

**NSRF
ANNUAL REPORT
2019**



National Suicide Research Foundation

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National Suicide Research Foundation website: www.nsrf.ie

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Foreword

This Annual Report of the National Suicide Research Foundation (NSRF) serves a dual purpose. It contains the Members' Report and Financial Statements for the year ended December 31st 2019, as tabled at the meeting of the Board of Directors on May 13th 2020 and at the Annual General Meeting of the Board of Members on July 1st 2020. This Report also contains a summary report on the research and associated activities undertaken by the NSRF team. Throughout the report there is a focus on research undertaken in 2019 but, as many research studies are not completed within a calendar year, there are also references to milestones and deliverables in 2020.

The mission of the NSRF when established, and now, is to provide a nationally and internationally recognised body of reliable knowledge from a multi-disciplinary perspective on the risk and protective factors associated with suicidal behaviour with an ultimate aim of providing solid evidence to inform policy development and intervention in the prevention of suicide and the management of patients presenting with self-harm. The members of the research team represent a broad range of disciplines, including psychology, epidemiology, biostatistics, sociology, social science, applied social studies, public health and health services research.

The NSRF was established by the late Dr Michael J Kelleher in November 1994 as the Suicide Research Foundation Limited and, in 2001, the Registrar of Business Names granted permission for the use of 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, established with capital funding from the Higher Education Authority's (HEA) Programme for Research in Third Level Institutes V and has signed a Research Collaboration Agreement with University College Cork. In 2015, the NSRF was designated by the World Health Organisation (WHO) as a Collaborating Centre for Surveillance and Research in Suicide Prevention and following a rigorous review process the designation was renewed by the WHO in 2019.

The NSRF is constituted as a company limited by guarantee (Company Number 224676) as set out under the Companies Act 2014. Its purpose and objects and how it conducts its business are set out in its Constitution which is posted on its website www.nsrif.ie under the About Us section. The organisation is governed by its Constitution and is managed by a Board of Directors. The Constitution is publicly available from the Companies Registration Office website www.cro.ie in addition to the Charities Regulatory Authority website www.charitiesregulator.ie.

The Registered Charity Number (RCN) is 20030889. The NSRF has been granted charitable status under Sections 207 and 208 of the Taxes Consolidation Act 1997; the Charity Tax Number is CHY11351.

In line with requirements of the Companies Act 2014, the Financial Statements 2019 have been prepared by independent auditors H&A Accounting Services Limited t/a Hickey & Associates, Cork. The NSRF has opted to report in accordance with the accounting standards issued by the Financial Reporting Council, including FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) as modified by the Statement of Recommended Practice 'Accounting and Reporting by Charities' effective January 1st 2015. The Financial Statements 2019 have been approved by the Board of Directors and have been submitted to the Companies Registration Office. The turnover in 2019 was €1,201,034 and the net surplus for the year after taxation was €5,705. The NSRF employed 36 people during 2019. Costs in respect of salaries and social security costs were €940,258; total resources expended were €1,195,329. We are grateful to Ms Shelley Meenehan of Hickey & Associates for her sterling work on the audit of the NSRF accounts.

In 2019, the NSRF co-ordinated the following surveillance systems, the National Self-Harm Registry Ireland; the Suicide and Self-Harm Observatory and the Suicide Support and Information System and also worked collaboratively with the Northern Ireland Self-Harm Registry and the Surveillance and Monitoring of Self-Harm in Irish Prisons. In addition, the NSRF co-ordinated seven 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, for example, the project entitled Intentional Drug Overdose: an Examination of Demographic, Clinical and Drug Related Factors; the Review of the Health Service Executive Suicide Crisis Assessment Nurse Service and the Self-Harm Assessment and Management in General Hospitals project. The NSRF continued the collaboration with the Donegal SSIS-PAM and the National Dialectical Behaviour Therapy Project.

The NSRF meets requests for information from a wide range of stakeholders in policy, health and social services as well as the general population. In 2019, NSRF staff members were involved in 15 papers published in peer-review journals, including a number of high-impact journals. In addition, NSRF staff members presented more than 70 lectures at local, national and international seminars and conferences (Pages 40 to 43).

In 2019, the NSRF was represented on more than 60 advisory and steering groups at national and international level and NSRF staff members were involved in multiple international seminars, consultations and training programmes with the WHO and the International Association for Suicide Prevention (IASP) (Pages 40 to 43).

At the request of the WHO, in 2019, the NSRF completed a Suicide Prevention Resource for Filmmakers and Others Working on Stage and Screen, which was disseminated at global level and worked with the WHO Regional Office for Europe and the WHO Office in Moscow to establish a Multi-Centre Self-Harm Surveillance System in the Russian Federation.

The NSRF works closely with the Health Service Executive's National Office for Suicide Prevention (NOSP) in relation to providing research and evidence in line with the objectives of Connecting for Life, Ireland's National Strategy to Reduce Suicide. The NSRF has an Overall Agreement with NOSP for the duration of Connecting for Life and receives annual funding, subject to a Service Arrangement, for the running of the National Self-Harm Registry Ireland and agreed research projects in the area of improved quality in suicide prevention. Additionally, the NSRF has a long track record in obtaining grant funding from research-funding bodies and is happy to announce the commencement in January 2020 of the MENTUPP Project (Mental Health Promotion and Intervention in Occupational Settings, improving workplace mental health in the construction, health and ICT-sectors) funded by the EU's H2020 programme. Of the 141 submissions to the programme, the MENTUPP project received the highest ranking. A breakdown of the Income and Expenditure 2019, in respect of the different tranches of funding, is contained in the Financial Statements 2019 commencing on Page 50.

In connection with World Mental Health Day, October 10th 2019, the NSRF hosted a Seminar in collaboration with UCC; the NOSP; Athlone IT; the HEA and Ulster University for Early Career Researchers who are working in the area of Suicide, Self-Harm and Mental Health which was very well attended. In addition, NSRF staff members were involved in the Organising and Scientific committees of the 30th World Congress of the IASP in Derry in September 2019 and in numerous lectures, presentations, symposia and workshops at the Congress.

As this report is being compiled in May 2020, it would be remiss not to comment on the impact of the unprecedented event that is the COVID-19 pandemic. Since the start of the public health movement restriction measures in March 2020, NSRF staff members have been working at home and the NSRF has continued its operation in a virtual way. The vast majority of its projects and activities have progressed in accordance with planned time frames and, in addition, the NSRF has been responding to numerous requests relating to suicide prevention and research from national and international organisations on an on-going basis. The members of the NSRF team embraced the new ways of working enthusiastically and have engaged in superhuman efforts to keep the Programme of Research on schedule whilst juggling home and work commitments. We would like to recognise these efforts and to thank staff members for their dedication and hard work in recent months as well as in 2019 and look forward to continuing to work together in efforts to provide the strong research base necessary to underpin efforts in addressing suicide and self-harm as significant public health issues.



Dr Paul Corcoran
Head of Research



Ms Eileen Williamson
Chief Executive Officer



Professor Ella Arensman
Chief Scientist/
Research Professor

Highlights of the Year

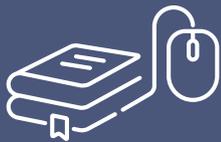
Scopus Citations

 **1,638**

Google Scholar Citations

 **2,831**

Journal Publications

 **15**

Presentations

 **79**



17 Board Members

36 Staff Members

7 Directors



The NSRF held an Early - Mid Career Researcher's Seminar to mark World Mental Health Day, 10th October.



WHO Preventing Suicide. A Resource for Filmmakers and Others Working on Stage and Screen was launched in Geneva and presented at the Early - Mid Career Researchers Seminar on 10th October. See page 14 for further information.

The NSRF was re-designated as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention for the next four years, enabling the continuation of the international work to implement suicide and self-harm surveillance systems and national suicide prevention strategies.



The prestigious International Association of Suicide Prevention (IASP) World Congress took place in Derry in September. NSRF team members were involved in 16 presentations, including a keynote lecture by Professor Ella Arensman.



NSRF staff member, Dr Eve Griffin was awarded one of the HRB Ireland's Emerging Investigator Awards. Eve's project will examine how routine management of self-harm in acute settings impacts on patient outcomes. See page 48 for further information.

Award of EU Horizon 2020 funding for MENTUPP project. See page 48 for further information.

Structure, Governance and Management of the National Suicide Research Foundation

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

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

In late 2019 for the purposes of complying with The European Union (Anti-Money Laundering: Beneficial Ownership of Corporate Entities) Regulations 2019 (SI 110 of 2019) the National Suicide Research Foundation filed required details of the Board of Directors, the Chief Executive Officer and the Head of Research on the RBO website - www.rbo.gov.ie

In 2019 representatives from the National Suicide Research Foundation attended training on the implications of The Charities Regulator Governance Code which will take effect in 2020. The NSRF is taking the necessary steps to ensure compliance with the Code.

Board of Directors

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

Policies and Procedures for the Induction and Training of board Members

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

Board Subgroups

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

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

Organisational Structure and How Decisions are made

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

Certain decisions are specifically reserved for the Board and include:

- The Company's strategic plans and annual operating Budgets.
- Projects outside the scope of the strategic plan.
- Business acquisitions and disposals.

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

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

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

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

Internal Controls

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

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

Transparency and Public Accountability

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

Principles of Good Governance

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

Principle 1. Leading our organisation

We do this by:

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

Principle 2. Exercising control over our organisation

We do this by:

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

Principle 3. Being transparent and accountable

We do this by:

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

Margaret Kelleher

Chairperson of Board

Date: 13th September 2017

Eileen Williamson

Secretary of the Board

Date: 13th September 2017

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

Principle 4. Working effectively

We do this by:

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

Principle 5. Behaving with integrity

We do this by:

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

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

Governance Structure

Company Members



Board of Directors



Subgroups

Operations

Research
Advisory

Audit, Finance
and Risk
Management



Employees

Company Members

Mrs Patricia Behan

Founder, Suicide Aware Ireland

Professor Colin Bradley

Professor/Head, Department of General Practice, University College Cork

Bishop John Buckley

Catholic Bishop, Cork and Ross (retired)

Professor Patricia Casey

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

Professor Eugene Cassidy

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

Bishop Paul Colton

Anglican Church of Ireland Bishop, Cork, Cloyne and Ross

Mr Dave Drohan

Former General Manager, HSE South

Dr Birgit Greiner

Senior Lecturer, School of Public Health, University College Cork

Mr Bertie Kelleher

Retired Principal, Colaiste an Spiorad Naomh Cork

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy

Director, Transaction Advisory Services, Ernst & Young Cork

Mr Barry McGale

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

Mr Dan Neville

(appointed July 3rd 2019)
Former Teachtaire Daile
Founding Member of Irish Association of Suicidology

Mr Mark O'Callaghan

(appointed June 25th 2019)
Solicitor, Dublin

Mr Tom O' Dwyer

Former Programme Manager
Community Care, HSE South

Professor Siobhan O'Neill

(appointed July 3rd 2019)
Professor of Mental Health Sciences, University of Ulster

Mr Mike O'Sullivan

(Resigned February 2019)
CEO Nano Nagle Place Cork

Board of Directors

Professor Eugene Cassidy

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

Mr Dave Drohan

Former General Manager, HSE South

Dr Margaret Kelleher

General Practitioner, Cork
Medical Director, National Suicide Research Foundation

Mr James McCarthy (Chairman)

Director, Transaction Advisory Services, Ernst & Young Cork

Mr Barry McGale

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

Mr Mark O'Callaghan

(appointed June 25th 2019)
Solicitor, Dublin

Professor Siobhan O'Neill

(appointed July 3rd 2019)
Professor of Mental Health Sciences, University of Ulster

Mr Mike O'Sullivan

(Resigned February 2019)
CEO Nano Nagle Place Cork

Personnel in 2019

NOSP Funding

Ms Eileen Williamson

Chief Executive Officer

Dr Paul Corcoran

Head of Research

Dr Eve Griffin

Manager, National Self-Harm Registry Ireland, Research Fellow (Resigned August 2019). Now HRB Emerging Investigators Award

Dr Mary Joyce

Manager, National Self-Harm Registry Ireland
Senior Post-Doctoral Researcher (Commenced October 2019)

Dr Elaine Mc Mahon

Research Fellow, (Resigned February 2019). Now HRB Applied Research into Policy and Practice Award

Dr Katerina Kavalidou

Post-Doctoral Researcher (commenced March 1st 2019)

Ms Caroline Daly

PhD Scholar
Research Officer International Association for Suicide Prevention

Mr Niall McTernan

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

Ms Sarah Nicholson (O'Meara)

Data Protection Officer/Research Support Officer

Ms Grace Cully

Research Officer (Resigned November 2019)

Mr Conal Wrigley

Senior Research Officer/
Research Psychologist (Resigned July 2019)

Ms Carolyn Holland

Research Officer (May to November 2019)

Ms Karen Mulcahy

Research Support Officer (July to October 2019)

Mr Pawel Hursztyn

Research Support Officer (April to August 2019)

