 1,000 Irish adolescents, the majority reported positive wellbeing and low levels of risk behaviours. However, 23.7% had anxiety symptoms suggestive of a possible disorder and 13.8% had depressive symptoms suggestive of disorder. Serious suicidal thoughts were reported by 7.0% of the adolescents and 3.6% reported having attempted suicide at some time in their lives. The report also highlighted the effectiveness of universal school-based mental health awareness programmes.
2. Is physical activity protective against the development of depression, anxiety and suicidal behaviour?
Work examining associations between physical activity and mental health in European adolescents has been completed, based on the data of the Saving and Empowering Young Lives in Europe (SEYLE) study. More frequent physical activity and participation in sport were both found to independently contribute to greater wellbeing and lower levels of anxiety and depressive symptoms in young people of both sexes (McMahon, E. M., Corcoran, P., O'Regan, G., Keeley, H., Cannon, et al (2016). Physical activity in European adolescents and associations with anxiety, depression and well-being. *European Child and Adolescent Psychiatry*).
3. Do migrant adolescents in Europe differ from their native peers in terms of emotional and behavioural problems and self-rated health?
Dr McMahon has led work within the SEYLE international consortium on the topic of the mental and physical health of migrant adolescents. This study identified an elevated risk of suicide attempts and behavioural difficulties among young migrants in Europe. (McMahon, E., Corcoran P., Keeley H., Cannon M., et al. Mental Health difficulties and suicidal behaviours among young migrants - a multicentre study of European adolescents, under review).

Link with Connecting for Life Strategy

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Goal 5: To ensure safe and high quality services for people vulnerable to suicide

European Alliance Against Depression (EAAD)

Study Aim

The European Alliance Against Depression (EAAD) is an international non-profit organisation based in Leipzig, Germany, with several members and more than 100 regional network partners in Europe, Canada, South America and Australia. The main aim of the European Alliance Against Depression is to improve care and optimise treatment for patients with depressive disorders and to prevent suicidal behaviour. Specific objectives of the EAAD 4-level approach include:

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

In 2016, the NSRF delivered EAAD GP and mental health care professional trainings to 140 participants. In addition, training programmes were provided to community facilitators including trainee Guidance Counsellors, staff information centres and staff from an IT Company. In 2016, the NSRF contributed to the dissemination of the media guidelines for reporting of suicide on an on-going basis.

The NSRF also developed a website including evidence based information for people bereaved by suicide and information for GPs and Mental Health professionals: www.suicidesupportandinformation.ie .

Due to funding constraints in 2016, not all EAAD 4 level interventions could be implemented.

The NSRF led a major grant application based on EAAD, with primary focus on mental health and suicide prevention among refugees in European and Low and Middle Income Countries, which was submitted to the EU Horizon 2020 funding programme.

Personnel Involved

Principal Investigator: Prof Ella Arensman

Other Investigators: Ms Eileen Williamson, Mr Niall McTernan, Prof Ulrich Hegerl, Prof Victor Perez, Dr Elisabeth Kohls.

Specific Objectives 2017

- The NSRF will continue to roll out the EAAD 4-level intervention programme.
- The NSRF will pursue further funding applications for the EAAD 4-level approach, in particular the EU Horizon 2020 funding programme.

Link with Connecting for Life Strategy

Goal 1: To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing.

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

EU-Marie Curie: Mental Health Training through research network in Europe (MARATONE)

Study Aim

To identify risk factors for long-term repetition of self-harm and suicide among children, adolescents and young adults presenting to hospital emergency departments in Ireland.

Personnel Involved

Researcher: Mr Marco Bennardi

Principal Investigator/Supervisor: Prof Ella Arensman

Co-supervisors: Ms Eileen Williamson, Dr Elaine McMahon

Specific Objectives for 2017

- A funding application for a follow up project named TANDEMs has been prepared and is being updated.
- The objectives of the TANDEMs programme are as follows:
 - 1) Examine the extent of excess mortality among people with severe and milder forms of depression, including people with co-morbid mental and physical health problems, from adolescence to old age;
 - 2) Identify modifiable psychological and environmental risk factors of excess mortality over the life time and taking into account how these may vary for people with severe depression and co-morbid mental and physical health problems;
 - 3) Enhance procedures for timely health screening and identify targets for awareness programmes for health professionals in detecting co-morbid physical symptoms and illness among people with severe and milder forms of depression.
- Specific modifiable risk factors will be identified taking into account how these may be different across people with severe depression and co-morbid mental and physical health problems. Results will facilitate health and mental health professionals in providing timely health screenings on a structural basis to those with severe depression and other severe mental disorders. In addition, this would enhance the uptake of lifestyle interventions.

Link with Connecting for Life Strategy

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Goal 5: To ensure safe and high quality services for people vulnerable to suicide.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm

Study Aim

The NSRF worked with the WHO on a Practice Manual for Establishing Surveillance Systems for Suicide Attempts and Self-Harm, based on the National Self-Harm Registry Ireland. This resulted in a collaborative publication with WHO in June 2016. The Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm is essential to the practice of public health, to guide prevention, monitor activities and evaluate outcomes of such activities. This manual aims to provide a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records. The manual is based on the template of the National Self-Harm Registry Ireland, and considered surveillance systems for suicide attempts and self-harm worldwide.

Personnel Involved

Principal Investigator: Prof Ella Arensman

Other Investigators: Ms Eileen Williamson, Ms Grace O'Regan, Ms Justina Hurley, Dr Eve Griffin

Specific Objectives 2017

- The NSRF is currently preparing a proposal to develop an e-learning programme based on the WHO practice manual for Practice Manual for Establishing Surveillance Systems for Suicide Attempts and Self-Harm.
- The NSRF is also working with the WHO in developing a document to provide information and guidance to government representatives and policy makers on specific evaluation indicators for the assessment of the quality of the implementation of national suicide prevention programmes, and primary and secondary outcome indicators. The NSRF is envisaging to undertake this work in collaboration with a number of international research centres based in other countries with a track record in this specific area (e.g. UK, Belgium, Germany, US, Australia, New Zealand) in order to combine international expertise.
- In 2016, the NSRF was involved in collaborative activities with other WHO Collaborating Centres, including the WHO Collaborating Centre for Research and Training in Suicide Prevention, Australian Institute for Research and Training in Suicide Prevention, Brisbane, Australia, the WHO Collaborating Centre for Research, Methods, Development and Training in Suicide Prevention, National Swedish Stockholm Centre for Suicide Research and Prevention of Mental Ill-Health (NASP). This work will continue in 2017.

Link with Connecting for Life Strategy

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Self-harm among homeless people in Ireland

Study Aim

Homelessness is a problem of increasing public health concern in Ireland. In December 2016, there were over 7,000 individuals registered as homeless in Ireland, excluding rough sleepers and those who stayed with relatives and friends (the 'hidden' homeless). Homeless people have higher rates of premature mortality, much of which may be attributable to suicide and unintentional injuries, and the homeless population are a priority group for suicide prevention in Ireland. However, little is known about the incidence of self-harm among this group, and the factors associated with repeated self-harm. The purpose of this research was to examine the incidence of self-harm among the homeless population in Ireland, and to explore the factors associated with episodes of self-harm and repeated self-harm in both the homeless and domiciled populations.

The National Self-Harm Registry Ireland has complete coverage of all self-harm presentations to hospital emergency departments in the country. Most individuals are recorded as living at a fixed household residence, but those who are described as being of no fixed abode, or who live at a recognised homeless hostel or equivalent accommodation, are recorded as being homeless.

There were 58,747 presentations of self-harm to hospital emergency departments during the study period, of which 3.9% were among the homeless population. The overall age-standardised incidence rate of self-harm for the homeless population was 5,572 presentations per 100,000 population, compared with 187 presentations per 100,000 population among those who lived at a fixed residence in the same period; an incidence rate ratio of 30:1. Intentional drug overdose was the most common form of self-harm for each group, but there were significant differences in the types of drugs used. Minor tranquillisers were used in 47% of overdose acts among the homeless population compared with 39% among the domiciled population. Homeless people were significantly more likely to use street drugs for overdose, whereas those with a fixed residence were more likely to use paracetamol, NSAIDs or SSRIs.

This is one of the largest studies to date to focus on self-harm among the homeless population, and it is the first study of its kind in Ireland. The strengths of the study include its complete coverage of hospitals in Ireland, and its large sample size which increased statistical power.

Personnel Involved

Researcher: Dr Peter Barrett

Supervisors: Prof Ella Arensman, Dr Eve Griffin, Dr Paul Corcoran

Specific Objectives 2017

- Prepare a paper for a peer-review journal based on the report
- Wider dissemination of the research outcomes.

Link with Connecting for Life Strategy

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

European Injury Database (IDB): Surveillance of injury-related presentations in Ireland

The European Injury Data Base (IDB) is a data source that contains standardised cross-national information on the external causes of injuries treated in selected emergency departments (EDs) in the EU. As injuries are an important and largely preventable health problem, the IDB provides users with relevant information for public health and consumer safety policies and actions within the EU. The currently available IDB data are produced voluntarily by member states in the framework of temporary projects co-funded by the EU-Health Programme. This database is hosted by the European Commission to provide central access to the data provided by the participating countries. Currently, a selection of about 100 hospitals across the EU provides around 300,000 cases a year for uploading in the EU-database. The database contains information on accidental injuries such as home accidents, sports and leisure injuries, workplace accidents and road accidents and injuries due to violence and self-harm.

IDB in Ireland

The National Suicide Research Foundation is the Irish National Data Administrator for the European Injury Database (IDB). As part of the recent JAMIE project (Joint Action for Monitoring Injuries in Europe, 2011-2014) and supported by the current BRIDGE Health project (2015-2018), the NSRF has successfully implemented a pilot data collection (using a minimum dataset) in one large hospital ED for the years 2013 and 2014.

Study Aim

At present, the project has involved one student from the Masters in Public Health (MPH) programme in UCC. In 2015-16 this student undertook an internship to contribute to the data collection for the IDB system in Ireland and the results from this will form part of her MPH thesis. The thesis focused specifically on examining the profile of injury-related attendances to hospital in Ireland, to examine emerging sub-groups and to examine the involvement of alcohol in injuries presenting to hospital. These findings will also form the basis of a short report. These findings will be disseminated to relevant stakeholders including hospital staff, the Department of Health and the Irish Health Service Executive. The data collected in 2013 was included in the recent 'Injuries in the European Union' report.

Personnel Involved

Dr Eve Griffin, Dr Paul Corcoran (Department of Epidemiology and Public Health, UCC), Ms Orla O'Connor (MPH, UCC).

Link with Connecting for Life Strategy

Goal 6: To reduce and restrict access to means of suicidal behaviour

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

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

Study Aim

This research aims to provide a comprehensive understanding of factors contributing to non-fatal Intentional Drug Overdose (IDO) and subsequent future outcomes. Ultimately the findings of this research will inform legislation and recommendations for means restriction interventions related to suicidal behaviour.

This research will primarily involve the use of data from the National Self-Harm Registry, Ireland, as collected by the National Suicide Research Foundation. Other data that will be involved in this research will include that of fatal intentional overdoses in Ireland, as provided by the National Drug Related Death Index and data on dispensed prescriptions in Ireland obtained via the General Medical Services Scheme under the Primary Care Reimbursement Scheme.

Personnel Involved

PhD Researcher: Ms Caroline Daly

PhD Supervisors: Prof Ella Arensman, Dr Eve Griffin

Official advisors: Prof Ivan Perry (UCC), Prof Darren Ashcroft and Dr Roger Webb (University of Manchester).

Specific Objectives 2017

- To examine the profile of persons engaging in IDO, detailing drugs used, quantifying the contributions of alcohol involvement and multiple drug use
- To examine the use of pregabalin in IDO in Ireland between 2007 and 2015
- To identify the differences between cases of fatal and non-fatal IDO, in terms of profile, drugs taken, alcohol involvement and multiple drug use
- To explore the trends in drugs used in IDO and examine their association with prescribing patterns across time
- To examine the patterns of switching within and between methods of self-harm in persons who first presented to hospital following IDO

Link with Connecting for Life Strategy

Goal 6: To reduce and restrict access to means of suicidal behaviour

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

Fatal and non-fatal suicidal behaviour is a multifactorial problem encompassing individual, psychological, social and environmental components. The psychological health effects of suicide bereavement are well understood. However, the physical health consequences of both fatal and non-fatal suicidal behaviour on family members is lacking. There is also a paucity of research exploring the specific support needs of people bereaved by suicide and people experiencing a family members self-harm, regardless of severity.

Study Aim

The aim of this mixed-methods study is to examine the health effects of fatal and non-fatal suicidal behaviour and how the societal response to suicide, in the form of the inquest process, affects family members physically, psychologically and socially. Semi-structured interviews with family members bereaved by suicide and people who experienced a family member's highly lethal self-harm took place from April 2016 to March 2017. Four superordinate themes were identified from the interviews with suicide-bereaved family members: (1) immediate grief reactions and its consequences; (2) enduring physical, psychological and psychosomatic difficulties; (3) range of support needs required and its influencers; and (4) reconstructing life after deceased's suicide. Analyses of the interviews with people who experienced a family member's highly lethal self-harm is ongoing. A systematic review of the physical and psychosomatic health outcomes of suicide bereavement compared to other modes of death is complete and is under review with BMC Public Health.

Personnel Involved

PhD Researcher: Ms Ailbhe Spillane, Department of Epidemiology and Public Health, University College Cork
Supervisors: Prof Ella Arensman, Dr Paul Corcoran and Dr Karen Matvienko-Sikar (Department of Epidemiology and Public Health, University College Cork)

Specific Objectives 2017:

- Complete and publish the mixed-methods study on the health effects of suicide bereavement on family members
- Complete and publish the qualitative study on the health effects of high-risk self-harm on family members

Link with Connecting for Life Strategy

Goal 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing
Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups
Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

Cyberbullying and young people: Behaviours, experiences, resolutions (CY:BER)

Cyberbullying can be harmful to the health and wellbeing of young people, and has been associated with risk of self-harm and suicide. Progress in tackling it has been hindered by a lack of consensus about the concept and its definition. It is the right of children and young people to have a say in all matters that affect them, including bullying and discrimination. However, the voice of young people is largely absent from the current discourse, particularly in the Irish context. Efforts to understand and address the issue can be enhanced by empowering young people to express their views and involving them in the research process. Youth participation is encouraged in the literature and promoted in current policy related to children and young people such as Better Outcomes, Brighter Futures: A national policy framework for children and young people 2014-2020.

Study Aim

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

Personnel Involved

PhD Researcher: Ms Rebecca Dennehy, Department of Epidemiology and Public Health, University College Cork

Primary Supervisor: Prof Ella Arensman

Co-supervisors: Dr Paul Corcoran, Ms Mary Cronin, (Department of Epidemiology and Public Health, University College Cork)

Specific Objectives 2017

- Completion of data collection and analysis of focus group data
- Preparation of systematic review for peer review journal
- Preparation of paper on the study methodology for peer review journal

Link with Connecting for Life Strategy

Goal 1: To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Preventing Depression and Improving Awareness through Networking in the EU (PREDI-NU)

Study Aim

The PREDI-NU consortium consists of 11 EU countries. The main objectives of the PREDI-NU project are 1) to provide internet-based guided self-management protocols for depression in young people and adults with mild forms of depression: the iFightDepression programme and 2) to increase awareness of depression among health professionals and community facilitators working with adolescents and young adults in order to improve early identification of depression and adequate treatment referral for young people with depression.

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

In 2016, the NSRF delivered GP and mental health care professional trainings on the iFightDepression programme on an on-going basis.

In addition, the NSRF received referrals from GP's and healthcare professionals for access to the programme on an on-going basis.

Personnel Involved

Principal Investigator: Prof Ella Arensman

Other Investigators: Ms Eileen Williamson, Mr Niall McTernan, Prof Ulrich Hegerl, Prof Victor Perez, Dr Elisabeth Kohls.

Specific Objectives 2017

- The NSRF will continue to roll out training on the iFightDepression programme and work with GP's and healthcare professionals to facilitate referral.
- The NSRF will explore funding opportunities to further increase the roll out of Train-the-Trainer programmes.

Link with Connecting for Life Strategy

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

Media reporting of suicide and adherence to media guidelines

Study Aim

This study examines the quality of media reporting of suicide in Ireland and adherence to media guidelines. International research consistently shows evidence for an association between sensationalised media reporting and suicidal behaviour.

Personnel Involved

Researchers: Mr Niall McTernan, Ms Grace O'Regan, Ms Ailbhe Spillane, Ms Eimear Cusack, Mr Brian Waters, Ms Theresa O'Reilly
Principal Investigator: Professor Ella Arensman

Specific Objectives 2017

- Preparation of a paper based on the outcomes of the study for submission to a peer reviewed journal.
- Preparation of briefing documents for circulation among all relevant stakeholders in government, media and the voluntary sector if and when required.
- Work with statutory and non-statutory agencies, the Press Ombudsman and editors and media organisations to promote the implementation of media guidelines using a pro-active approach.
- Work with regulators and government department as outlined in Connecting for Life to explore ways of restricting access to sites that primarily exist to promote suicide or self-harm.
- Ensure that the dialogue between journalists and representatives from other relevant disciplines is on-going, including arranging a workshop for journalists who are using the media guidelines as routine practice and those who are unfamiliar with them.

Link with Connecting for Life

Goal 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing
Specifically

Objective 1.4: Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media.

Collaborations

A Study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service

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

Information was obtained in accordance with the principles of the Suicide Support and Information System – Psychological Autopsy Model, SSIS-PAM (Arensman et al, 2013; 2012). A key component of the SSIS-PAM is its capacity to collect information from multiple sources to corroborate the clinical history of the deceased while also reaching out to family members who may need support in the aftermath of such a tragic event. A total of 34 deaths were included. Of these, 24 family informant interviews took place. Over 92% of those approached agreed to take part.

The study report was launched on 26th April 2016:

Corry C, Arensman E, Williamson E. A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. National Suicide Research Foundation, 2016.