Ms Emer McEvoy

Operations Manager (Resigned October 2019)

Ms Clodagh Kiely

Operations Manager (October to December 2019)

Ms Eileen Hegarty

Operations Manager (Finance)

Mr Leon Fan

IT Support Officer

Ms Ruth Benson

Research Officer International Association for Suicide Prevention

Donegal Project

Dr Colette Corry

Senior Research Officer

HRB Research Leaders Award

Professor Ella Arensman

Research Professor, Chief Scientist

Ms Karen Mulcahy

Research Administrator

Dr Isabela Troya Bermeo

Post-Doctoral Researcher (Commenced June 2019)

Dr Anvar Sadath

Post-Doctoral Researcher (Commenced October 2019)

Dr Ana Paula Ramos Costa

Post-Doctoral Researcher (Resigned May 2019)

Ms Grace Cully

PhD Scholar (Maternity leave from July 2019)

Ms Ruth Benson

PhD Scholar

Ms Sarah Nicholson (O'Meara)

Research Support Officer

Ms Eunice T. Philip

Research assistant (Share Project) (Commenced Feb 2019)

HRB Emerging Investigators Award

Dr Eve Griffin

Research Fellow (Commenced September 2019)

HRB Applied Research into Policy and Practice Award

Dr Elaine Mc Mahon

Research Fellow (Commenced March 2019)

National Dialectical Behaviour Therapy Project

Dr Mary Joyce

Project Co-Ordinator (Resigned September 2019)

Dr Ailbhe Spillane

Project Co-Ordinator (Maternity cover Jan - June 2019)

Mr Conal Wrigley

Senior Research Officer (Resigned July 2019)

Ms Justina Hurley

Senior Research Officer

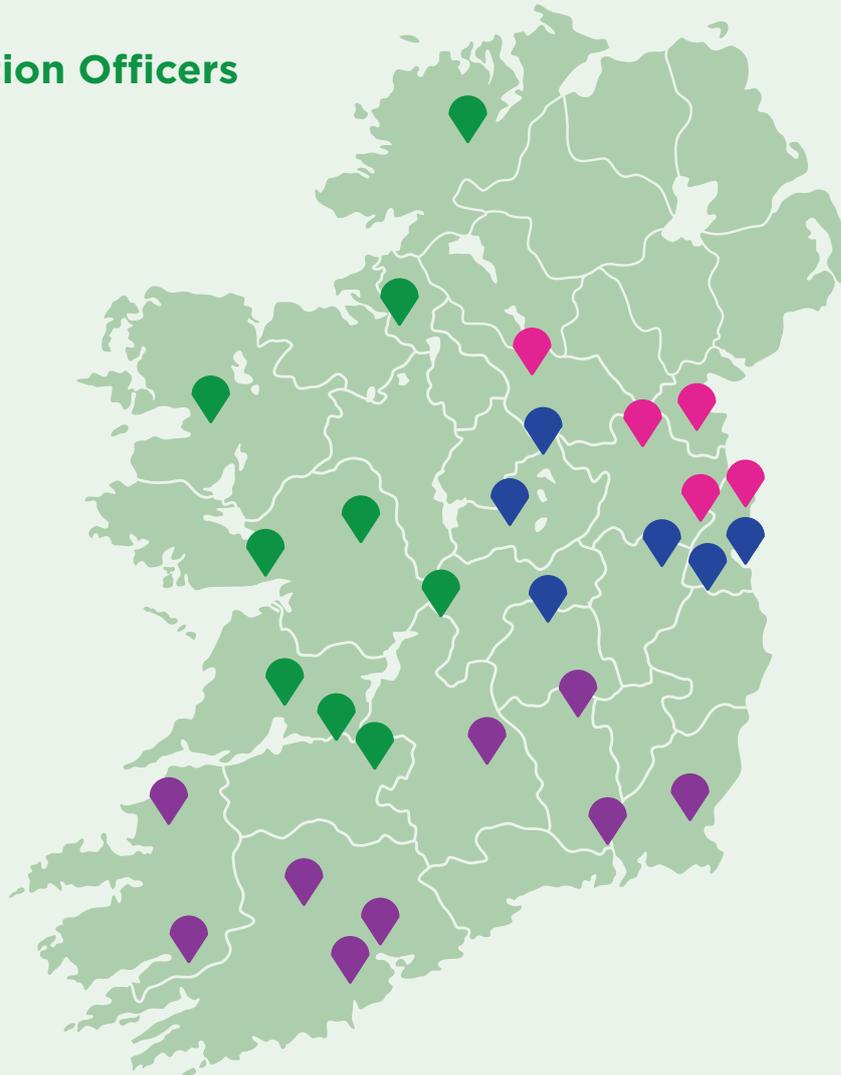
Ms Louise Dunne

Administrator

Ms Edel Gallagher

Research Officer (Resigned January 2019)

Data Registration Officers



HSE West Region

Eileen Quinn

Letterkenny General Hospital

Mary Nix

Mayo General Hospital/Portiuncula Hospital
Ballinasloe/Galway University Hospital

Catherine Murphy

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

Ailish Melia

Sligo Regional Hospital

HSE South Region

Karen Twomey

University Hospital, Kerry

Tricia Shannon

University Hospital 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

HSE Dublin/North East Region

Agnieszka Biedrycka & James McGuiggan

Mater Misericordiae University Hospital, Dublin

Alan Boon

Beaumont Hospital/Connolly Hospital,
Blanchardstown/Children's 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. Columille's Hospital, Loughlinstown/St. Michael's
Hospital, Dun Laoghaire/St Vincent's Hospital, Dublin

Edel McCarra, Sarah McMahon & Marie Lonergan

Our Lady's Children's Hospital, Crumlin

Laura Shehan & James McGuiggan

St James's Hospital

Diarmuid O'Connor

Midlands Regional Hospitals (Mullingar, Portlaoise,
Tullamore)/Naas General Hospital/Tallaght University
Hospital

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

In December 2015, the NSRF was initially designated as a WHO Collaborating Centre for Surveillance and Research in Suicide Prevention. Following a rigorous evaluation process in 2019, the redesignation has been approved for a further four years.

The remit of WHO Collaborating centres is to conduct research and evaluation, and provide technical guidance to the WHO. The aim is to enhance countries' capacity to develop and implement national policies and plans in line with the 2013–2020 global mental health action plan.

Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health service are stated WHO outputs.

Project Aims

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

Work plan

The agreed Work plan comprises three main Activities:

- Activity 1: Establishing and Maintaining Surveillance Systems for Medically Treated Suicide Attempts.
- Activity 2: Enhancing Screening and Registration of Suicide Mortality Cases.
- Activity 3: Indicators for the Evaluation of National Suicide Prevention Programmes.

Project Deliverables 2019

During 2019, the following work was conducted under each of the three Activities:

Activity 1: Establishing and Maintaining Surveillance Systems for Medically Treated Suicide Attempts.

- The NSRF developed an E-Learning Programme based on the WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm. This E-Learning programme was launched in March 2019. Further information about this project is available on page 13.
- Technical support was provided in establishing and maintaining surveillance systems for suicide attempts and self-harm in Russia. In March, the NSRF contributed to a two-day consultation meeting in Moscow, Russia, organised by WHO.
- On 28th-30th October, the NSRF contributed to WHO Technical Meetings on Suicide and Self-Harm Monitoring and Prevention in the Russian Federation, in Stavropol State Medical University, Russia, including a keynote lecture and an 8-hour training workshop on Establishing and Maintaining a Suicide Attempt and Self-Harm Surveillance System; Report: Arensman E. *Report on WHO activities related to strengthening suicide and self-harm surveillance systems in the Russian Federation. NSRF-WHOCC, 3rd December 2019.*
- On 12th-13th December, the NSRF contributed to WHO Technical meetings in Moscow on establishing a Multi-Centre Suicide Attempt/Self-Harm Surveillance System in three pilot regions in Russia.
- The NSRF facilitated the Russian translation of the WHO E-Learning Programme on Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm.

Activity 2: Enhancing Screening and Registration of Suicide Mortality Cases.

- In December, a manuscript was submitted to *Frontiers in Psychiatry*: Corry C, Williamson E, Haley C, Benson R, Arensman E. A study of persons who died by suicide while in care of mental health services in an Irish region.
- Publication: Arensman, E, Larkin, C, McCarthy, J, Leitao, S, Corcoran, P, Williamson, E, et al. (2019). Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: optimised methodological approach of a case-control psychological autopsy study. *BMC Psychiatry*, 19(1).
- The NSRF conducted a feasibility study of the SSHO to implement a real-time suicide mortality surveillance system in Cork City and County.
- The NSRF commenced an international comparative study on surveillance systems for real-time suicide mortality, involving partners from Ireland, Queensland and Victoria (Australia), New Zealand and England.

Activity 3: Indicators for the Evaluation of National Suicide Prevention Programmes.

- In February, the NSRF completed the 2nd National Strategic Action Plan for Suicide Prevention in Namibia in collaboration with the WHO Country Office in Windhoek and the Ministry of Health and Social Services (MoHSS), Namibia.
- In May, the NSRF and WHO conducted a workshop on the implementation and evaluation of national suicide prevention strategies, which was attended by representatives of more than 20 countries in the PAHO region, in conjunction with the 3rd IASP regional Symposium on Suicide Prevention in the Caribbean Region, Port of Spain, Trinidad & Tobago, 2nd-4th May 2019.
- In September, the NSRF and WHO conducted a day-long workshop on the implementation and evaluation of national suicide prevention strategies, which was attended by representatives of more than 40 countries globally, in conjunction with the 30th IASP World Congress in Derry, 17th-21st September 2019.
- In September, the NSRF facilitated updates on the Irish National Strategy for the Reduction of Suicide, *Connecting for Life*, for the WHO World Suicide Prevention Day programme on 10th September.
- 5-6th November: Following a request from WHO, the NSRF co-facilitated workshops in Geneva to improve the implementation and evaluation of national suicide prevention strategies.

Personnel Involved

Prof Ella Arensman, Ms Carolyn Holland, Mr Niall McTernan, Ms Fenella Ryan, Mr Leon Fan, Ms Eileen Williamson.

WHO Commissioned Work

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

Study Overview

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

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

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

Project Aims

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

Work Plan 2019

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

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

Project Deliverables 2019

1. Modules approved by WHO (January, 2019).
2. E-Learning Programme launched (February, 2019).

Personnel involved

Prof Ella Arensman, Ms Fenella Ryan, Mr Leon Fan.

Preventing Suicide: A Resource for Filmmakers and Others Working on Stage and Screen

Study Overview

Suicide is a serious global public health problem that occurs throughout the lifespan. Furthermore, suicide is one of the leading causes of premature mortality among young people in many countries. Suicides are preventable, but preventing suicide is no easy task. Interventions range from training young persons in skills to cope with stressors in life, through accurate and timely assessment, diagnosis and effective treatment of mental disorders, to responsible reporting of suicide by the media, restricting access to suicide methods and the environmental control of risk factors.

This booklet is one of a series of resources aimed at specific groups of people who are in a position where they can contribute to suicide prevention. Suicide prevention involves the concerted efforts of many sectors of society, including professional groups – national and local government, legislators, law enforcers, health workers, educators, social agencies, the media, families, schools, workplaces and communities.

Project Aims

This resource is intended to help filmmakers and others involved in the development and production of suicide and self-harm content for television, cinema and theatre to maximize the positive impact of their work and reduce the risk of potential harmful effects, in particular among those who are vulnerable or have mental health conditions. This resource was developed to apply to portrayals of actual suicides that have occurred, as well as fictional portrayals of suicide – e.g. in television, films, documentaries and theatre.

Work Plan 2019

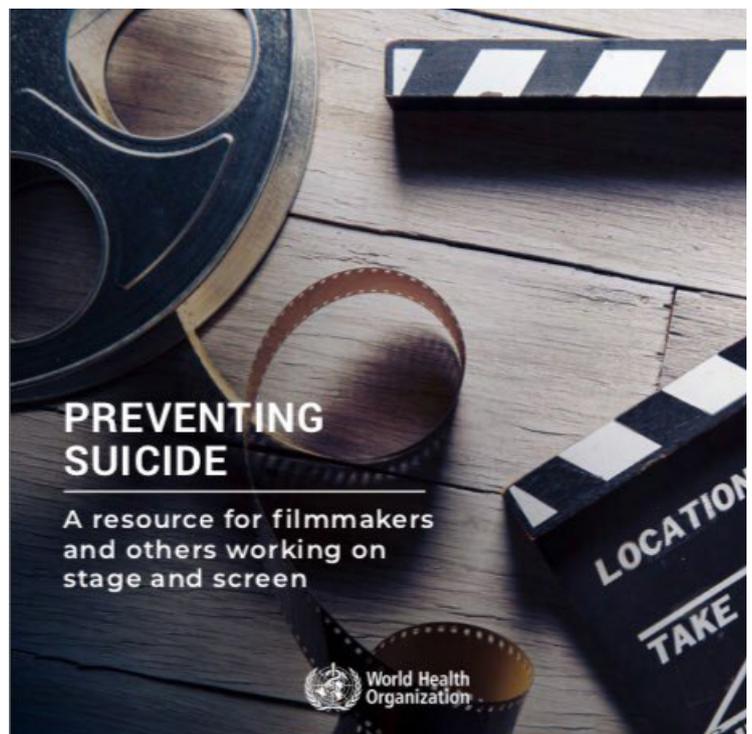
Between May and October 2019, the NSRF worked with WHO and international colleagues to develop the resource.

Project Deliverables 2019

This resource was published by WHO on World Mental Health Day, 10th October 2019, and presented by the NSRF at the NSRF Early-Mid Career Researcher’s Seminar on the same day.

Personnel involved

Prof Ella Arensman, Mr Niall McTernan, Ms Carolyn Holland.



Surveillance Systems

National Self-Harm Registry Ireland

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

The Registry Aims

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

Articles

- Griffin E, Bonner B, O'Hagan D, Dillon CB, Corcoran P. The association between self-harm and area-level characteristics in Northern Ireland: An ecological study. *European Journal of Public Health, Volume 29, Issue 5, October 2019, Pages 948-953.*
- Cully G, Corcoran P, Leahy D, Griffin E, Dillon CB, Cassidy E, Shiely F, Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. *Journal of Affective Disorders 246: 843-850.*
- Griffin E, Bonner B, O'Hagan D, Kavalidou K, Corcoran P. Hospital-presenting self-harm and ideation: Comparison of incidence, profile and risk of repetition. *General Hospital Psychiatry, Vol 51, 76-81.*

Reports

- National Self-Harm Registry Ireland Interim Report 2018. Cork: National Suicide Research Foundation, February 2019.
- Connecting for Life: Ireland's National Strategy to Reduce Suicide – Interim Strategy Review. HSE NOSP, January 2019.
- A Focus on Alcohol and Health in Cork and Kerry: A Report of the Director of Public Health.

Chapter 2 Alcohol and Harm in Cork and Kerry. Department of Public Health, HSE South, May 2019.

- Griffin E, McTernan N, Wrigley C, Nicholson S, Arensman E, Williamson E, Corcoran P (2019) National Self-Harm Registry Ireland Annual Report 2018. Cork: National Suicide Research Foundation.
- National Self-Harm Registry Ireland Community Healthcare Organisation (CHO) 1-9 Reports 2018. Cork: National Suicide Research Foundation.

Evidence Brief

- Evidence Brief: The association between self-harm and area-level factors. National Suicide Research Foundation, July 2019.

Oral/ poster communications

Oral presentations

- Arensman E, Cully G, Ramos Costa AP, Leahy D, O'Meara S. Identifying subgroups of self-harm: Implications for assessment and treatment. Lecture at the Australian Research Workshop on Suicide and Self-Harm, AISRAP, Griffith University, Brisbane 7-8th February 2019.
- Hilmi H. Alcohol involvement in hospital treated self-harm of patients under 25 years of age in Ireland from 2013-2016. Student Medical Summit, Dublin, 8th February 2019.
- Griffin E, et al. 'Self-Harm in Ireland: Priority groups and opportunities for intervention.' Self-Harm Awareness Conference, Dublin, 1st March 2019.
- Griffin E, et al. National Self-Harm Registry Ireland. ROSP Training Day, Dublin, 28th March 2019.
- Griffin et al. Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007-2016. 9th European Paediatrics Conference. 13th-15th June 2019.
- Arensman E. Surveillance of Suicide Attempts and Self-harm: WHO practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm. Department of Health and Human Services Seminar, Melbourne, Australia, 21st June 2019.

- Daly et al. A national case fatality study of drugs taken in intentional overdose. *Society of Social Medicine and Population Health 63rd Annual Scientific Meeting, 4th September 2019.*
- Griffin et al. Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007-2016. *Society of Social Medicine and Population Health 63rd Annual Scientific Meeting, 5th September 2019.*
- Corcoran et al. Release of 13 Reasons Why and hospital-presenting self-harm and suicidal ideation in Ireland. *Society of Social Medicine and Population Health 63rd Annual Scientific Meeting, 6th September 2019.* (Rapid-fire presentation).
- Barrett et al. Self-harm among the homeless population in Ireland: A national registry based study of incidence and associated factors. *30th World Congress of the International Association for Suicide Prevention, 18th September 2019.*
- Daly et al. A national case fatality study of drugs taken in intentional overdose. *30th World Congress of the International Association for Suicide Prevention, 18th September 2019.*
- Corcoran et al. Release of 13 Reasons Why and hospital-presenting self-harm and suicidal ideation in Ireland. *30th World Congress of the International Association for Suicide Prevention, 19th September 2019.*
- Daly et al. Intentional Drug Overdose Among Homeless People in Ireland. *Irish Street Medicine Symposium. 27th September 2019.*
- Corcoran, et al. 'National Self-Harm Registry Ireland Annual Report 2018'. *Registry Annual Report Launch, Cork, 10th October 2019.*
- Daly et al. A national case fatality study of drugs taken in intentional overdose. *RAMI Jacqueline Horgan Bronze Medal Award, 7th November 2019.*

Poster presentations

- Birchall et al. Has there been a reduction in codeine-related intentional drug overdose presentations to Irish hospitals following national guidance in 2010? *New Horizons Research Conference, University College Cork, December 5th, 2019.*

Meetings

- Meeting of Data Registration Officers, University College Cork, 6th March 2019.
- Meeting of Data Registration Officers, University College Cork, 6th June 2019.
- Meeting of Data Registration Officers (joint meeting with Northern Ireland Self-Harm Registry), Naas, 6th - 7th November 2019.

Personnel Involved

Head of Registry: Dr Paul Corcoran
 Registry Manager: Dr Eve Griffin (Jan-Sep) / Dr Mary Joyce (Oct-Dec)
 Personnel Involved: Niall McTernan, Conal Wrigley, Sarah Nicholson, Professor Ella Arensman, Eileen Williamson, Leon Fan.

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



2018 findings at a glance

2018 Statistics at a Glance

Presentations
12,588

Persons
9,785



2007 2018

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

RATES:

210
per 100,000

1 in every 476
had a self-harm act

Male: 20-24 year-olds
(543 per 100,000)
1 in every 184

Female: 15-19 year-olds
(766 per 100,000)
1 in every 131

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time



11pm



7pm

3am

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



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

METHOD:

2 in every 3 involved **overdose**



62%

3 in every 10 involved **alcohol**



34%

Men



27%

Women

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



30%

TREATMENT:



72%

received an assessment in the ED



79%

received a follow-up recommendation after discharge



13%

left ED before a recommendation was made

1 in 7

persons had a repeat attendance in 2018



Registry Review

The HSE National Office for Suicide Prevention (NSOP) commissioned a review of the NSHRI in September 2017 as part of Connecting for Life (CfL) strategic objective “To improve access to timely and high quality data on suicide and self-harm (CfL 7.2)”. The review was completed in February 2018 and a number of findings and recommendations were outlined for consideration. The following are progress updates on some of the key recommendations from the Registry Review:

Data Protection and IT-related issues

During 2019, GDPR training was provided to all Registry staff including office-based staff and Data Registration Officers who conduct data collection at hospitals across Ireland. All processes of the Registry were also reviewed and updated as required to ensure they are in line with GDPR.

In 2019, the data collection application for the Registry was upgraded to a web-based system. A series of

tests of this new system was completed during 2019 with a view to data collection being moved over to this system from 2020 onwards. All Data Registration Officers will input data into this new system from 2020.

Data quality assurance

In order to assess data quality assurance for the Registry, data completeness was reviewed during 2019. In particular, cross-checking exercises between pairs of DROs were introduced and missing data analyses were conducted across hospitals. Monitoring of data quality assurance will continue to be reviewed and refined beyond 2019.

Comparison with HIPE

As recommended, a comparison was made in 2019 between the number of self-harm presentations recorded by the Registry as resulting in admission to the general hospital and the number of general hospital admissions record in the Hospital In-Patient Enquiry (HIPE) database with a diagnosis code related to intentional

self-harm. Overall, and for most hospitals there were relatively small discrepancies but the differences were notable for some hospitals. This highlighted the need for all Registry Data Registration Officers to seek to ascertain cases from HIPE data records, something which is done more now than previously.

Specific to data collection

A number of specific actions were undertaken in 2019 to improve methods of data collection for the Registry. More specifically, following the Registry review, where possible, Data Registration Officers have moved to electronic means of processing data. Standardised forms for the transcription of paper records have also been introduced for all DROs.

In addition, all Data Registration Officer laptops were reviewed and updated as appropriate so that the most up-to-date software was available to each staff member. Staff laptops were upgraded where necessary during 2019.

Northern Ireland Registry of Self-Harm

Statistical analysis and independent verification of Northern Ireland Registry of Self-Harm

Study Overview

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

Project deliverables

- Data from Q4 (Jan-Mar 2019) to Q3 (Oct-Dec 2019) were processed for Department of Health, Social Services and Public Safety (DHSSPS) summary reports in 2019. These reports are published for Northern Ireland and each Health and Social Care Trust (HSCT) on a quarterly basis.
- Summary reports for each HSCT area for 2018/19 were published.
- Annual Report for 2018/19 was published.
- Six-year Reports were compiled for each HSCT.

- A total of 14 data requests were prepared in 2019 and an additional Freedom of Information request was prepared.

Articles published

- Griffin E, Bonner B, Dillon C, O'Hagan D, Corcoran P (2019). The association between self-harm and area-level characteristics in Northern Ireland: an ecological study. *European Journal of Public Health*, 29(5).
- Griffin E, Bonner B, O'Hagan D, Kavalidou K, Corcoran P (2019). Hospital-presenting self-harm and ideation: Comparison of incidence, profile and risk of repetition. *General Hospital Psychiatry*, 61.

Oral/ poster communications

- Griffin E et al. Patterns of repetition following presentation to hospital with suicidal ideation. *International Association for Suicide Prevention Conference*, Derry, 17-21 September 2019.

NSRF Personnel

Dr Eve Griffin, Dr Paul Corcoran, Dr Katerina Kavalidou and Ms Grace Cully.

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

Study Overview

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

Project Aims

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

Work Plan

In October 2018, the first report from the SADA project, covering 2017 data, was launched in Dublin.

Data collection of 2018 data continued in 2019 according to the standard operating procedures outlined in the SADA manual which was updated and finalised in October 2018. The 2018 report will be published in early 2020 and presented to the IPS National Suicide and Harm Prevention Steering Group. In collaboration with the NSRF, during 2019 the IPS further updated the data collection form and the NSRF are currently exploring the capacity of using online software 'Castor' to improve the data collection process. Initial findings from the SADA project were presented the 30th World Congress of the International Association for Suicide Prevention in Derry, in September.

Project deliverables for 2019

1. Full year summary report for 2018 (February 2020).
2. Presentation to IPS National Suicide and Harm Prevention Steering Group (March 2020).
3. Preparation of a form on Castor (new software) based on the prisons dataset to improve the data collection process (Ongoing).
4. Development of a sustainability plan (with IPS and NOSP) (Ongoing).

Oral Presentations

- Griffin E, Cully G, Hume S, Kelly ET, O'Reilly D, Corcoran P. The development and implementation of a national reporting system for self-harm in Irish prisons. The SADA Project. 30th World Congress of the International Association for Suicide Prevention, Derry, 17th - 21st September.

Personnel Involved

NSRF: Dr Paul Corcoran, Mr Niall McTernan, Dr Eve Griffin, Ms Grace Cully.

Irish Prison Service: Ms Sarah Hume, Mr Enda Kelly, Ms Deirdre O'Reilly

National Office for Suicide Prevention: Dr Gemma Cox.

Suicide Support and Information System

Project Overview

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

The SSIS aims to:

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

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

Project Aims

- 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.

Work Plan

Specific objectives of the SSIS in 2019-2020 are to ensure the continuation of the SSIS. In addition, further objectives relating to wider dissemination, implementation and exploitation of the SSIS approach was pursued, with the SSIS template being used for the analysis of information obtained from a murder-suicide case, and the SSIS approach being adopted by other regions and countries, including The Netherlands. In collaboration with the Centre for Geocomputation at Maynooth University, geospatial analyses were conducted using the SSIS data.

Project Deliverables

1. Evidence brief on locations in Cork City and County where people frequently die by suicide involving drowning for Connecting for Life Cork and Cork City Council (March 2019).
2. Workshop on the SSIS enhanced psychological autopsy approach at the IASP Regional Symposium in Port of Spain (May 2019).
3. Updated SSIS data collection for North, South, East and West Cork (September 2019).
4. Geospatial analysis conducted on SSIS data (October 2019).
5. Application of SSIS approach in analysing murder-suicide case in collaboration with Garda National Bureau of Criminal Investigation (October 2019).
6. Application of SSIS approach in Psychological Autopsy Study on Suicide in young people aged 10-19 years in The Netherlands (Report completed, December 2019).
7. Paper based on SSIS data: 'The mental and physical health profile of people who died by suicide: findings from the Suicide Support and Information System', Leahy D, Larkin C, Leahy D, McAuliffe C, Corcoran P, Williamson E, Arensman E. Accepted for publication by Social Psychiatry and Psychiatric Epidemiology (March 2020).