As a result of the current research, DMHS now has a 'real-time' database of information on socio-demographic, psychosocial and psychiatric risk factors which may have contributed to the deaths of those in their care through untimely events or suicide. In May 2016, immediately after the publication of the report, a start was made with the implementation of the evidence based actions, funded by the HSE Donegal. These include:

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

Personnel Involved

Senior Researcher: Dr Colette Corry

Principal Investigator/Supervisor: Professor Ella Arensman

Co-supervisor: Ms Eileen Williamson

Specific Objectives 2017

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

Link with Connecting for Life Strategy

Goal 5: To ensure safe and high-quality services for people vulnerable to suicide.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

The National Dialectical Behaviour Therapy (DBT) Project

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

Project Aim

- Coordinate and support the administration of a national implementation of DBT in Adult and Child/Adolescent Community Mental Health Services across Ireland
- Conduct a comprehensive evaluation of the national implementation of DBT across Community Mental Health Services in Ireland

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

Personnel Involved

Dr Mary Joyce, Ms, Louise Dunne, Ms Justina Hurley, Mr Conall Gillespie
Principal Investigators: Dr Daniel Flynn, Dr Mary Kells

Specific Objectives 2017

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

Link with Connecting for Life Strategy

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour



| Papers published/ in press 2016 | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Suicide among Young People and Adults in Ireland: Method Characteristics, Toxicological Analysis and Substance Abuse Histories Compared | Arensman E, Bennardi M, Larkin C, Wall A, McAuliffe C, McCarthy J, Williamson E, Perry IJ. | PLoS ONE 2016. 11(11): e0166881. |
| Risk of repeated self-harm and Associated factors in children, adolescents and young adults | Bennardi M, McMahon E, Corcoran P, Griffin E, Arensman E. | BMC Psychiatry 2016. 16:421. |
| Effectiveness of Depression-Suicidal Behaviour Gatekeeper Training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study | Arensman E, Coffey C, Griffin E, Van Audenhove C, Scheerder G, Gusmao R, Costa S, Larkin C, Koburger N, Maxwell M, Harris F, Postuvan V, Hegerl U. | International Journal of Social Psychiatry, 1-10. |
| Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis | Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K. | The Lancet Psychiatry 2016. Volume 3, Issue 8, 740 - 750. |
| Suicide prevention strategies revisited: 10-year systematic review | Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, Carli V, Hoschl C, Barzilay R, Balazs J, Purebl G, Kahn JP, Sáiz PA, Bursztein Lipsicas C, Bobes J, Cozman D, Hegerl U, Zohar J. | The Lancet Psychiatry 2016. Volume 3 , Issue 7 , 646 - 659. |
| Variation between hospitals in inpatient admission practices for self-harm patients and its impact on repeat presentation | Carroll R, Corcoran P, Griffin E, Perry I, Arensman E, Gunnell D, Metcalfe C. | Social Psychiatry and Psychiatric Epidemiology, 2016; 51(11): 1485-1493. |
| Physical activity in European adolescents and associations with anxiety, depression and well-being | Mc Mahon EM, Corcoran P, O'Regan G, Keeley H, Cannon M, Carli V, Wasserman D, Balint M, Bobes J, Brunner R, Cozman D, Haring C, Losue M, Kaess M, Kahn JP, Nemes B, Podlogar T, Postuvan V, Saiz P, Sisask M, Tubiana A, Varnik P, Hoven C, Wasserman D. | European Child and Adolescent Psychiatry (2016), Epub. |
| Psychosocial interventions for self-harm in adults | Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K. | Cochrane Database of Systematic Reviews, Issue 5. 2016. |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Exploring synergistic interactions and catalysts in complex interventions: longitudinal, mixed methods case studies of an optimised multi-level suicide prevention intervention in four European countries (Ospi-Europe) | Harris FM, Maxwell M, O'Connor R, Coyne JC, Arensman E, Coffey C, Koburger N, Gusmao R, Costa S, Székely A, Cserhati Z, McDaid D, van Audenhove C, Hegerl U. | BMC Public Health (2016) 16:268. |
| Overview evidence on interventions for population suicide with an eye to identifying best-supported strategies for LMICs | Fleischmann A, Arensman E, Berman A, Carli V, De Leo D, Hadlaczky G, Howlader S, Vijayakumar L, Wasserman D, Saxena S. | Global Mental Health (2016), 3, e5. |
| Reports 2016 | | |
| Northern Ireland Registry of Self-Harm Three-Year Report 2012/13 to 2014/15 | Public Health Agency, Belfast. | Public Health Agency (2016). |
| National Self-Harm Registry Ireland Annual Report 2015. | Griffin E, Arensman E, Corcoran P, Dillon CB, Williamson E, Perry IJ. | National Suicide Research Foundation (2016). |
| Practice Manual for Establishing and Maintaining Suicide Attempt and self-Harm Surveillance Systems | WHO – Arensman E, Williamson E, O'Regan G, Hurley J, Griffin E. | WHO (2016). |
| A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service | Corry C, Arensman E, Williamson E. | NSRF (2016). |
| Book Chapters 2016 | | |
| Self-harm: Extent of the problem and prediction of repetition | Arensman E, Griffin E, Corcoran P. | In: O'Connor R, Pirkis J (Eds.) International Handbook of Suicide Prevention: Research, Policy and Practice (revised edition), 2016. |
| Briefing documents 2016 | | |
| Comment in relation to CSO Vital Statistics Report | Arensman E. | 31st May. |
| Briefing: Murder-Suicide and Media Reporting | Arensman E. | 30th August . |
| Briefing: Responding to Suicide Contagion and Clustering | Arensman E. | 24th November. |
| Briefing: Murder-Suicide and Media Reporting | Arensman E. | 16th December. |
| Briefing: The Impact of Alcohol on Self-Harm on Public Holidays | Arensman E. | 22nd December. |

Presentations

January

Arensman E. Action against Depression and Suicide. Final Conference of the Joint Action for Mental Health and Well-being. Brussels, Belgium, 21 – 22nd January 2016.

February

Arensman E, McCarthy J, Larkin C, Leitao S, Cassidy E. Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: A case-control study - (SSIS-ACE). ENGAGE, University College Cork 17th February 2016.

Griffin E. Suicide and self-harm: trends and issues. NU3078/106 & NU3090/21, University College Cork, 18th February 2016.

Arensman E. Predicting self-harm and suicide. Lecture, Brookfield Health Sciences Centre, University College Cork, 25th February 2016.

Griffin E. Management of suicidal behaviour in primary care and emergency department settings. St. Patrick's Mental Health Services and Pieta House Self-Harm Conference, Dublin, 29th February 2016.

Arensman E. Progress and challenges in treatment and prevention of self-harm. Forum, St. Patrick's Mental Health Services and Pieta House Self-Harm Conference, Dublin, 29th February 2016.

March

Daly C. Drugs used in intentional drug overdose: Findings from the National Self-Harm Registry Ireland. Data Registration Officer Meeting, Belfast, March 1st 2016.

Kells M, Joyce M. Borderline Personality Disorder and Dialectical Behaviour Therapy. School of Applied Psychology, University College Cork, 8th March 2016.

Arensman E. Action against Depression and Suicide. National Centre for Suicide Research and Prevention 20th Anniversary Conference, Oslo, Norway, 14th March 2016.

Arensman E. Suicide prevention in Norway: Reflecting on the past and present – Taking on new challenges. National Centre for Suicide Research and Prevention 20th Anniversary Conference, Oslo, Norway, 15th March 2016.

April

Griffin E, Shannon T. National Self-Harm Registry Ireland. St. Luke's Hospital Kilkenny, 11th April 2016.

Arensman E. Refugees and migrants' mental health: a long-term challenge. ALIANÇA EUROPEIA CONTRA A DEPRESSÃO EM PORTUGAL, Lisbon, Portugal, 19th April 2016.

Arensman E. Suicide prevention programmes in police and other security forces. ALIANÇA EUROPEIA CONTRA A DEPRESSÃO EM PORTUGAL, Lisbon, Portugal, 19th April 2016.

Arensman E. A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. Presentation, Workshops, Donegal study report, Donegal, 22nd April 2016.

Corry C. A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. Workshops, Donegal study report, Donegal, 22nd April 2016

Arensman E, Corry C, Williamson E. A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. Donegal Study launch, Donegal, 26th April 2016.

Bennardi M, Arensman E, Williamson E. Suicide and self-harm among adolescents and young adults: socio-ecological and individual determinants. MARATONE - Early Stage Researchers Conference, University of Oulu, Finland, April 28th 2016.

Arensman E, O'Regan G. Awareness of Depression and Suicidal Behaviour. Lecture and workshop trainee Guidance Counsellors, University College Cork, 30th April 2016.

May

Arensman E. Suicide and Self harm. Trainee GP lecture, University College Cork, 4th May 2016.

Arensman E. Psychiatric Epidemiology, Suicide and Self-Harm. Lecture University College Cork, 5th May 2016.

Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: A case-control study. Fifth Steering Group Meeting, 11th May 2016

Arensman E. Using data from the National Self-Harm Registry Ireland to support the implementation of Strategic Goals and Actions of Connecting for Life, 2015-2020, 13th May 2016.

Griffin E. National Data on Self-Harm And Suicide. Workshop for Suicide Resource Officers on Self-Harm and Suicide Statistics, Hilton Hotel Dublin, 13th May 2016.