Personnel Involved

Prof Ella Arensman, Dr Paul Corcoran, Ms Eileen Williamson, Ms Ruth Benson, Dr Daniel Leahy, Ms Karen Mulcahy, Prof Jan Rigby, Prof Chris Brunsdon.

Suicide and Self-Harm Observatory

Study Overview

The Suicide and Self-Harm Observatory (SSHO) was established in Cork City and County in December 2018, based on the need for real-time suicide data collection due to a delay in the availability of official suicide mortality statistics that are released approximately every two years by the Irish Central Statistics Office (CSO). The process of verification, registration and classification of sudden premature deaths (including deaths by suicide) in Ireland is often delayed due to the requirement of an inquest and the involvement of coroners, An Garda Síochána, registrars and pathologists. A reliance on mortality statistics published by the CSO two years after the calendar year in which they took place results in delays to reviews and modifications of suicide prevention plans. Having access to a real-time surveillance system which can be measured against CSO statistics may assist in the implementation of timely response and support plans, and the prevention of further cases of suicide and self-harm during this time period. This research builds on the Suicide Support and Information System (SSIS), which has been implemented and evaluated successfully in Cork City and County since September 2008. The SSHO is funded by the Health Research Board as part of the 5-year research programme: Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services. Between 1st December 2018 and 31st December 2019, the SSHO obtained data on 47 cases of suspected suicide in the Cork region.

Project Aims

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

Work Plan 2019-2020

The SSHO pilot phase in Cork City and County was completed in December 2019, and the National Office for Suicide Prevention has requested a review report including a proposal for upscaling and wider implementation of the SSHO (in progress). Preparations are currently in place in additional CHO areas across Ireland, with the aim of wider implementation. Wider implementation of the SSHO will require liaison with key stakeholders and the establishment of advisory panels in each county in order to guide and support the implementation of the SSHO, as well applications for ethical approval for the implementation of the SSHO within the respective counties to local ethics committees.

A collaborative paper based on Best Practice of Real-Time Suicide Surveillance is currently in draft with colleagues from Australia, New Zealand and the UK. It is anticipated that this paper will be submitted for publication in July 2020.

Project Deliverables

- Four meetings of the Advisory Panel for the development of the SSHO in Cork (February, July, November 2019, February 2020).
- Presentation for the *Connecting for Life* – Cork Suicide Prevention Steering Group: Outcomes of the SSIS and SSHO in relation to locations near waterways in Cork City and County where people frequently take their lives. Arensman E, Benson R, Rigby J, Brunsdon C, Ryan M, Corcoran P. (March, 2019).
- Presentation of the SSHO at a Seminar for Resource Officers for Suicide Prevention (March, 2019).
- Preparations for establishment of an Advisory Panel for the implementation of the SSHO in Donegal (May 2019).
- Presentation of first outcomes of the SSHO pilot study for the National Office for Suicide Prevention (June 2019).
- Lecture at the 30th IASP World Congress, Derry. Developing a real-time suicide surveillance system: the Suicide and Self-Harm Observatory, Arensman E, Benson R, Rigby J, Brunsdon C, Ryan M, Corcoran P. (September 2019).
- In four instances, the SSHO was effectively used to verify media reports including unverified numbers of suspected suicide / presumed suicide contagion within areas of Cork County and City in December 2018, January, May and December 2019.
- Meeting with Cork City Council and An Garda Síochána about the SSHO data and locations near water ways in Cork City where people frequently die by suicide or attempt suicide (January 2020).
- Re-introduction of the SSHO and establishment of an Advisory Panel for the implementation of the SSHO in Kerry (February 2020).
- Keynote lecture SSHO: Developing and Implementing a Real-Time Suicide Surveillance System: the Suicide and Self-Harm Observatory. Arensman E, Benson R, Rigby J, Brunsdon C, Ryan M, Corcoran P. 2nd Australasian Research Workshop on Suicide and Self-Harm (February 2020).
- Presentation outcomes SSHO pilot study at meeting with NOSP and agreement on preparation of review report SSHO pilot study and proposal for upscaling and wider implementation of the SSHO (February 2020).

Personnel Involved

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

Studies

Individual and Ecological Factors Associated with Intentional Drug Overdose

Study Overview

This research will inform legislation and recommendations for means restriction interventions related to suicidal behavior. This study affects Goal 6 of Connecting for Life, Irelands National Strategy to Reduce Suicide in Ireland: To reduce and restrict access to means of suicidal behavior, by informing goals 6.1: To reduce access to frequently used drugs in Intentional Drug Overdose (IDO) and 6.2: To reduce access to highly lethal methods used in suicidal behavior.

Project Aims

1. To examine the profile of persons engaging in IDO, detail drugs used and to quantify the contributions of alcohol involvement and multiple drug use;
2. To describe the emerging use of a group of antiepileptic's known as gabapentinoids in IDO in Ireland; to describe the characteristics of fatal and non-fatal IDO;
3. To establish which drug types are linked with greater risk of a fatal outcome;
4. To describe paracetamol-related IDO among young people; and
5. To explore repeat self-harm following IDO among young people.

Work Plan

This research is being conducted as part of a PhD programme (2015-2020) in collaboration with the University of Manchester. This research will involve the use of data from the National Self-Harm Registry, Ireland. Additional data was sourced from the National Drug Related Death Index (Health Research Board). Other agencies involved in this work include The National Centre for Geocomputation, Department of Pharmacy, UCC and the Crisis Nurse Specialists within the HSE.

Project Deliverables

1. Publication: Intentional Drug Overdose Involving Pregabalin and Gabapentin: Findings from the National Self-Harm Registry Ireland, 2007-2015. Clinical Drug Investigation (December 2017).
2. Publication: Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study. European Journal of Public Health (March 2018).
3. Publication: A national case fatality study of drugs taken in intentional overdose (December 2019).
4. Publication: Paracetamol-related intentional drug overdose among young people: A national study of characteristics, incidence and trends (May 2020).
5. Publication: Repeat self-harm following intentional drug overdose among young people (May 2020).

Personnel Involved

PhD Researcher: Ms Caroline Daly

PhD Supervisors: Prof Ella Arensman, Dr Eve Griffin
Official advisors: Prof Ivan Perry (University College Cork), Prof Darren Ashcroft and Dr Roger Webb (University of Manchester).

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

Study Overview

Each year, there are approximately 11,500 presentations to hospital emergency departments as a result of self-harm, recorded by the National Self-Harm Registry Ireland (Griffin et al, 2018). However, internationally, there are indications that a considerable number of self-harm acts present to primary care settings, without further referral to hospital emergency departments (Carr et al, 2016). In Ireland, no reliable data are available on the prevalence of self-harm, suicidal ideation or related mental health problems presenting to primary care.

The Health Service Executive Suicide Crisis Assessment Nurse (HSE SCAN) service was developed to link general practitioners (GPs) directly to a specialist mental health nurse so that individuals experiencing a suicidal crisis could be referred for prompt assessment. In 2017, the NSRF were commissioned by the National Office for Suicide Prevention, to conduct an evaluation of the SCAN service.

Project Aims

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

Ethical approval for the project was granted in February 2018 and the evaluation was conducted throughout the remainder of 2018. In April 2019, a final project report for the National Office for Suicide Prevention was completed.

The results from this project will estimate the prevalence of mental health-related referrals to and from the HSE SCAN Service and such data may inform recommendations regarding further development of the service. In particular, findings from this project will inform the statement of purpose for the service as well as the alignment of the service with that of the National Clinical Care Programme. The findings may identify potential improvements for the treatment of individuals at risk of suicidal behaviour. The findings will also raise awareness of the significance and range of mental health problems among the general population that presents to primary care services. Such findings may inform general population mental health promotion initiatives.

Personnel Involved

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

Suicide bereavement support: A literature review

Study Overview

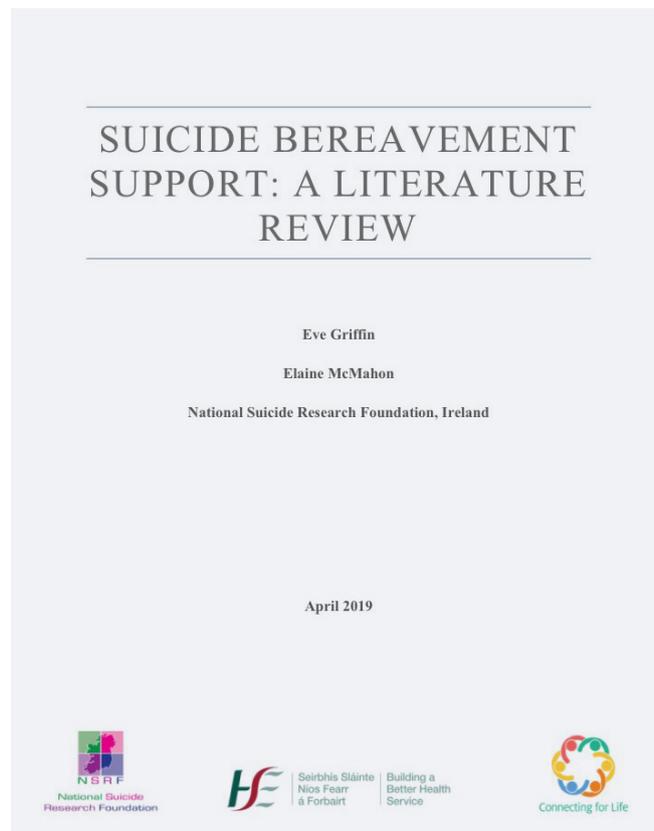
In 2018, a service improvement project called 'Improving Suicide Bereavement Supports' was established by HSE Mental Health in order to address actions 4.3.1 (To deliver enhanced bereavement support services to families and communities affected by suicide of those people known to mental health services) and 4.3.2 (To commission and evaluate bereavement support services) in Connecting for Life. As part of this working group, the National Suicide Research Foundation were asked to complete a review of literature in order to identify key research published in the area of suicide bereavement support, to review the literature on evidence-based interventions, and to identify examples of current practice in Ireland and internationally. The literature review was completed and published in April 2019.

Summary of findings

As well as informing the priorities for bereavement services in Ireland, the literature review highlighted the lack of research on suicide bereavement, in particular around the effectiveness of bereavement support interventions. There is a need for high-quality, trial-based research examining suicide bereavement supports. For young people in particular, the evidence around the appropriateness of supports and interventions is limited, as is our understanding of how suicide bereavement differs for young children compared with adolescents. In recent years, there has been some qualitative research exploring individuals' experiences of suicide bereavement. This type of research is imperative in developing appropriate community responses, and research that involves bereaved persons in the design should be prioritised.

Reference

Griffin E and McMahon E (2019). Suicide bereavement support: A literature review. Cork: National Suicide Research Foundation. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/suicide-bereavement-support-a-literature-review-april-2019.pdf>



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

Study Aim

This project aimed to explore the nature, causes, and consequences, of cyberbullying from the perspective of young people with a view to informing the development of evidence-based prevention and intervention strategies.

Work Plan

This work was funded by the Health Research Board through the SPHeRE (Structured Population Health and Health Services Research Education) PhD Programme. Qualitative and participatory research methods were employed. In the first instance a systematic review and meta-ethnographic synthesis of qualitative studies related to young people's conceptualisations of cyberbullying was conducted. Secondly, a rights-based model was developed to facilitate the active involvement of young people in the research process. A Young Person's Advisory Group comprising 16 Transition Year students from four schools was purposefully formed. The Advisory Group collaborated with researchers in the design, conduct, and interpretation of a qualitative study of young people's perspectives on cyberbullying as well as in priority setting for intervention development. Young People's involvement in the Advisory Group was evaluated to determine the effectiveness of the model in facilitating young people's participation in the research process and the acceptability of the approach. The co-designed qualitative study comprised focus groups with 64 secondary school students across the four participating schools.

Project Deliverables

- The final version of a paper describing and evaluating young people's involvement in this project was published in *Health Expectations* in January 2019.
- A meta-ethnography of young people's conceptualisations of the nature of cyberbullying was prepared and submitted for publication (March 2020).
- A paper based on findings related to the mental health impact of cyberbullying was submitted for publication. (April 2020).
- Findings related to the non-consensual distribution of nude images were prepared for submission to a relevant academic journal. Expected publication mid-2020.
- A policy brief will be disseminated when all results have been published.

Personnel Involved

Prof Ella Arensman (NSRF), Dr Rebecca Dennehy (School of Public Health, UCC), Ms Mary Cronin (School of Public Health, UCC), Dr Sarah Meaney (National Perinatal Epidemiology Centre, UCC).

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

Young People's Mental Health: a population-based research programme

Study Overview

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

Project Aims

1. To examine the prevalence and correlates of mental ill-health, risk behaviors and self-harm in European adolescents.
2. To examine patterns of hospital-treated self-harm among young people aged 10 to 24 years in Ireland.
3. To examine the risk and protective factors for psychotic experiences in Irish adolescents.
4. To identify predictors of onset and escalation of self-harm and suicide in adolescents.

Work Plan

Collaboration with the ten centres of the international Saving and Empowering Young Lives in Europe (SEYLE) consortium continued throughout 2019, with ongoing dissemination of study findings.

Manuscripts were prepared by the group for publication on a number of topics including predicting onset of adolescent self-harm and longitudinal associations between bullying and suicidal behaviour.

Dissemination continued on the findings of the 2018 national study examining increasing rates of self-harm among children, adolescents and young adults: 2007–2016 (Griffin et al, 2018).

Collaboration with the Psychiatric Epidemiology Research across the Lifespan (PERL) at RCSI on population-based research into the prevalence and correlates of adolescent mental ill-health continued in 2019.

In early 2019, work began on the HRB-funded project "Investigating the iceberg model of self-harm and suicide in children, adolescents and young adults: a multi-methods study of predictors of onset, escalation and premature mortality" led by Dr Elaine McMahon. The first work package involves a national longitudinal cohort study of long-term risk of suicide and other premature mortality among young people following hospital-treated self-harm.

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

Project Deliverables

Ethical approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals for the new study "Investigating mortality risk through suicide and other external causes following hospital-treated self-harm" in August 2019. Applications were submitted to the CSO to access suicide mortality data for the purpose of data linkage with the National Self-Harm Registry Ireland and analysis.

Four articles arising from this work were accepted for publication or published in peer-reviewed journals in 2019, with one article under review.

Publication details are as follows:

- Risk and Protective Factors for Psychotic Experiences in Adolescence: a population-based study. **Elaine M. McMahon, Paul Corcoran, Helen Keeley**, Mary Clarke, Helen Coughlan, Danuta Wasserman, Christina W. Hoven, Vladimir Carli, Marco Sarchiapone, Colm Healy, Mary Cannon. accepted *Psychological Medicine*.
- Influence of coping strategies on the efficacy of YAM (Youth Aware of Mental Health): a universal school-based suicide preventive program. Kahn JP, Cohen RF, Tubiana A, Legrand K, Wasserman C, Carli V, Apter A, Balazs J, Banzer R, Baralla F, Barzilai S, Bobes J, Brunner R, **Corcoran P**, Cosman D, Guillemin F, Haring C, Kaess M, Bitenc UM, Mészáros G, **McMahon E**, Postuvan V, Saiz P, Varnik A, Varnik P, Sarchiapone M, Hoven CW, Wasserman D. accepted *European Child and Adolescent Psychiatry*.
- Bi-directional longitudinal associations between different types of bullying victimization, suicide ideation/attempts, and depression among a large sample of European adolescents. Brunstein Klomek A, Barzilay S, Apter A, Carli V, Hoven CW, Sarchiapone M, Hadlaczky G, Balazs J, Keresztesy A, Brunner R, Kaess M, Bobes J, Saiz PA, Cosman D, Haring C, Banzer R, **McMahon E, Keeley H**, Kahn JP, Postuvan V, Podlogar T, Sisask M, Varnik A, Wasserman D. *Journal of Child Psychology and Psychiatry*. 2019 Feb;60(2):209-215.
- A longitudinal examination of the interpersonal theory of suicide and effects of school-based suicide prevention interventions in a multinational study of adolescents. Barzilay S, Apter A, Snir A, Carli V, Hoven CW, Sarchiapone M, Hadlaczky G, Balazs J, Keresztesy A, Brunner R, Kaess M, Bobes J, Saiz PA, Cosman D, Haring C, Banzer R, **McMahon E, Keeley H**, Kahn JP, Postuvan V, Podlogar T, Sisask M, Varnik A, Wasserman D. *Journal of Child Psychology and Psychiatry*. 2019 Oct;60(10):1104-1111.

The findings of this research programme were presented at national and international conferences in 2019, including the Society for Social Medicine, Cork, September 2019, and International Association of Suicide Prevention, Derry, September 2019. The award for Best Abstract at the Society for Social Medicine conference was awarded for the abstract “Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007–2016” (Griffin et al).

Personnel Involved

Dr Elaine McMahon, Dr Eve Griffin, Dr Paul Corcoran, Prof Ella Arensman, Dr Helen Keeley, Ms Eileen Williamson; HRB ARPP collaborators.

The Role of the Media in Suicide Prevention

Study Overview

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

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

Project Aims

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

Work Plan

In 2018, the NSRF published a paper on media reporting of suicide and adherence to guidelines in Ireland. In 2019, the findings of this paper were disseminated nationally via media briefings, organised by the Regional Officers for Suicide Prevention in Limerick, Dublin and Tipperary. In addition, in line with the increasing evidence base in relation to using the media in a positive way, the NSRF conducted a survey, aimed to obtain people's perceptions on the impact of a television documentary on awareness of mental health, wellbeing and help-seeking behaviour, following the airing of the documentary 'My Other Life: Ireland's Young and Their Mental Health' on RTÉ. In 2019, a paper, based on the findings, was prepared for a peer reviewed journal and published in March 2020. The outcomes were also presented at the International Association for Suicide Prevention World Congress in Derry.

Project Deliverables

1. Preparation of a paper based on the outcomes of the 'Our Mental Health' survey for submission to the Irish Journal of Psychological Medicine (July 2019).
2. Presentation of key findings at the International Association for Suicide Prevention World Congress (September 2019).
3. Preparation of briefing documents and information booklets for circulation among relevant stakeholders in government, media and the voluntary sector if and when required (Ongoing throughout 2019).
4. Work with statutory and non-statutory agencies, the Press Ombudsman and media organisations to promote the implementation of media guidelines using a pro-active approach (Ongoing throughout 2019).
5. Work with stakeholders as outlined in *Connecting for Life* to explore ways of restricting access to sites that primarily exist to promote suicide or self-harm (Ongoing throughout 2019).
6. Ensure that the dialogue between journalists and representatives from other relevant disciplines is on-going, via presentations in different regions in collaboration with the Regional Officers for Suicide Prevention (Ongoing throughout 2019).

Personnel Involved

Mr Niall McTernan, Prof Ella Arensman, Ms Fenella Ryan, Ms Eileen Williamson.

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

Study Overview

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

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

Project Aims

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

Work Plan

A key priority for 2019-2020 as underlined by the Steering Group and Advisory Panel, was the completion of the main outcomes paper, reporting on three different groups, suicide cases, high-risk self-harm cases and GP controls, allowing for specific comparisons to be made.

In addition, a methodological paper was completed and published in BMC Psychiatry in 2020, detailing the unique design of SSIS-ACE integrating different data sources (primary health practitioner, coroners and family informants). A particular methodological strength of the SSIS-ACE case control study design is the matching of suicide cases with controls

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

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

Project Deliverables

1. SSIS-ACE outcomes presented as part of a training programme for GPs in Letterkenny (March, 2019).
2. SSIS-ACE outcomes presented as part of a training programme for GP trainees in Cork (May 2019).
3. SSIS-ACE Methodological paper published in BMC Psychiatry: Arensman E, Larkin, C., McCarthy, J., Leitao, S., Corcoran, P., & Williamson, E. et al. (2019). Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: optimised methodological approach of a case-control psychological autopsy study. *BMC Psychiatry*, 19(1). (August, 2019).
4. Presentation of outcomes at the 30th IASP World Congress, Derry: Arensman E et al. Psychiatric, psychosocial and work-related risk factors associated with suicidal behaviour in Ireland.
5. Outcomes of a case-control study (September 2019).
6. Data cleaning completed for the Masterfile for the SSIS-ACE outcomes paper (November, 2019).

Personnel Involved

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

European Alliance Against Depression (EAAD) & The iFightDepression programme

Study Overview

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

Specific objectives of the EAAD 4-level approach include:

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

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

The main objectives are:

1. To provide internet-based guided self-management protocols for depression in young people and adults with mild forms of depression: the iFightDepression programme.
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 in order to improve early identification of depression and adequate treatment referral for young people with depression.

Project Aims

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

Work Plan 2019-2020

Key priorities for 2019-2020 were a) ongoing implementation of EAAD training among health and community-based professionals, b) research development and innovation and preparing new grant applications, c) dissemination of peer review papers and dissemination of EAAD outcomes via policy briefs and newsletters, and re-instating the implementation of the optimised iFightDepression programme.

Project deliverables 2019-2020

1. EAAD based training programme for trainee GPs (May, 2019).
2. EAAD-related grant application for EU Horizon 2020 and consortium: MENTUPP, submitted in April and successful in August 2019.
3. Submission of Expression of Interest for the iFightDepression programme to the Ireland Funds (August, 2019).
4. Contributed to EAAD Press Releases on European Depression Day (1st October) and World Mental Health Day (10th October 2019).
5. Co-facilitation and presentations at the EAAD Annual General Meeting in Leuven, Belgium (November 2019).
6. Published paper on Prevention of Suicidal Behaviour: Results of a Controlled Community-based Intervention Study in Four European Countries, Hegerl U, Maxwell M, Harris F, Koburger N, Mergl R, Szekely A, Arensman E, Van Audenhove C, et al. PLoS One. 2019 Nov 11;14(11):e0224602.
7. Co-applicant with EAAD on application for the implementation and dissemination of the iFightDepression programme, with the EU Health Programme - CHAFEA (May 2020).

Personnel Involved

Prof Ella Arensman, Ms Eileen Williamson, Mr Niall McTernan, Prof Ulrich Hegerl, Prof Victor Perez, Ms Juliane Hug, Ms Pia Driessen, and Dr Ilinca Serbanescu.

Health Research Board Research Leaders Award Programme

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

Study Overview

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

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

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

Project Aims

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

Work Plan

In terms of the IMPRESS research (part 1), in 2019-2020, the main emphasis was on data analyses involving consecutive self-harm presentations to hospital emergency departments (2010-2016) were obtained from the National Self-Harm Registry Ireland. Associations between

self-harm method and repetition were analysed using survival analyses, and a first paper was published in a peer review journal. For part 2 of the IMPRESS research, in 2019-2020, the main focus was on completing baseline and follow-up interviews were conducted among high risk self-harm patients and major self-harm repeaters. First findings were presented to key stakeholders.

Project Deliverables

1. Peer review publication: Cully G, Corcoran P, Leahy D, Griffin E, Dillon C, Cassidy E, Shiely F, Arensman E. Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry. *Journal of Affective Disorders* (March 2019).
2. Completion of IMPRESS baseline interviews (February, 2019).
3. Submission of manuscript: Patients' experiences of engagement with healthcare services following a high risk self-harm presentation to a hospital emergency department: a mixed methods study, to *Archives of Suicide Research* (July, 2019) (accepted for publication in June, 2020).
4. Completion of IMPRESS follow-up interviews (September, 2019).
5. Presentation of first outcomes of the IMPRESS study at seminar of the National Clinical Programme For the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm (October, 2019).
6. Presentation of first outcomes of the IMPRESS study at the first SAMAGH training in the UCC ASSERT Centre (November, 2019).

Personnel Involved

Prof Ella Arensman, Ms Karen Mulcahy, Ms Grace Cully, Ms Ruth Benson, Dr Isabela Troya, Dr Anvar Sadath, Ms Sarah Nicholson, Dr Paul Corcoran, Ms Eileen Williamson, Dr Eve Griffin, Prof Eugene Cassidy, Prof John Browne, Prof Jan Rigby, Prof Chris Brunson Prof Joe Eustace, Dr Frances Shiely, Dr Anne Jeffers.

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

Study Overview

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

Project Aims

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

Work Plan 2019-2020

For identifying geographic areas in Cork with suicide clusters, data from the Suicide Support and Information System (SSIS), established by the NSRF in 2008, will be accessed. The SSIS obtains information on all consecutive cases of suicide in the HSE Southern region and accesses information from coroner's records, health care professionals and family informants using a psychological autopsy approach. The association between recurring clusters of suicide and individual factors, such as psychosocial and psychiatric factors will be examined. The geocoded data will be analysed using a series of spatial analytical techniques in order to examine the spatial and temporal patterning of suicide. The geospatial approach will also enable research into associations with socio-environmental data e.g. neighbourhood quality, distance to services. This research is conducted in collaboration with the Centre for Geocomputation, Maynooth University (Professor Jan Rigby and Professor Chris Brunsdon).

A real-time suicide surveillance system, the Suicide and Self-Harm Observatory (SSHO) has been developed and implemented in Co. Cork. An interactive dashboard based on data collected by the SSHO will be designed collaboratively with Prof. Brunsdon. This confidential resource will record live suspected suicide data, incorporating key features such as data mapping, seasonal trends, demographic breakdowns, etc. This valuable resource will be used to inform resource allocation and deliver early interventions to the bereaved and at-risk populations. It is intended that the SSHO and interactive dashboard will be rolled out nationally, based on the outcomes of the pilot phase.