Arensman E, Fleischmann A, Scott V, Barnaby L. Current Status of Suicide Prevention Internationally: Outcomes of the IASP-WHO Global Survey. 7th Asia Pacific Regional Conference of the International Association for Suicide Prevention, in conjunction with the 40th meeting of the Japanese Association for Suicide Prevention (IASP), Tokyo, Japan, 18th May 2016.

Bennardi M, McMahon E, Corcoran P, Griffith E, Arensman E. Risk of repeated self-harm and associated factors in children, adolescents and young adults. 7th Asia Pacific Regional Conference of the International Association for Suicide Prevention Building bridges for a new start beyond borders, in conjunction with the 40th meeting of the Japanese Association for Suicide Prevention (IASP), Tokyo, Japan, 18th-21st May 2016.

Arensman E. Progressing Current Status of Suicide Prevention Internationally. 7th Asia Pacific Regional Conference of the International Association for Suicide Prevention, in conjunction with the 40th meeting of the Japanese Association for Suicide Prevention (IASP), Tokyo, Japan, 18th -21st May 2016.

Arensman E. Progressing suicide prevention in Japan in the context of international best practice. International Symposium on 10th Anniversary of the Japanese Basic Act on Suicide Countermeasures, Tokyo, Japan, 21st May 2016.

Arensman E, Fleischmann A. Increasing awareness of suicide and self-harm among emergency healthcare staff. Train-the-Trainer programme. Seoul, Korea, 23 – 24th May 2016.

Arensman E. Self-Harm in Ireland: Trends, risk factors and implications for intervention and prevention. Mental Health Summit, Dublin, 27th May 2016.

McMahon EM. Adolescent mental health in Europe, identifying those at risk. Psychology, Health and Medicine National conference, University College Cork, 27th May, 2016.

June

Daly C. Drugs used in Intentional Drug Overdose: Findings from the National Self-Harm Registry Ireland. Faculty of Public Health Medicine Summer Scientific Meeting, University College Cork, June 1st 2016

Griffin E. The involvement of alcohol in hospital-treated self-harm and associated factors: Findings from two national registries. Faculty of Public Health Medicine Summer Scientific Meeting, University College Cork, June 1st 2016.

Arensman E. Psychological Autopsy in Suicide Research and Prevention: Benefits and Challenges. Early Career Researchers' Forum, Glasgow, Scotland, 3rd June 2016.

Arensman E. Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020: An Evidence Informed Strategy. WHO Webinar: National Suicide Prevention Strategies, 17th June 2016.

Griffin, E. Findings from the Northern Ireland Self-Harm Registry three-year report, 2012-2015. Workshop on self-harm data in Northern Ireland, Belfast, 29th June 2016.

July

Arensman E, Leitao S. Increasing awareness and prevention of suicidal behaviour. Primary care GP training, Mallow, Cork, 19th July 2016.

September

Kells M, Flynn D, Joyce M, Corcoran P. Gender differences in grief and burden in family members participating in the Family Connections programme in Ireland. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 8th September 2016.

Gillespie C, Flynn D, Kells M, Joyce M, Weihrauch M. Effectiveness of the multifamily group component for parent/guardians participating in the DBT-A programme. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 8th September 2016.

Flynn D, Kells M, Joyce M, Weihrauch M. DBT Therapists' Experience of Participating in a Coordinated National Implementation Project. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 9th September 2016.

Joyce M, Flynn D, Kells M, Weihrauch M, Gillespie C, Hurley P, Hurley J, Suarez C. The National Dialectical Behaviour Therapy Implementation Project. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 9th September 2016.

Weihrauch M, Flynn D, O'Malley C, Joyce M, Hurley P. Evaluation of the Pilot DBT STEPS-A Programme in an Irish Adolescent Population. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 9th September 2016.

Flynn D, Weihrauch M, Hurley P, O'Malley C, Joyce M. Implementation of the DBT STEPS-A Programme in an Irish Adolescent Population. 4th International Congress on Borderline Personality Disorder and Allied Disorders (ESSPD), Vienna, Austria, 8th-10th September 2016. - Poster Presentation.

Arensman E. Suicide Prevention in an International Context: Progress and Challenges. Keynote lecture in connection with World Suicide Prevention Day 2016. 16th European Symposium on Suicide and Suicidal Behaviour, Oviedo, Spain, 8-10th September 2016.

Arensman E. Profile of suicides during economic recession and recovery: a comparison using coroners? Records in Ireland. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain, 10th September 2016.

Dillon CB, Griffin E, Corcoran P, Arensman E, Perry IJ. Influence of air temperature on patterns of hospital-treated self-harm presentations in Ireland. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain, 8-10th Sept 2016.

Bennardi M, McMahon EM, Corcoran P, Griffith E, Arensman E. The pattern of hospital repeated presentations due to self-harm among young people. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain, 8-10th Sept 2016.

Dillon CB, O'Regan G, Perry IJ, McMahon E. Associations between physical behaviour patterns and levels of anxiety and depressive symptoms in middle-aged adults. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain. 8-10th Sept 2016. - Poster

Griffin E, Arensman E, Perry IJ, Bonner B, O'Hagan D, Daly C, Corcoran P. The involvement of alcohol in hospital-treated self-harm and associated factors: Findings from two national registries. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain, 8-10th September 2016.

McMahon EM. Physical activity in European adolescents and associations with wellbeing, anxiety and depression. 16th European Symposium on Suicide and Suicidal Behaviour, Oviedo, Spain, 10th September 2016.

Spillane A, Larkin C, Corcoran P, Riordan F, Arensman E. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain, 10th September 2016.

Arensman E. Suicide and Work in the Globalised Economy Surveillance studies in Ireland. European Observatory on Health Systems and Policies London School of Hygiene and Tropical Medicine London, 14th September 2016.

Arensman E. Suicide and Self-harm Introduction. MARATONE - Early Stage Researchers Conference – Autonomous University of Madrid, Spain, 19 – 20th September 2016.

Bennardi M, Arensman E, Williamson E. Suicide and self-harm among adolescents and young adults: socio-ecological and individual determinants. MARATONE - Early Stage Researchers Conference – Autonomous University of Madrid, Spain, 19 – 20th September 2016.

Griffin, E. Alcohol misuse and suicide. Alcohol Concern Cymru Annual Conference, Cardiff, 22nd September 2016.

Arensman E. Self-harm and suicide among homeless people. Irish Street Medicine Symposium, University College Cork, 24th September 2016.

Spillane A, Larkin C, Corcoran P, Riordan F, Arensman E. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. 5th Annual Manchester Suicide Bereavement Conference, 28th September 2016.

October

Arensman E. Suicide and Self Harm. Clinical Psychologists Lecture, University College Cork, 4th October 2016.

Arensman E. Current Status of the Evidence Base for Interventions in Community Settings. Irish Association for Suicidology, 20th Annual Conference: From Hope to Action: Interventions that Work for Suicidal Persons, Killarney, 6th October 2016.

O'Regan G, McCarthy J, Larkin C, Leitao S, Greiner B, Cassidy E, Leahy D, Arensman E. Hospital presented self-harm surveillance data: Benefits and clinical implications. Irish Association for Suicidology, 20th Annual Conference: From Hope to Action: Interventions that Work for Suicidal Persons, Killarney, 6th October 2016.

Arensman E. Effectiveness of interventions for self-harm among adolescents and young adults. Special Interest Group in Youth Mental Health International Research Conference, 7th October 2016, Cork.

McMahon EM. Physical activity in European adolescents and associations with wellbeing, anxiety and depression. Special Interest Group in Youth Mental Health International Research Conference, 7th October 2016, Cork.

O'Regan G, McMahon EM, Keeley H, Corcoran P. Factors associated with suicidal thoughts and suicide attempts among Irish adolescents. Special Interest Group in Youth Mental Health International Research Conference, Cork, 7th October 2016.

Griffin E, Dillon C. Findings from the 2015 Annual Report of the National Self-Harm Registry Ireland. NSRF lunchtime seminar: New Outcomes of Research from the National Suicide Research Foundation, University College Cork, 14th October 2016.

Arensman E. Social Epidemiology and Mental Health. EH4000 Lecture, University College Cork, 18th October 2016.

November

Leahy D. Mental health promotion: Evidence based and best practice interventions. Guest lecture for BSc Public Health students, Department of Epidemiology and Public Health, University College Cork, 1st November, 2016.

Gillespie C, Flynn D, Kells M, Joyce M, Weihrauch M. Effectiveness of the multifamily group component for parent/guardians participating in the DBT-A programme. Society for Dialectical Behaviour Therapy Conference, Manchester, United Kingdom, 4th November 2016.

Joyce M, Weihrauch M, Flynn D, O'Malley C, Hurley P. Evaluation of the Pilot DBT STEPS-A Programme in an Irish Adolescent Population. Society for Dialectical Behaviour Therapy Conference, Manchester, United Kingdom, 4th November 2016.

Kells M, Flynn D, Joyce M, Weihrauch M. DBT Therapists' Experience of Participating in a Coordinated National Implementation Project. Society for Dialectical Behaviour Therapy Conference, Manchester, United Kingdom, 4th November 2016.

Daly C. Frequently used drug types and alcohol involvement in intentional drug overdose in Ireland: A national registry study. National Health Services Research Institute (NHSRI) Research Day, 10th November 2016.

Arensman E. Self-Harm and Suicide: Effectiveness of Intervention and Prevention Programmes. National Health Services Research Institute Conference, University College Cork, 10th November 2016.

O Regan G, McCarthy J, Larkin C, Leitao S, Greiner B, Cassidy E, Leahy D, Arensman E., Profile of people presenting to hospital with high risk self-harm. National Health Services Research Institute Conference, University College Cork, 10th November 2016.

Griffin E. Examples of data use from the National Self-Harm Registry Ireland. IDB-Seminar, 9th European Public Health Conference, Vienna, 9-12th November 2016.

Spillane A, Larkin C, Corcoran P, Riordan F, Arensman E. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. National Health Services Research Institute Research Day, University College Cork, 10th November 2016.

Leahy D. Global mental health and development. Guest lecture for BSc Public Health students, Department of Epidemiology and Public Health, University College Cork, 16th November, 2016

Griffin E. Determinants of health: Mental health. EH1009, University College Cork, 23rd November 2016.

Arensman E. Towards evidence-based interventions for suicide prevention: Changing lives, enhancing positive futures. HRB Grant Holders Conference, 30th November 2016.

Griffin E. Suicidal behaviour in Ireland: Extent of the problem and opportunities for prevention. Waterford and South East Samaritans Information Evening, Woodlands Hotel, Waterford, 30th November 2016.

December

Arensman E. Responding to Suicide Contagion and Clusters. Multi-Agency Forum on Suicide, Cork City Hall, 5th December 2016.

Dillon CB, O Regan G, Perry IJ, McMahon E. Associations between physical behaviour patterns and levels of anxiety and depressive symptoms in middle-aged adults. New Horizons Translational Research Conference, Cork, Ireland. 8th December 2016. - Poster.

Dillon CB, Griffin E, Corcoran P, Arensman E, Perry IJ. Influence of weather conditions on hospital-treated self-harm in Ireland. New Horizons Translational Research Conference, Cork, 8th December 2016.

Spillane A, Larkin C, Corcoran P, Riordan F, Arensman E. Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: a systematic review. New Horizons Translational Research Conference, University College Cork, 8th December 2016 - Poster.

Leahy D, Larkin C, Leitao S, Greiner BA, McCarthy J, O'Regan G, Corcoran P, Williamson E, Arensman E. Profile of Suicides during Economic Recession and Recovery: A Comparison using Coroners' Records in Ireland. New Horizons Translational Research Conference, University College Cork, 8th December 2016.

Arensman E, O'Regan G, Leahy D. Improving Prediction and Risk Assessment of Self-Harm and Suicide (IMPRESS). HRB Research Meeting, North Lee Mental Health Services Annual Academic Seminar, Mercy University Hospital, December 2016.

Leahy D, O'Regan G, Arensman E. Improving Prediction and Risk Assessment of Self-Harm and Suicide (IMPRESS). North Lee Mental Health Services Annual Academic Seminar, Mercy University Hospital, December 2016.

Awards and Achievements



The Royal Academy of Medicine in Ireland in association with the Irish Journal of Medical Science held the first RAMI Research Awards in November 2016.

The awards were open to all those involved in Irish medical research who had a clinical research paper published in an indexed journal. Congratulations to Dr Paul Corcoran who won the Public Health Medicine & Epidemiology category with his paper entitled 'Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time-series analysis' which found that five years of economic recession and austerity in Ireland have had a significant negative impact on rates of suicide in men and on self-harm in both sexes.

The National Health Services Research Institute Research Day took place on Thursday, 10th November 2016 in UCC. The overall theme of the research day was Health Services Research. This unique research day conference highlighted the diverse range of translational health research in UCC.

At this conference Caroline Daly received an award for her oral presentation: Frequently used drug types, multiple drugs and alcohol involvement in intentional drug overdose in Ireland: A national registry study.

Niall McTernan also won an award for his poster presentation: The quality of media reporting of suicide in Ireland: Adherence to media guidelines.



Dr Sara Leitao was awarded the 6th IAS Research Excellence Award for Early Career Suicide Researchers at the Irish Association of Suicidology conference in Killarney on 6-7th October 2016, for her presentation on 'Unemployment and work-related factors in suicidal behaviour: Findings from the Suicide Support and Information System'. Sara was also shortlisted for the Jacqueline Horgan Bronze Medal Award and presented in Dublin on 16th November 2016.

Grace O'Regan, HRB RLA PhD scholar, was awarded the Eadbhard O'Callaghan Memorial Research Award at the Association for Child and Adult Mental Health International Research Conference on 7th October 2016, for her presentation entitled 'Factors associated with suicidal thoughts and suicide attempts among Irish adolescents: Findings from the SEYLE study'.

Professor Ella Arensman was External Examiner for the PhD thesis by Olivia Kirtley: A psychophysiological investigation of self-harm ideation and enactment. University of Glasgow, Scotland, 20th January 2016.



In an event held on 26th September 2016, UCC celebrated the appointment of four leading researchers to the position of Research Professor, including Professor Ella Arensman. Appointment to this position recognises acknowledged leadership in their research disciplines, as well as performing to the highest level internationally with regard to the delivery of research outputs.

Professor Arensman's appointment recognises her international leadership in a range of areas including risk and protective factors associated with suicide and self-harm, clustering and contagion of suicidal behaviour, and efficacy of intervention and prevention programmes addressing self-harm and suicide.



Public Engagement



Suicide Support and Information

In addition to the National Suicide Research Foundation's home website (www.nsrp.ie) the NSRF has developed a new website: www.suicidesupportandinformation.ie funded by the Health Research Board (HRB) Ireland.



The website is unique in that it provides evidence-based information on bereavement following suicide and responding to people at risk of suicide and self-harm, for people bereaved by suicide, health professionals, including GPs and mental health professionals, as well as the general public. The evidence-based website provides up-to-date information from systematic reviews of the world wide literature and outcomes of a HRB funded study: Psychosocial, psychiatric and work related factors associated with suicide in Ireland: A case-control study. The Suicide Support and Information website is a timely resource, which meets a key objective of the Irish National Strategy for the Reduction of Suicide, Connecting for Life, 2015-2020: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

New Outcomes of Research from the National Suicide Research Foundation lunchtime seminar



The National Suicide Research Foundation launched the National Self-Harm Registry Ireland Annual Report for 2015 on Friday October 14th 2016, in addition to the Annual Report of its research activities. The NSRF also noted the then recent publication by the World Health Organisation of a Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm based on the template of the National Self-Harm Registry Ireland.

The lunchtime seminar included presentations from Professor Ella Arensman, Dr Eve Griffin, Dr Christina Dillon, Professor Ivan Perry and Ms Eileen Williamson. In 2015, the Registry recorded 11,189 presentations to hospital due to self-harm nationally. The rate of individuals presenting to hospital following self-harm was 204 per 100,000 - essentially unchanged from that in 2014. Dr Eve Griffin stated that: "From a public health perspective, the Registry provides a unique opportunity to monitor the incidence and repetition of self-harm presentations to hospital emergency departments in Ireland with the aim of identifying high-risk groups and areas, and informing services and practitioners concerned with the prevention of suicidal behaviour." Professor Ella Arensman stated that: "The Registry identified considerable variation in the next care recommended to self-harm patients across hospitals in Ireland. One quarter of self-harm patients were not provided with a referral option following discharge from the Emergency Department. Therefore, it is a key priority that guidelines for assessment and management people engaging in self-harm are implemented in all Irish hospitals."

Train-The-Trainer programme in Seoul

In conjunction with the World Health Organisation, Professor Ella Arensman, delivered a Train-The-Trainer programme in Seoul, Republic of Korea, which took place in May 2016, involving 57 participants.

The training programme aimed to assist participants in delivering a 3-hour training programme on increasing awareness and skills relating to self-harm and suicide in emergency healthcare settings. The multi-disciplinary training seeks to a) increase knowledge of self-harm and suicide, b) develop more positive attitudes towards self-harm and suicide prevention, and c) increase confidence in assessing and managing self-harm patients. This training is part of the NSRF's commitments as WHO Collaborating Centre for Surveillance and Research in Suicide Prevention. It is based on a training model that was initially developed and tested by the European Alliance Against Depression (EAAD), and was further optimised as part of the project: Optimising Suicide Prevention Programmes and their Implementation in Europe (OSPI-Europe).



Visit of Delegation from Japan

In October 2016, a delegation of two senior representatives working in suicide prevention and research in Japan visited the National Suicide Research Foundation. The aim of their visit was to learn about surveillance and recording systems for self-harm and suicide in Ireland, including the National Self-Harm Registry Ireland, the Suicide Support and Information System as well as intervention and prevention programmes for self-harm and suicide.

The delegation involved Professor Yoshihide Sorimachi, Forensic Pathologist, Head of the Promotion Office for Community Suicide Policy and Head of the National Centre for Neurology and Psychiatry

in Tokyo and Professor Kenji Ishihara, former Secretary to the Minister for Health, Labour and Welfare in Japan, and Director of the Education and Research Centre of Legal Medicine, Chiba University.