A systematic review of quantitative techniques applied in the statistical analysis of suicide and self-harm clustering is near completion and planned for publication in 2020. The findings of this review were presented at several conferences and seminars in 2019. A study based on best practices in the development and implementation of surveillance of real-time suicide mortality data is also currently underway and will be published in 2020.

Project Deliverables

1. Completion of pilot phase of the implementation of the SSHO in Cork City and County (December 2019).
2. Continuation of data collection for North, South, East and West Cork based on the SSIS.
3. Meetings of the Advisory Panel for the Implementation of the Suicide and Self-Harm Observatory (January 2019, May 2019, November 2019).
4. Presentation: The Suicide and Self-Harm Observatory: real-time surveillance data in Ireland. National meeting of the HSE Resource Officers for Suicide Prevention, Dublin, March 2019.
5. Presentation: The quantitative analysis of suicide & self-harm clustering: A systematic review. International Association for Suicide Prevention World Congress 2019, Derry-Londonderry, September 2019.
6. Presentation: Suicide and self-harm surveillance - From local to global. National Suicide Research Foundation World Mental Health Day, Cork, October 2019.
7. Presentation: Suicide and self-harm clusters: Effective quantitative techniques to detect clusters & the value of real-time surveillance data in identifying and responding to them. The 26th British Isles Research Workshop on Suicide & Self-Harm. Oxford, October 2019.

Personnel Involved

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

Development of a Self-Harm Assessment and Management programme for General Hospitals (SAMAGH)

Study Overview

This study is part of the HRB funded 5-year research programme: Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services.

SAMAGH has a specific focus on managing and supporting major self-harm repeater, high-risk and challenging behaviour patients based on the evidence from the IMPRESS Study as well as following suggestions from the consultation meetings and focus groups.

Project Aims

The objectives of this study are to develop the Self-Harm Assessment and Management programme for General Hospitals (SAMAGH).

Work Plan

The SAMAGH training programme comprises two sections - first an online E-learning Programme (www.suicideresearchpreventionlearning.com) where key concepts and background to self-harm and suicide prevention are explained to healthcare practitioners. Second, after successful completion of the E-learning, a two-day face to face interactive training course will be delivered, including simulation training in the UCC Centre for Enabling Better Safer Healthcare (ASSERT).

The SAMAGH Training Programme includes:

- E-Learning Module components which include:
 - Overview of self-harm and suicide including at risk groups and why do people self-harm
 - Self-harm and suicide risk assessment
 - Clinically relevant factors associated with self-harm presentations
 - Self-harm Management: Safety planning and follow-up
 - Self-care amongst healthcare professionals supporting self-harm patients.
- Guidelines for conducting a biopsychosocial assessment among self-harm patients including simulation training.

Project Deliverables

1. Completion of the consultations with mental health professionals related to the development of the SAMAGH training programme (April, 2019).
2. Submission of the SAMAGH training implementation and evaluation application to the CREC (September, 2019).
3. Completion of SAMAGH training manual (November, 2019).
4. First SAMAGH training programme delivered to mental health professionals in the UCC ASSERT Centre (November, 2019).
5. Study protocol based on the SAMAGH training implementation and evaluation submitted to BMC Health Services Research: Study Protocol for the Implementation and Evaluation of the Self-harm Assessment and Management for General Hospitals Programme in Ireland (SAMAGH). *BMC Health Services Research*. In Press (December, 2019).
6. Second SAMAGH training programme delivered to mental health professionals in the UCC ASSERT Centre (January, 2020).

Personnel Involved

Prof Ella Arensman, Dr Isabela Troya, Dr Anvar Sadath, Ms Sarah Nicholson, Ms Karen Mulcahy, Prof Eugene Cassidy, Dr Anne Jeffers.

Self-Harm and Suicide Awareness - SHARE

Study overview

SHARE is based on outcomes of the HRB funded research programme: Improving Prediction and Risk Assessment of Suicide and Self-Harm (IMPRESS). The IMPRESS study aims to improve the knowledge base on predictive risk factors associated with repeated self-harm and suicide among high-risk groups of self-harm patients in Ireland. During the study, it has become clear that family members of self-harm patients are in need of more information and support, which highlights a major gap in Ireland and internationally. The current application proposes to develop an information leaflet for family members, and to offer a psychoeducational programme for family members. The leaflet and group sessions will include plain language information addressing the risk and protective factors associated with self-harm and information on effective treatments. IMPRESS has also identified a need for increased awareness of self-harm, suicide and associated risk and protective factors among first responders, including paramedics, emergency technical staff and emergency department staff. The needs of first responders are addressed via interactive workshops of knowledge exchange and skills enhancement. To enhance dissemination, it is proposed to improve the content of the existing Suicide Support and Information website (<http://suicidesupportandinformation.ie/>) by including recent findings from IMPRESS study regarding two subgroups of patients that were identified i.e. people with high-risk self-harm and those with a history of multiple acts of self-harm, who require different therapeutic approaches. A seminar will be organised for relevant stakeholders at national level to disseminate the deliverables developed under IMPRESS and SHARE.

Project Aims

The main aims of the SHARE project are to a) Develop, implement and evaluate a psychoeducational programme for family members of people who have engaged in self-harm, b) Develop, implement and evaluate an interactive training programme for first responders addressing their needs and challenges relating to working with self-harm patients. The SHARE project commenced in February 2019.

Project Deliverables 2019-2020

1. Submission of the SHARE ethics application for the implementation and evaluation of the interactive training programme for first responders to the SREC (June, 2019).
2. Submission of the SHARE ethics application for the implementation and evaluation of the interactive training programme for first responders to the NAS (August, 2019).
3. Submission of the SHARE ethics application for the psychoeducational support programme for family members of individuals who engage in self-harm to the CREC (October, 2019).
4. Completion of the SHARE leaflet for psychoeducational support groups for family members of individuals who engage in self-harm (November, 2019).
5. First interactive workshop with first responders in Ballinasloe, delivered by Prof Ella Arensman and Ms Eunice Philip (December, 2019).
6. Second interactive workshop with first responders in Dublin, delivered by Prof Ella Arensman and Ms Eunice Philip (January, 2020).

Personnel Involved

Prof Ella Arensman, Ms Eunice Philip, Prof Eugene Cassidy, Ms Karen Mulcahy.

Health Research Board Emerging Investigators Award

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

Study overview

In 2019, funding was awarded as part of the Health Research Board's Emerging Investigators Award programme, for a four year programme to examine outcomes for individuals who present to hospital as a result of self-harm. The project is a collaboration between University College Cork, National Suicide Research Foundation and the Irish Health Service Executive. The project commenced in September 2019, and will be funded until August 2023.

Project aims

The aims of the project are to:

- Examine the clinical management of self-harm and its impact on risk of repeat self-harm, suicide and premature mortality.
- Examine the impact of a National Clinical Programme for self-harm on patient outcomes, processes of care and economic savings.
- Identify the determinants contributing to the implementation of this Clinical Programme across Irish hospitals.

This project will maximise the use of routinely-available national data. A mixed-methods approach will deliver actionable findings which will contribute to optimising services and outcomes for individuals who engage in self-harm, ultimately reducing deaths by suicide and other external causes. Findings will directly inform service delivery and contribute to national policy.

Work Plan

This project is organised across three distinct work packages, aligned to the project aims.

Work package 1 (2019-2021) will use data from the National Self-Harm Registry Ireland to identify the factors which contribute to the clinical management of self-harm in acute hospital settings. Data from the Registry will also be linked with national mortality data to establish the risk of subsequent suicide following hospital-presenting self-harm and whether the clinical management of self-harm at

the time of presentation to hospital is associated with subsequent risk of repetition, suicide and premature mortality.

The National Clinical Programme for the Assessment and Management of Patients Presenting to the Emergency Department following Self-harm (NCP-SH) was one of the first Irish clinical programmes to be introduced in the area of mental health. It specifically addresses the care and treatment required for people who present to hospital emergency departments following self-harm.

Work package 2 (2019-2022) will use a natural experiment approach to assess the impact of this clinical programme on patient outcomes, including repeat attendance to hospital, as well as processes of care. This work package will also examine the economic impacts of this programme on reducing costs related to self-harm.

Work package 3 (2021-2023) will use an implementation research framework to identify the determinants and facilitators associated with implementing such a programme nationally. Data from relevant stakeholders will be gathered via semi-structured interviews, using the Consolidated Framework for Implementation Research. This component will be used to inform the longer-term integration of mental health services in acute hospital settings, as well as to identify factors which may inform the roll-out of such a programme in other health services internationally.

Personnel involved

Principal investigator: Dr Eve Griffin

Post-doctoral Researcher: Dr Eimear Ruane-McAteer

Co-applicants: Dr Paul Corcoran; Prof Ella Arensman;

Prof Ivan J Perry; Dr Sheena McHugh; Dr Anne Jeffers;

Prof David Gunnell.

Health Research Board Applying Research into Policy and Practice Award

Investigating the iceberg model of self-harm and suicide in children, adolescents and young adults: a multi-method study of predictors of onset, escalation and premature mortality

Study overview

In 2018, funding was awarded to Dr Elaine McMahon as part of the Health Research Board Applying Research into Policy and Practice programme, for a five-year programme to examine self-harm and suicide among children, adolescents and young adults. The project commenced in February 2019, and Dr McMahon will be funded until January 2024 on a part-time basis.

The aim of the project is to examine three key stages of the self-harm process; onset of self-harm among adolescents in the community; high-risk hospital-treated self-harm, and long-term risk of suicide following self-harm.

Work Plan

Work package 1 is a national cohort study which will examine long-term risk of suicide and other premature mortality among young people who have presented to hospital following self-harm.

Work package 2 is a mixed methods study of engagement with health services among young people with high risk self-harm and associations with subsequent repeated self-harm.

Work package 3 examines risk and protective factors for onset of suicidal behaviour among adolescents in the community in large representative longitudinal cohorts of young people.

Personnel involved

Dr Elaine McMahon; Prof Ella Arensman; Collaborators: Dr Eve Griffin, Dr Paul Corcoran, Prof Mary Cannon, Dr Fiona McNicholas, Mr Derek Chambers, Prof Gwendolen Portskey, Dr Anne Jeffers, Prof Danuta Wasserman, Dr Helen Keeley, Dr Sheena McHugh.

Collaborations

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

Study Overview

This research was commissioned by the Donegal Mental Health Service (DMHS). The study examined untimely sudden deaths and those who took their lives while in the care of Donegal Mental Health Service between October 2011 and May 2015. Information was obtained in accordance with the principles of the Suicide Support and Information System – Psychological Autopsy Model, SSIS-PAM (Arensman et al, 2016). A key component of the SSIS-PAM is its capacity to collect information from multiple sources to corroborate the clinical history of the deceased while also reaching out to family members who may need support in the aftermath of such a tragic event. A total of 34 deaths were included. Of these, 24 family informant interviews took place. Over 92% of those approached agreed to take part. The study report was launched on 26th April 2016 (Corry et al, 2016). As a result of the current research, DMHS now has a 'real-time' database of information on socio-demographic, psychosocial and psychiatric risk factors which may have contributed to the deaths of those in their care through untimely events or suicide. Since May 2016, actions arising from the report have been implemented in the Donegal Mental Health Services, funded by the HSE Donegal.

2019 Deliverables

- Ongoing monitoring of deaths by suicide amongst those in the care of Donegal Mental Health Services and facilitating support for bereaved family members.
- Training sessions for Non-Consultant Doctor (NCHDs) and Senior House Officers using the Advanced Suicide Awareness Programme (ASAP) integrated as a formal training component.
- ASAP programme adapted modified to address concerns specific to General Practice in County Donegal and has been given priority position in the mental health training of Trainee GPs.
- An audit of discharge policy and follow up was conducted within the Acute Psychiatric Unit, examining compliance with Mental Health Commission directives on patient care and community mental health outreach on discharge.
- The SCAN service in Donegal was audited and a report provided for management. A poster on these findings was delivered at the State Medical Safety Conference in Dublin mid-2019.
- With support from the Donegal coroner, Department of Psychiatry and General Practice, a mock inquest was held in Donegal in late December funded by the Irish GP Council. More than 100 General Practitioners attended, both established and newly qualified.
- Supervision: with support from the Donegal Coroner, supervision was provided to a GP trainee conducting his final dissertation which involved the examination of cases of young male suicides in Donegal over a two-year period; supervision was provided for a Clinical Nurse Manager in the Acute Unit undertaking a Masters in Psychology. This dissertation was awarded the Irish Psychiatric Nursing Thesis Medal of Excellence.
- As part of an Audit procedure, one-to-one educational sessions were arranged with Clinical Nurse Specialists and Psychiatric Nurses throughout 2019. At management request, individual sessions were provided for NCHDs to address issues such as lack of confidence, and to help improve communication with patients and their families.
- Masterclass on the SSIS-PAM psychological autopsy approach at the Early to Mid-Career Researchers Conference in October 2019, Corry C & Arensman E.
- Presentation NSRF/HSE Donegal work to the Samaritans Staff Conference, Corry C.