Throughout the week, Professor Sorimachi and Professor Ishihara visited various different stakeholders to learn about surveillance systems and suicide research and prevention in Ireland, including the National Office for Suicide Prevention, the Department of Health in Dublin, the Central Statistics Office, Coroners and the Assistant State Pathologist. We were delighted to have hosted them and look forward to collaborating in the future.

Cycle Around the Globe

Cycle Around the Globe is an inclusive and inspiring annual event hosted by the IASP on World Suicide Prevention Day, September 10th. This Cycle event signifies the joining together of people from across the world, and all sectors of society, in unity, to raise awareness of suicide in theirs and the global community through individual and group cycle events. Through the Cycle Around the Globe the message that suicide is preventable is shared. All miles have been added to the total miles achieved by the Cycle Around the Globe event which took place to mark World Suicide Prevention Day 2016. 86,331.76 miles or 138,937.70 kilometres, or close to four times the circumference of the planet, were cycled in 2016.



On October 13th, the NSRF organised a lunch time cycle in Cork, supporting the IASP Cycle Around the Globe. All miles cycled were added to the total miles achieved by the Cycle Around the Globe event which took place to mark World Suicide Prevention Day 2016.



World Suicide Prevention Day and European Symposium on Suicide and Suicidal Behaviour

The 16th European Symposium on Suicide and Suicidal behaviour was held in Oviedo, Spain from September 8-10, 2016 and co-incided with World Suicide Prevention Day, September 10th. For more than 30 years, researchers and clinicians on suicidology, have gathered to discuss and address advances on suicide prevention and intervention, share a wide variety of approaches to this field and yield to develop and promote collaborative initiatives of investigation.

The ESSSB16 was a tailored congress with an integrative and holistic focus on suicide and suicidal behaviours. The NSRF team presented

over the course of the three days at this conference and covered a wide range in topics such as clinical trials, surveillance, youth mental health interventions and suicide prevention among refugees.

Digital Marketing and Outreach

In 2016 the National Suicide Research Foundation continued its efforts to enhance its profile, engage with the general public and to promote the organisation to a wider audience. One of our ongoing aims is to communicate to members of the public who we are, what we do and why we do it.

Social media is an integral part of the NSRF’s communications strategy. Social media networks allow the NSRF to disseminate research findings quickly and effectively to other researchers and professionals, as well as to the general public. The Facebook and Twitter accounts have been steadily growing. During December 2016 an infographic was shared on social media. This infographic was shared at high risk times based on data from the National Self-Harm Registry Ireland. This post was an example of strong engagement and reach through the use of social media.

The NSRF website continues to be a strong resource of information for both professionals and non-professionals. It provides readily available statistics, facts and figures on a 24 hour basis for people across the globe.





Annual Report and Financial Statements For the Financial Year Ended 31 December 2016

Members

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

Directors

Margaret Kelleher
Ivan J. Perry

Secretary

Eileen Williamson

Company number

224676

Registered office

1 Perrott Avenue,
College Road,
Cork.

Auditors

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

Business address

Room 4.36, Western Gateway Building,
University College Cork,
Cork.

Bankers

Allied Irish Banks plc,
66 South Mall,
Cork.

Solicitors

CCK Law Firm,
66 Fitzwilliam Square,
Dublin 2.

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Directors' Report For the Financial Year Ended 31 December 2016

The directors present their report and financial statements for the year ended 31 December 2016.

Principal activities

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

Fair review of the business

The company has made a profit for the financial year in the amount of €7,342 (2015: € 7,028). The directors are satisfied with the results of the company in view of the company's prevailing circumstances.

Principal risks and uncertainties

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

Companies Act 2014

The Companies Act 2014 commenced on 1 June 2015 and the company has completed the process of converting to a Company Limited by Guarantee (CLG) under Part 18 of the Companies Act 2014.

Impact of FRS 102

The financial statements for the year ended 31 December 2016 have been prepared in accordance with FRS 102 and the comparative figures for 31 December 2015 were restated when necessary.

Directors and secretary

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

Pat Madden (Resigned 2 December 2016)
Margaret Kelleher
Ivan J. Perry

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

An Executive Committee made up of the following persons was formed from the company's members:

Margaret Kelleher,
Ivan Perry,
Dave Drohan,
Michael O'Sullivan,
Barry McGale,
Eugene Cassidy,
James McCarthy

Directors' Report (continued) For the Financial Year Ended 31 December 2016

Results and dividends

The results for the financial year are set out on page 62.

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

Accounting records

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

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

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

Post reporting date events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of the affairs of the company in the financial period subsequent to the financial year ended 31 December 2016.

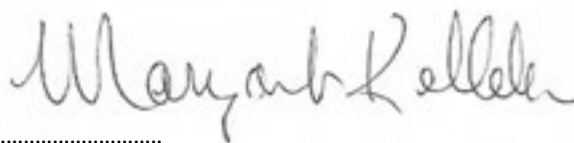
Future developments

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

Auditor

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

By order of the board



.....
Margaret Kelleher
Director



.....
Ivan J. Perry
Director

17th May 2017

Directors' Responsibilities Statement For the Financial Year Ended 31 December 2016

General responsibilities

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

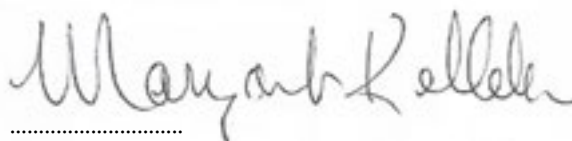
Irish company law requires the directors to prepare financial statements for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with the Companies Act 2014 and FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the profit or loss of the company for that financial year and otherwise comply with the Companies Act 2014.

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

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

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

By order of the board



.....
Margaret Kelleher
Director



.....
Ivan J. Perry
Director

17th May 2017

Independent Auditors' Report to the Members of Suicide Research Foundation For the Financial Year Ended 31 December 2016

We have audited the financial statements of Suicide Research Foundation for the financial year ended 31 December 2016 set out on pages 62 to 75. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland .

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.

Respective responsibilities of the directors and auditor

As explained more fully in the Directors' Responsibilities Statement set out on page 59, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014.

Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the assets, liabilities and financial position of the company as at 31 December 2016 and of its surplus for the financial year then ended; and
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and, in particular, the requirements of the Companies Act 2014.

Matters on which we are required to report by the Companies Act 2014

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the Directors' Report is consistent with the financial statements.

**Independent Auditors' Report
to the Members of Suicide Research Foundation
For the Financial Year Ended 31 December 2016**

Matters on which we are required to report by exception

We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of director's remuneration and transactions specified by sections 305 to 312 of the Act are not made.



Owen Hickey
for and on behalf:

H&A Accountancy Services Limited
t/a Hickey & Associates

Chartered Accountants
Registered Auditors

.....
Unit 2, The Bowling Green
White Street
Cork

Profit and Loss Account

For the financial year ended 31 December 2016

| | Notes | 2016 € | 2015 € |
|---------------------------------------------------|----------|-------------------|-------------------|
| Income | 4 | 1,340,781 | 1,428,192 |
| Foundation costs | | (755,994) | (816,562) |
| Registry costs | | <u>(577,607)</u> | <u>(605,074)</u> |
| Operating profit | 5 | 7,180 | 6,556 |
| Interest receivable and similar income | 7 | 162 | 472 |
| Profit before taxation | | <u>7,342</u> | <u>7,028</u> |
| Statement of comprehensive income | | | |
| Taxation | 8 | - | - |
| Profit for the financial year | | <u>7,342</u> | <u>7,028</u> |
| | | 2016 € | 2015 € |
| Profit for the financial year | | <u>7,342</u> | <u>7,028</u> |
| Total comprehensive income for the financial year | | <u>7,342</u> | <u>7,028</u> |

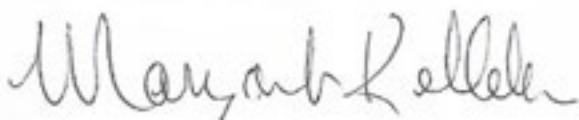
The profit and loss account has been prepared on the basis that all operations are continuing operations.

Balance Sheet

As at 31 December 2016

| | Notes | 2016 € | 2015 € |
|------------------------------------------------|-------|------------------|------------------|
| Fixed Assets | | | |
| Tangible assets | 9 | 2,848 | 7,700 |
| Current assets | | | |
| Debtors | | 87,997 | 193,448 |
| Cash at bank and in hand | 11 | <u>333,722</u> | <u>232,174</u> |
| | | 421,719 | 425,622 |
| Creditors: amounts falling due within one year | 12 | <u>(262,689)</u> | <u>(278,786)</u> |
| Net current assets | | 159,030 | 146,836 |
| Total assets less current liabilities | | <u>161,878</u> | <u>154,536</u> |
| Reserves | | | |
| Income & expenditure account | | <u>161,878</u> | <u>154,536</u> |

The financial statements were approved by the board of directors and authorised for issue on May 17th 2017 and are signed on its behalf by:



.....
Margaret Kelleher
Director



.....
Ivan J. Perry
Director

Statement of changes in equity
For the financial year ended 31 December 2016

| | Notes | Profit and loss account € |
|-------------------------------------------------------------------------------|--------------|--------------------------------------|
| Balance at 1 January 2015 | | 147,508 |
| Financial year ended 31 December 2015 Profit for the financial year | | 7,028 |
| Balance at 31 December 2015 | | <u>154,536</u> |
| Financial year ended 31 december 2016 Profit for the financial year | | 7,342 |
| Balance at 31 December 2016 | | <u><u>161,878</u></u> |

Statement of Cash Flows

For the financial year ended 31 December 2016

| | Notes | € | 2016 € | 2015 € |
|-----------------------------------------------------------|-----------|------------|-----------------------|-----------------------|
| Cash flows from operating activities | | | | |
| Cash generated from operations | 16 | | 101,386 | 62,280 |
| Investing activities | | | | |
| Interest received | | <u>162</u> | | <u>472</u> |
| Net cash generated from investing activities | | | 162 | 472 |
| Net cash used in financing activities | | | - | - |
| Net increase in cash and cash equivalents | | | <u>101,548</u> | <u>62,752</u> |
| Cash and cash equivalents at beginning of financial year | | | 232,174 | 169,422 |
| Cash and cash equivalents at end of financial year | | | <u><u>333,722</u></u> | <u><u>232,174</u></u> |

Notes to the Financial Statements For the financial year ended 31 December 2016

1 Accounting policies

Company information

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

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

Suicide Research Foundation is a limited by guarantee company domiciled and incorporated in Ireland. The company is tax resident in Ireland.

These financial statements for the financial year ended 31 December 2016 are the first financial statements of Suicide Research Foundation prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1 January 2015. The reported financial position and financial performance for the previous financial year are not affected by the transition to FRS 102.

1.1 Basis of preparation

Accounting convention

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

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 €.

Compliance with accounting standards

The financial statements for the financial year ended 31 December 2016 are prepared in accordance with applicable law and the accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland), which have been applied consistently (except as otherwise stated).

1.2 Income

Income represents grants and donations received and receivable.

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

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

1.3 Tangible fixed assets

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

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

| | |
|--------------------|-------------------------|
| Computer equipment | 20% Straight line basis |
|--------------------|-------------------------|

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

1 Accounting policies

(continued)

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to the profit and loss account.

1.4 Impairment of fixed assets

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

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

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

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

1.5 Cash and cash equivalents

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

1.6 Financial instruments

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

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

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

Basic financial assets

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

Notes to the Financial Statements (continued) For the financial year ended 31 December 2016

1 Accounting policies

(Continued)

Other financial assets

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

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

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

Impairment of financial assets

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

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

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

Derecognition of financial assets

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

Classification of financial liabilities

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

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

1 Accounting policies

(Continued)

Basic financial liabilities

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

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

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

Other financial liabilities

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

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

Derecognition of financial liabilities

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

1.7 Taxation

Current tax

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

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

Deferred tax

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

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

Notes to the Financial Statements (continued) For the financial year ended 31 December 2016

1 Accounting policies

(Continued)

1.8 Employee benefits

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

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

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

1.9 Retirement benefits

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

1.10 Government Grants

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

1.11 Foreign Exchange

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

1.12 Borrowings

Borrowings are recognised at the transaction prices (present value of cash payable to the creditors). Interest expenses are recognised in the profit and loss in the financial year in which there are charged.

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

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

2 Critical judgements and estimates

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

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

Critical judgements

The following judgements (apart from those involving estimates) have had the most significant effect on amounts recognised in the financial statements.

Debtors accruals

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

Going concern

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

3 Transition to FRS102

Prior to 1 January 2015 the company prepared its financial statements under previously extant Irish GAAP. From 1 January 2016, the company has elected to present its financial statements in accordance with FRS 102 and the Companies Act 2014.

The comparative figures in respect of the 2015 financial statements have been restated (where necessary) to reflect the company's adoption of FRS 102 from the date of transition at 1 January 2015.

Set out below are the changes in accounting policies which reconcile profit for the financial year ended 31 December 2015 between Irish GAAP as previously reported and FRS 102.

In preparing this financial information, the company has applied certain exceptions and exemptions from full retrospective application of FRS 102 as noted below.

Exceptions

Derecognition of financial assets and liabilities

In accordance with FRS 102, as a first-time adopter, the company did not retrospectively recognise financial assets and liabilities previously derecognised under Irish GAAP before the date of transition.

Accounting estimates

In accordance with FRS 102, as a first-time adopter, the company did not revise estimates on transition to reflect new information subsequent to the original estimates,

Exemptions

In preparing this financial information, the company did not find it necessary to apply any exemptions from full retrospective application of FRS 102.

4 Income

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

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

| | | |
|--------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| 5 Operating profit | 2016 | 2015 |
| Operating surplus for the financial year is stated after charging/(crediting): | € | € |
| Fees payable to the company's auditor for the audit of the company's financial statement | 7,776 | 7,038 |
| Depreciation of owned tangible fixed assets | <u>4,852</u> | <u>4,853</u> |
| 6 Employees | | |
| The average monthly number of persons (including directors) employed by the company during the financial year was: | | |
| | 2016 | 2015 |
| | Number | Number |
| Foundation | 21 | 16 |
| Registry | <u>14</u> | <u>16</u> |
| | <u>35</u> | <u>32</u> |
| Their aggregate remuneration comprised: | 2016 | 2015 |
| | € | € |
| Wages and Salaries | 936,466 | 990,678 |
| Social security costs | 91,860 | 100,451 |
| Pension costs | <u>12,401</u> | <u>19,664</u> |
| | <u>1,040,727</u> | <u>1,110,793</u> |
| 7 Interest receivable and similar income | 2016 | 2015 |
| | € | € |
| Interest income | | |
| Interest on bank deposits | <u>162</u> | <u>472</u> |
| Investment income includes the following: | | |
| Interest on financial assets not measured at fair value through profit and loss account | <u>162</u> | <u>472</u> |

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

8 Taxation

The company has obtained exemption from the Revenue Commissioners in respect of corporation tax, it being a company not carrying on a business for the purpose of making a profit. DIRT tax is payable on any interest income received in excess of €32.

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

| 9 Tangible fixed assets | Computer equipment |
|--------------------------------------------|---------------------------|
| Current financial year | € |
| Cost | |
| At 1 January 2016 and 31 December 2016 | <u>24,263</u> |
| Depreciation and impairment | |
| At 1 January 2016 | 16,563 |
| Depreciation charged in the financial year | 4,852 |
| At 31 December 2016 | <u>21,415</u> |
| Carrying amount | |
| At 31 December 2016 | <u>2,848</u> |
| At 31 December 2015 | <u>7,700</u> |
| Prior Financial Year | Computer equipment |
| | € |
| Cost | |
| At 1 January 2015 and 31 December 2015 | 24,263 |
| Depreciation and impairment | |
| At 1 January 2015 | 11,710 |
| Depreciation charged in the financial year | 4,853 |
| At 31 December 2015 | <u>16,563</u> |
| Carrying amount | |
| At 31 December 2015 | <u>7,700</u> |
| At 31 December 2014 | <u>12,553</u> |

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

| 10 Financial instruments | 2016 | 2015 |
|---------------------------------------------------------------|----------------|----------------|
| | € | € |
| Carrying amount of financial assets | | |
| Debt & other financial instruments measured at amortised cost | <u>421,719</u> | <u>425,622</u> |

Carrying amount of financial liabilities

| | | |
|----------------------------|----------------|----------------|
| Measured at amortised cost | <u>242,448</u> | <u>252,832</u> |
|----------------------------|----------------|----------------|

| 11 Debtors | 2016 | 2015 |
|--------------------------------------|---------------|----------------|
| | € | € |
| Amounts falling due within one year: | | |
| Accrued income | 84,619 | 188,828 |
| Other debtors | <u>3,378</u> | <u>4,620</u> |
| | <u>87,997</u> | <u>193,448</u> |

The terms of payment of accrued income balances owing are based on the underlying contracts.

The terms of payment of other debtors is based on the underlying contracts .

All debtors are payable within 1 year.

| 12 Creditors: amounts falling due within one year | 2016 | 2016 |
|----------------------------------------------------------|----------------|----------------|
| | € | € |
| PAYE and social security | 20,241 | 25,954 |
| Accruals | 41,694 | 86,243 |
| Deferred income | <u>200,754</u> | <u>166,589</u> |
| | <u>262,689</u> | <u>278,786</u> |

Taxes and social insurance are subject to the terms of relevant legislation.

The terms of accruals are based on the underlying contracts.

Deferred income is deferred to the financial period in which the income becomes due in accordance with the underlying contracts.

| 13 Retirement benefit schemes | 2016 | 2015 |
|---------------------------------------------------------------------|---------------|---------------|
| | € | € |
| Defined contribution schemes | | |
| Charge to profit or loss in respect of defined contribution schemes | <u>12,401</u> | <u>19,664</u> |

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

Notes to the Financial Statements (continued)

For the financial year ended 31 December 2016

14 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.

15 Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of the affairs of the company in the financial period subsequent to the financial year ended 31 December 2016.

| 16 Cash generated from operations | 2016 | 2015 |
|------------------------------------------------------|-----------------------|----------------------|
| | € | € |
| Surplus for the year after tax | 7,342 | 7,028 |
| Adjustments for: | | |
| Investment income | (162) | (472) |
| Depreciation and impairment of tangible fixed assets | 4,852 | 4,853 |
| Movements in working capital: | | |
| Decrease/(increase) in debtors | 105,451 | (66,643) |
| (Decrease)/increase in creditors | (16,097) | 117,514 |
| Cash generated from operations | <u><u>101,386</u></u> | <u><u>62,280</u></u> |

17 Approval of financial statements

The directors approved the financial statements on the 17th May 2017.