Personnel Involved

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

The National Dialectical Behaviour Therapy (DBT) Project

Project Overview

The National Dialectical Behaviour Therapy (DBT) Project, Ireland was established in 2013 through funding provided by the National Office for Suicide Prevention. The HSE and NSRF collaborated on the implementation and evaluation of the DBT programme across Ireland. From 2013-2018 an extensive evaluation of the national implementation was conducted to examine clinical effectiveness, cost effectiveness and the implementation process of DBT and allied DBT programmes in the Irish context.

This resulted in 16 peer reviewed publications and a five year programme report, all of which found DBT to be an effective treatment for individuals with BPD attending community mental health services in Ireland. The coordinated implementation process was found to be both viable and sustainable. An economic evaluation found DBT to be cost effective when compared to treatment-as-usual for managing BPD for the duration of the programme (one year) and one year follow-up. The probability of DBT being cost-effective after one year is 72%. DBT continues to be cost effective at 3, 5 and 10 years. The probability of DBT being cost-effective at 10 years is 79%.

Project Deliverables 2019

Training

- A Family Connections training event was held in Galway in June, where 42 mental health professionals and family members were trained to facilitate family connections programmes.
- In November, an additional 45 mental health professionals were trained as DBT therapists to supplement existing DBT teams.
- Four Clinicians Connections training events were conducted for Clinicians, Emergency Department personnel and Junior Doctors who routinely work with clients presenting with emotion dysregulation.

Presentations

- September: 30th World Congress of the International Association for Suicide Prevention (IASP) Derry, Northern Ireland.
- October: Health and Social Care Professionals Conference, Dublin.
- November: Society for Dialectical Behaviour Therapy (SfDBT) Conference in Newcastle, UK.

Awards

- November 2018: HSCP Best Practice and Innovation Awards - Professional Leadership Award to Daniel Flynn, Mary Kells, Mary Joyce and Louise Dunne for the coordinated implementation and evaluation of dialectical behaviour therapy in adult and child/ adolescent mental health services at a national level across Ireland.
- October 2019: HSE Open Access Research Award - Mental Health category for: Flynn, D., Joyce, M., Spillane, A. et al. Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study. *Addict Sci Clin Pract* 14, 28 (August 2019).

Publications

1. Kells, M., Joyce, M., Flynn, D. et al. Dialectical behaviour therapy skills reconsidered: applying skills training to emotionally dysregulated individuals who do not engage in suicidal and self-harming behaviours. *Bord Personal Disord Emot Dysregul* 7, 3 (Jan 2020).
2. Flynn, D., Gillespie, C., Joyce, M., & Spillane, A. An evaluation of the skills group component of DBT-A for parent/guardians: A mixed methods study. *Irish Journal of Psychological Medicine*, 1-9. (Jan 2020).
3. Murphy, A., Bourke, J., Flynn, D. et al. A cost-effectiveness analysis of dialectical behaviour therapy for treating individuals with borderline personality disorder in the community. *Ir J Med Sci* 189, 415-423 (August 2019).
4. Flynn, D., Joyce, M., Spillane, A. et al. Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study. *Addict Sci Clin Pract* 14, 28 (August 2019).
5. Gillespie, C., Joyce, M., Flynn, D., & Corcoran, P. (2019). Dialectical behaviour therapy for adolescents: a comparison of 16-week and 24-week programmes delivered in a public community setting. *Child and Adolescent Mental Health*, 24(3), 266-273.
6. Burke, L., Kells, M., Flynn, D., & Joyce, M. (2019). Exploring staff perceptions of the utility of Clinician Connections when working with emotionally dysregulated clients. *Borderline Personality Disorder and Emotion Dysregulation*, 6(1), 12.

NSRF Personnel Involved

Dr Mary Joyce, Ms Louise Dunne, Ms Justina Hurley, Dr Ailbhe Spillane, Mr Conal Wrigley, Ms Eileen Hegarty, Ms Eileen Williamson.

Publications

Peer Review Papers / Reports / Briefings

Papers published/in press 2019		
How suicide-bereaved family members experience the inquest process: a qualitative study using thematic analysis	Spillane A , Matvienko-Sikar K, Larkin C, Corcoran P , Arensman E .	<i>International Journal of Qualitative Studies on Health and Well-being</i>
How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis	Spillane A , Matvienko-Sikar K, Larkin C, Arensman E .	<i>Archives of Suicide Research</i> , 1-23
Method of self-harm and risk of self-harm repetition: findings from a national self-harm registry	Cully G , Corcoran P , Leahy D, Griffin E , Dillon C, Cassisy E, Shiely F, Arensman E .	<i>Journal of Affective Disorders</i> 246: 843-850
The association between self-harm and area-level characteristics in Northern Ireland: an ecological study	Griffin E , Bonner B, Dillon CB, O'Hagan D, Corcoran P .	<i>European Journal of Public Health</i>
National Suicide Prevention Strategies - Progress and Challenges.	Platt S, Arensman E , Rezaeian M.	<i>The Journal of Crisis Intervention and Suicide Prevention</i> 40(2):75-82
International Study of Definitions of English-Language Terms for Suicidal Behaviours: protocol of an opinion survey	Goodfellow B, Kőlves K, De Leo D, Silverman M, Berman A, Mann J, Arensman E , Hawton K, Phillips M, Vijayakumar L.	<i>BMJ Open</i> 9:e025770
Psychosocial Interventions for People Who Self-Harm: Methodological Issues Involved in Trials to Evaluate Effectiveness	Witt K, Townsend E, Arensman E , Gunnell D, Hazell P, Taylor Salisbury t, Van Heeringen K, Hawton K.	<i>Archives of Suicide Research</i>
Innovations in Practice: Dialectical behaviour therapy for adolescents: multisite implementation and evaluation of a 16-week programme in a public community mental health setting	Flynn D, Kells M, Joyce M , Corcoran P , Gillespie C, Suarez C, Swales M, Arensman E .	<i>Child and Adolescent Mental Health</i> 24:1, 76-83
Dialectical behaviour therapy for adolescents: a comparison of 16-week and 24-week programmes delivered in a public community setting.	Gillespie C , Joyce M , Flynn D , Corcoran P .	<i>Child and Adolescent Mental Health</i> 24:3, 266-273
Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study.	Flynn D , Joyce M , Spillane A , Wrigley C , Corcoran P , Hayes A, Flynn M, Wyse D, Corkery B, Mooney B.	<i>Addiction Science and Clinical Practice</i> , 14:28
Exploring staff perceptions of the utility of Clinician Connections when working with emotionally dysregulated clients.	Burke L, Kells M, Flynn D, & Joyce M .	<i>Borderline Personality Disorder and Emotion Dysregulation</i> , 6(1), 12.
Psychosocial, psychiatric and work-related risk factors associated with suicide in Ireland: optimised methodological approach of a case-control psychological autopsy study.	Arensman E , Larkin C, McCarthy J, Leitao S, Corcoran P , Williamson E et al.	<i>BMC Psychiatry</i> , 19:275
Hospital-presenting self-harm and ideation: Comparison of incidence, profile and risk of repetition.	Griffin E , Bonner B, O'Hagan D, Kavalidou K , Corcoran P .	<i>General Hospital Psychiatry (In press)</i>
A cost-effectiveness analysis of dialectical behaviour therapy for treating individuals with borderline personality disorder in the community.	Murphy A, Bourke J, Flynn D, Kells M, Joyce M .	<i>Irish Journal of Medical Science (In press)</i>
Prevention of suicidal behaviour: Results of a controlled community-based intervention study in four European countries.	Hegerl U, Maxwell M, Harris F, Koburger N, Mergl R, Szekely A, Arensman E , Van Audenhove C, Larkin C et al.	<i>Plos One</i>

Reports 2019		
National Self-Harm Registry Ireland Annual Report 2018	Griffin E, McTernan N, Wrigley C, Nicholson S, Arensman E, Williamson E, Corcoran P	National Suicide Research Foundation
NSRF Annual Report 2018	National Suicide Research Foundation	National Suicide Research Foundation
Suicide Bereavement Support: a Literature Review	Griffin E, McMahon E	National Suicide Research Foundation
The Effectiveness of Dialectical Behaviour Therapy (DBT) in Ireland 2013-2018	Flynn D, Joyce M, Hurley J, Dunne L	National DBT Project / National Suicide Research Foundation
Focus on Alcohol and Health in Cork and Kerry: A Report of the Director of Public Health	Griffin E	Department of Public Health, HSE South
Connecting for Life: Ireland's National Strategy to Reduce Suicide – Interim Strategy Review	Arensman E, Williamson E, Griffin E, Corcoran P	HSE NOSP

Briefing documents 2019		
Briefing statement in connection with the “Momo challenge”	National Suicide Research Foundation / Suicide Awareness Voices of Education / International Association of Suicide Prevention	February 2019
Briefing: The association between self-harm and area-level factors	National Suicide Research Foundation	July 2019

Presentations

JANUARY

Arensman E. Leadership in Public Health, Masterclass, UCC, 11th January.

FEBRUARY

Arensman E. Identifying subgroups of self-harm: Implications for assessment and treatment. Lecture. Australian Research Workshop on Suicide and Self-Harm, AISRAP, Griffith University, Brisbane 7-8th February.

Hilmi H and Griffin E: Alcohol involvement in hospital-treated self-harm of those under 25. Poster Presentation. Student Medical Summit in Dublin, 9th February.

Corry C. The importance of good practice recording clinical notes. CAMHT, Carrickmacross Cavan, 11th February.

Corry C. Findings from the SSIS PAM in County Donegal. The National Office for Suicide Prevention, Dublin, 19th February.

Arensman E. Global Mental Health and Mental Health Promotion. Lecture, UCC, 21st February.

MARCH

Arensman E. Self-harm and suicide in young people: Associated risk factors and evidence based interventions. St Patrick's and Pieta House 4th Annual Self-Harm Awareness Conference, St Patrick's University Hospital Dublin, 1st March.

Griffin E. Self-harm in Ireland: Priority groups and opportunities for intervention. St Patrick's and Pieta House 4th Annual Self-Harm Awareness Conference, St Patrick's University Hospital Dublin, 1st March.

McTernan N. Media reporting of suicide and adherence to media guidelines. HSE Mid-West Media briefing on suicide reporting, Limerick, 1st March.

Griffin E. Suicide and self-harm: Trends, risk factors and opportunities for prevention'. Lecture for NU3078/NU3050 School of Nursing, University College Cork, 7th March.

Arensman E. Core elements of a comprehensive multi-sectoral response to prevent suicide and Progress in implementing suicide prevention programmes at global level. Lecture. WHO Technical Meeting, Moscow, 20th March.

Arensman E. WHO tools for strengthening suicide and self-harm monitoring and surveillance systems. Lecture. WHO Technical Meeting, Moscow, 20th March.

Griffin E. National Self-harm Registry Ireland. Workshop for Resource Officers for Suicide Prevention, Dublin, 28th March.

APRIL

Corry C. Exploring the characteristics of those who died by suicide while in the care of DMHS. Samaritans Conference, Derry, 6th April.

Corry C. Implementing recommendations from the NSRF Donegal Report 'A study of sudden, untimely deaths including suicide, among those in the care of Donegal Mental Health Services.' Connecting for Life Service Implementation Group, Letterkenny, 12th April.

Arensman E. Suicide Prevention in International Context: Progress and Challenges. The 2019 Suicide Prevention Summit, 13th April. Webinar, Mental Health Academy, Australia.

Arensman E. Guidelines for reporting and communicating about suicide in the media. Workshop, Seminar CHO Communication Managers and Resource Officers for Suicide Prevention, Dublin, 29th April.

MAY

Corry C. Suicide in Donegal: What have we learned? Findings from a service review following the death of a service user in Inishowen. Community Mental Health Team, Buncrana, 2nd May.

Arensman E. 'Surveillance' (workshop). 3rd IASP Caribbean Regional Symposium, Port of Spain, Trinidad, 2nd - 4th May.

Arensman E. 'National Strategies' (workshop). 3rd IASP Caribbean Regional Symposium, Port of Spain, Trinidad, 2nd - 4th May.

Arensman E. 'Self-harm and suicide in young people: risk and protective factors, and evidence-based interventions'. 3rd IASP Caribbean Regional Symposium, Port of Spain, Trinidad, 2nd - 4th May.

Arensman E. 'Enhanced psychological autopsy approach' (workshop). 3rd IASP Caribbean Regional Symposium, Port of Spain, Trinidad, 2nd - 4th May.

Corry C. Findings from the Discharge Audit of the Acute Unit, Letterkenny Hospital. The Consultants Quarterly meeting, Letterkenny, 17th May.

Arensman E. Suicide and self-Harm. Lecture, GP Trainee Training Programme, UCC, Cork, 18th May.

JUNE

Arensman E. Surveillance of Suicide Attempts and Self-Harm. Lecture, Department of Health and Human Services Seminar, Melbourne, Australia, 21st June.