Foundation detailed Profit and Loss Account For the financial year ended 31 December 2016

| | 2016 € | 2015 € |
|------------------------------------------|------------------|------------------|
| Foundation Income | 204,632 | 300,000 |
| HSE - NOSP | 170,943 | 300,000 |
| Overhead funding | <u>33,689</u> | <u>-</u> |
| Foundation costs | | |
| Salaries & wages | 143,599 | 198,226 |
| Social welfare costs | 16,029 | 21,349 |
| Staff recruitment costs | 2,604 | - |
| Staff pension costs defined contribution | 2,973 | 10,429 |
| Rent | 17,000 | 10,000 |
| Premises insurance | 3,320 | 3,072 |
| Travelling expenses | (107) | 14 |
| Meeting & conference costs | 5,861 | 11,726 |
| Postage, printing & stationery | 4,547 | 3,481 |
| Bank charges | 462 | 363 |
| Fees, training & subscriptions | 4,818 | 7,090 |
| Accountancy fees | 3,000 | 3,000 |
| Audit fees | 3,888 | 3,519 |
| Computer running costs | 9,677 | 9,363 |
| Telecommunications | 2,208 | 3,855 |
| Miscellaneous expenses | <u>-</u> | <u>200</u> |
| | <u>(219,079)</u> | <u>(285,687)</u> |
| Foundation (loss)/profit | (14,447) | 14,313 |
| HRB ICE Funding | - | (547) |
| Funding receivable | 34,192 | 37,163 |
| Salaries & wages | (26,958) | (27,505) |
| Social welfare costs | (2,898) | (2,898) |
| Travel costs | (216) | (281) |
| Stationery & printing | - | (2,500) |
| Fees & subscriptions | (500) | - |
| Meetings & conferences | (1,329) | (2,235) |
| Pension costs | <u>(2,291)</u> | <u>(2,291)</u> |
| HRB SSIS ACE funding | - | - |
| Funding receivable | 100,780 | 112,665 |
| Salaries & wages | (83,303) | (85,824) |
| Social welfare costs | (8,088) | (11,046) |
| Travel costs | (3,285) | (2,837) |
| Telephone | (1,885) | (1,349) |
| Stationery & printing | (192) | (61) |
| Fees & subscriptions | (10) | (1,228) |
| Meetings & conferences | (3,917) | (8,587) |
| Computer running costs | <u>(100)</u> | <u>(1,733)</u> |

Foundation detailed Profit and Loss Account For the financial year ended 31 December 2016

| | 2016 € | | 2015 € |
|--------------------------------|----------------|--------|----------------|
| IASP funding | | - | (704) |
| | 6,572 | | 10,515 |
| Salaries & wages | (6,039) | | (6,310) |
| Social welfare costs | (513) | | (896) |
| Travel Costs | - | | (1,591) |
| Stationery & printing | (5) | | (1,016) |
| Fees & subscriptions | (15) | | (100) |
| Meetings & conferences | <u>-</u> | | <u>(1,306)</u> |
| Donegal study | | - | - |
| Funding receivable | 70,845 | | 63,667 |
| Salaries & wages | (52,067) | | (49,645) |
| Social welfare costs | (5,597) | | (5,337) |
| Travel costs | (1,823) | | (2,440) |
| Telephones | (80) | | (160) |
| Stationery & printing | (2,773) | | - |
| Fees & subscriptions | (2,767) | | - |
| Meetings & conferences | (1,493) | | (2,079) |
| Pension costs | (4,165) | | (3,972) |
| Computer running costs | <u>(80)</u> | | <u>(34)</u> |
| MARATONE funding | | 27,276 | - |
| Funding receivable | 88,052 | | 66,225 |
| Salaries & wages | (34,072) | | (46,163) |
| Social welfare costs | (3,663) | | (4,966) |
| Travel & subsistence costs | (7,893) | | (1,949) |
| Stationery, printing & postage | - | | (139) |
| Fees & subscriptions | (6,605) | | (5,626) |
| Meetings & conferences | <u>(8,543)</u> | | <u>(7,382)</u> |
| Endeavour DBT Project | | - | (422) |
| Funding receivable | 165,430 | | 165,786 |
| Salaries & wages | (123,451) | | (127,962) |
| Social welfare costs | (12,563) | | (11,259) |
| Travel costs | (10,011) | | (12,935) |
| Stationery & supplies | (129) | | (370) |
| Fees & subscriptions | (12,025) | | (12,393) |
| Meetings & conferences | (7,251) | | (1,214) |
| Computer running costs | - | | <u>(75)</u> |

Foundation detailed Profit and Loss Account For the financial year ended 31 December 2016

| | 2016 € | 2015 € |
|-------------------------------------|----------------|----------------|
| | - | 2,000 |
| ERRIS Social Prescribing | - | |
| Funding receivable | - | 5,985 |
| Salaries & wages | - | (3,133) |
| Social welfare costs | - | (268) |
| Travel costs | - | (363) |
| Stationery, printing & postage | - | (14) |
| Meetings & conferences | <u>-</u> | <u>(207)</u> |
| HSE NOSP Information Officer | 45,986 | 44,531 |
| Funding receivable | (41,522) | (40,209) |
| Salaries & wages | <u>(4,464)</u> | <u>(4,322)</u> |
| Social welfare costs | | |
| Manchester Pharma Study | 31,069 | 13,018 |
| Funding receivable | (20,000) | (7,937) |
| Salaries & wages | - | (2,092) |
| Social welfare costs | - | |
| Travel Costs | (385) | - |
| Telephones | (6) | - |
| Stationery, printing & postage | (40) | - |
| Meetings & conferences | (8,705) | (2,935) |
| Computer running costs | <u>(1,933)</u> | <u>(54)</u> |
| WHO Project | - | - |
| Funding receivable | - | 11,647 |
| Salaries & wages | - | (8,332) |
| Social welfare costs | - | (704) |
| Meetings & conferences | <u>-</u> | <u>(2,611)</u> |
| HRB KEDS Project | 17,448 | - |
| Funding receivable | (14,601) | - |
| Salaries & wages | (1,545) | - |
| Social welfare costs | (117) | - |
| Travel Costs | (288) | - |
| Stationery, printing & postage | (714) | - |
| Fees & subscriptions | (183) | - |
| Meetings & conferences | <u>(183)</u> | <u>-</u> |
| Electric Aid Project | 44 | - |
| Funding receivable | (44) | - |
| Meetings & conferences | <u>(44)</u> | <u>-</u> |

Foundation detailed Profit and Loss Account For the financial year ended 31 December 2016

| | 2016 € | 2015 € |
|----------------------------------|----------------------|----------------------|
| Assist Evaluation Project | - | - |
| Funding receivable | 3,773 | - |
| Salaries & wages | (3,477) | - |
| Social welfare costs | <u>(296)</u> | <u>-</u> |
| Private donations | 200 | 77 |
| Overall foundation profit | <u><u>13,029</u></u> | <u><u>14,717</u></u> |

Registry detailed Profit and Loss Account For the financial year ended 31 December 2016

| | 2016 € | 2015 € |
|------------------------------------------------------------|------------------|------------------|
| Registry income | | |
| HSE - NOSP | 536,000 | 536,002 |
| Registry costs | | |
| Wages & salaries | 388,177 | 342,693 |
| Social welfare costs | 36,204 | 33,069 |
| Staff recruitment costs | 2,603 | - |
| Staff pension costs defined contribution | 2,972 | 2,972 |
| Data collectors | 16,715 | 39,909 |
| Data collection travel costs | 38,794 | 34,931 |
| Rent | 3,000 | 10,000 |
| Fees to UCC - HRB Scholar | 29,002 | 28,798 |
| Insurance | 3,320 | 3,072 |
| Travelling expenses | 4,465 | 4,300 |
| Meetings & conferences | 10,145 | 10,690 |
| Stationery, printing & postage | 7,188 | 6,258 |
| Bank charges | 262 | 363 |
| Fees, training & subscriptions | 5,062 | 8,022 |
| Accountancy | 3,000 | 3,000 |
| Audit fees | 3,888 | 3,519 |
| Computer running costs | 16,555 | 11,996 |
| Telecommunications | 1,206 | 2,543 |
| Sundry expenses | - | 200 |
| Depreciation | <u>4,852</u> | <u>4,853</u> |
| | <u>(577,410)</u> | <u>(551,188)</u> |
| Registry loss | (41,410) | (15,186) |
| Northern Ireland Statistical Consultancy | | |
| Funding receivable | 35,758 | 60,911 |
| Salaries & wages | - | (46,739) |
| Social welfare costs | - | (2,245) |
| Travel costs | - | (1,130) |
| Meetings & conferences | (197) | (3,772) |
| Northern Ireland Maternity Cover | - | - |
| Overall registry loss | <u>(5,849)</u> | <u>(8,161)</u> |
| Overall net operating profit for the financial year | <u>7,180</u> | <u>6,556</u> |





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