Arensman E. The implementation of the Suicide and Self-Harm Observatory: First outcomes. Presentation for the National Office for Suicide Prevention, Dublin, 24th June.

JULY

Corcoran P. The role of the media in suicide prevention, suicide clustering and contagion. IV National Congress of Psychology and International Symposium, Vitoria-Gasteiz, Spain, 21st - 24th July.

Arensman E. 'Examples of countries where the development and implementation of national suicide prevention programmes recently has been initiated.' International Symposium on Psychological Prevention, Vitoria-Gasteiz, Spain, 21st -24th July.

Corry C. An overview of findings from the SSIS PAM in Donegal and implications for future policy. CHO1 Management Meeting, Sligo, 16th July.

AUGUST

Corry C. Sharing initiatives from Donegal. Connecting for Life Ireland Working Group, Sligo Hospital, 16th August.

SEPTEMBER

Arensman E (on behalf of Cully G). 'Patient experience of engagement with healthcare services following an episode of high risk self-harm: a mixed methods study'. Society for Social Medicine and Population Health Annual Scientific Meeting and International Epidemiology Association 2019, University College Cork, Ireland, 4th - 6th September.

Griffin E, McMahon E, McNicholas F, Corcoran P, Perry IJ, Arensman E. Increasing rates of self-harm among children, adolescents and young adults: A ten-year national registry study. The Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting, UCC, 4th - 6th September.

Griffin E, McMahon E, McNicholas F, Corcoran P, Perry IJ, Arensman E. Increasing rates of self-harm among children, adolescents and young adults: A ten-year national registry study. The Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting, UCC, 4th - 6th September.

Daly C. A national case fatality study of drugs taken in intentional overdose. The Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting, UCC, 4th - 6th September.

McMahon E. Risk and protective factors for psychotic experiences in adolescence: a population based study. The Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting, UCC, 4th - 6th September.

Corcoran P. Release of 13 Reasons Why and hospital presenting self-harm in Ireland. The Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting, UCC, 4th - 6th September.

Arensman E. 'Identifying subgroups of self-harm: Implications for assessment and treatment', Keynote lecture, World Suicide Prevention Day Forum AISRAP, Griffith University, Brisbane, 10th September.

Arensman E. 'Suicide Prevention in International Context: Progress and Challenges'. The 2019 Suicide Prevention Summit, 14th September, Webinar, Mental Health Academy, North America.

Arensman E. 'Suicide clustering and contagion: How can we provide a timely response?' Keynote lecture, 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Arensman E. Psychiatric, psychosocial and work-related risk factors associated with suicidal behaviour in Ireland: Outcomes of a case-control study. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Kavalidou K. The Protective Role of physical and mental multimorbidity in the risk of suicidal thoughts and behaviours: a 20 year prospective cohort study. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Spillane A. How suicide-bereaved family members experience the inquest process: A qualitative study. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

McMahon E. Factors associated with psychotic experiences in adolescence: a population based study of suicide attempt, psychopathology, lifestyle, adverse events and parental support. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Corcoran P. Release of 13 Reasons Why and hospital presenting self-harm and suicidal ideation in Ireland. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Arensman E. Development, Implementation and Evaluation of National Suicide Prevention Programmes. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

McTernan N. Using a television programme as a tool to increase perceived awareness of mental health and wellbeing - Findings from the 'Our Mental Health' survey. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Troya Bermeo I. The role of primary care in supporting older adults with self-harm behaviour: a qualitative study. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Benson R. Quantitative analyses of suicide and self-harm clustering: A systematic review. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Arensman E. The development of a Suicide and self-harm Observatory (SSHO). 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Arensman E. 'Profile of patients presenting to emergency departments in Ireland following frequent self-harm repetition'. 30th World Congress of the International Association of Suicide Prevention (IASP), Derry, Northern Ireland, 17th - 21st September.

Griffin E, Cully G, Hume S, Kelly ET, O'Reilly D, Corcoran P. The development and implementation of a national reporting system for self-harm in Irish prisons. The SADA Project. 30th World Congress of the International Association for Suicide Prevention, Derry, 17th- 21st September.

Griffin E, Kavalidou K, Bonner B, O'Hagan D, Corcoran P. Patterns of repetition following presentation to hospital with suicidal ideation. 30th World Congress of the International Association for Suicide Prevention, Derry, 17th - 21st September.

Corry C. An overview of the SCAN Service in County Donegal. State Medical Safety. Personal Injury Claims & Compensation Conference 2019. State Claims Agency Annual Meeting, Dublin, 19th September.

OCTOBER

Arensman E. Multidisciplinary perspective on the risk and protective factors associated with self-harm and suicide. EU Safety Conference, Luxembourg, 3rd- 4th October.

Arensman E, Holland C, McTernan N, Fleischmann A, Reidenberg D, Pirkis J, Niederkrotenthaler T. Launch of the WHO Resource: Preventing Suicide: A Resource for Filmmakers and Others Working on Stage and Screen. Early-Mid Career Researchers Seminar, Cork, 10th October.

Corry C. Suicide in Donegal: What have we learned? Masterclass. Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, held to mark World Mental Health Day, Cork, 10th October.

Arensman E. 'Grant writing - Do's and Don'ts'. NSRF Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, Cork, 10th October.

McTernan N. Using a television programme as a tool to increase perceived awareness of mental health and wellbeing – Findings from ‘Our Mental Health’ Survey. NSRF Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, Cork, 10th October.

Troya Bermeo I. Understanding self-harm in older adults: a qualitative study. NSRF Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, Cork, 10th October.

Corcoran P and Benson R. Suicide surveillance – From local to global. NSRF Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, Cork, 10th October.

Corry C. Implementing the psychological autopsy approach within a mental health setting. NSRF Early-Mid Career Researchers Seminar, held to mark World Mental Health Day, Cork, 10th October.

Benson R. Effective quantitative techniques to detect suicide clusters and the value of real-time surveillance data. The British Isles Research Workshop, University of Oxford, 16th October.

Arensman E. Mental Health Promotion. Lecture, Structured Population and Health Services Research Education (SPHeRE), Cork, 23rd October.

Arensman E. Increasing Awareness of Depression & Suicidal Behaviour. Mental Health Construction Safety Awareness Week, Cork, 23rd October.

Arensman E. Suicide and self-harm in Ireland: Data collection systems and recent outcomes. Keynote lecture. WHO Technical Meeting on Suicide and Self-Harm Monitoring and Prevention in the Russian Federation, Stavropol State Medical University, Russia, 28th October.

Arensman E. Implementing a surveillance system for suicide and suicide attempts/self-harm. Workshop: WHO Technical Meeting on Suicide and Self-Harm Monitoring and Prevention in the Russian Federation, Stavropol State Medical University, Russia, 29th - 30th October.

NOVEMBER

Arensman E, Platt S, Corcoran P, Crowley P, Dooley B, Hickey C, Higgins A. Implementation and Evaluation of Connecting for Life, National Strategy for the Reduction of Suicide in Ireland. WHO Seminar on Implementing National Suicide Prevention Programmes, Geneva, 5th November.

Arensman E. Implementation of National Suicide Prevention Strategies and Programmes. Keynote Lecture, Annual General Meeting for the National Suicide Prevention Programme in Germany, Berlin, 7th November.

Arensman E, Troya I, Sadath A, Nicholson S, Cully G, Ramos Costa A, Leahy D, Benson R, Mulcahy K. Clinical subgroups associated with major self-harm repetition and high suicide risk – Self-Harm Assessment and Management in General Hospitals (SAMAGH), Lecture, Seminar National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm. Dublin, 12th November.

Arensman E. What are the ingredients of evidence-based suicide prevention practice for young people? Keynote lecture for the Australian Youth Suicide Prevention Summit. Webinar, Australian Youth Suicide Prevention Summit, Melbourne, 13th November.

Corry C. Understanding suicide in a community setting. Donemana Medical Centre Staff Training Day, County Tyrone, 13th November.

Arensman E. Suicide and Self-Harm: Evidence based intervention and prevention programmes. Lecture DCLIN Trainees Clinical Psychology, UCC, Cork, 15th November.

Griffin E. ‘Determinants of Health: Mental Health’. Lecture for EH1009 School of Public Health UCC, 20th November.

Arensman E. Mental Health Promotion and Intervention in Occupational Settings (MENTUPP), Lecture, EAAD AGM, Leuven, Belgium, 21st November.

DECEMBER

Birchall E, Perry IJ, Griffin E. Has there been a reduction in codeine-related intentional drug overdose presentations to Irish hospitals following national guidance in 2010? Poster Presentation. New Horizons Conference, University College Cork, 5th December.

Arensman E. Establishing a Multicentre Self-Harm System in the Russian Federation – Progress and Implications for Intervention and Prevention. Lecture, WHO Technical Meeting on Suicide and Self-Harm Monitoring and Prevention in the Russian Federation, Moscow, 13th December.

McTernan N, Ryan F, Williamson E, Chambers D, Arensman E. Using a television programme as a tool to increase perceived awareness of mental health and wellbeing – Findings from the ‘Our Mental Health’ survey. Poster Presentation. New Horizons Conference, University College Cork, 5th December.

Arensman E, Philip E. Optimising Self-Harm and Suicide Awareness - Workshop for First Responders. Ballinasloe, 19th December.

Corry C. ‘Coronial law and General Practitioner accountability when recording suicidality: A mock inquest.’ Irish College of GPs Winter Meeting, Donegal, 14th December.

Public Engagement



Professor Ella Arensman and Dr Eve Griffin both presented at the St Patrick's and Pieta House 4th Annual Self-Harm Awareness Conference, St Patrick's University Hospital Dublin, 1st March.



Members of the NSRF joined forces with UCC School of Public Health to mark International Women's Day in March.



Professor Ella Arensman visited Moscow in March to participate in a consultation on implementing and strengthening suicide prevention activities in Russia. The visit was arranged as part of the NSRF's designation as a WHO Collaborating Centre for Surveillance & Research in Suicide Prevention.



During the month of May, NSRF team members supported the Green Ribbon Campaign run by See Change, which aims to end mental health stigma.



Members of the NSRF team attended the IASP conference in Derry in September.



In September, Dr Angela Nicholas from the School of Population & Global Health at the University of Melbourne presented her research on suicide prevention media campaigns to the NSRF Team.



Ms Eileen Williamson and Professor Ella Arensman welcoming delegates to the Early-Mid Career Researcher's Seminar, held in Nano Nagle Place, Cork, to mark World Mental Health Day in October.



Members of the NSRF National Self-Harm Registry Ireland team marking the launch of the 2018 Registry Report in October.



In December, Professor Ella Arensman travelled to Moscow, to present at a WHO Seminar on establishing a Multi-Centre Self-Harm Surveillance System in three pilot regions in Russia.



In November, Professor Ella Arensman travelled to Geneva to co-facilitate WHO workshops aimed at improving the implementation and evaluation of national suicide prevention strategies.



On 18th December, NSRF team members held a Christmas Jumper Day in aid of Cork Simon Community.

Membership of Committees and Steering Groups

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

Dr Paul Corcoran	
Graduate Studies Board Committee, Department of Obstetrics and Gynecology and School of Epidemiology and Public Health, University College Cork	Member
CSO Liaison Group on Suicide Mortality Statistics	Member
Evaluation Advisory Group for Connecting for Life	Member
School of Public Health Social Research Ethics Committee	Member
School of Public Health Medical Training Committee	Member
School of Medicine Graduate Entry Medicine Oversight Committee	Member
Dr Colette Corry	
Connecting for Life Implementation Group Donegal	Member
Learning Community Practice Group CHO1	Member
HSE NOSP Coronial Data Project Technical Advisory Group	Member
HSE National Strategy Group	Member
Donegal Mind and Wellness	Member
Donegal Suicide and Self-Harm Awareness And Response Project	Member
Dr Eve Griffin	
HSE evaluation of Bereavement Services Working Group	Member
Northern Ireland Self-harm Registry Steering Group	Member
National Clinical Programme for the Assessment and Management of Self-harm in Emergency Departments Research and Audit Group	Member
Justina Hurley	
Cork Healthy Cities - PSYCHED, Mental Health Promoting Workplace initiative	Member
Mr Niall McTernan	
Headline's Expert Advisory Panel	Member
Society for Social Medicine & IEA European Congress 2019 Local Organising Committee	Member
Ms Eileen Williamson	
CSO Suicide Mortality Statistics Liaison Group	Co-chair and Member
Association for Child and Adolescent Mental Health, Special Interest Group	Member
International Association for Suicide Prevention	Member
Local Organising Committee for the 30th IASP World Congress Derry Londonderry	Member
Steering Group for the Study of Untimely Sudden Deaths and People who Took their Lives while in the care of the Donegal Mental Health Service	Member
Board of Management NICHE Health Project (Cork) CLG	Member
Steering Group HRB 5-year Programme	Member
MENTUPP Steering Group	Member
HEA Connecting for Life Cross Sectoral Working Group	Member

Awards and Achievements

In September 2019, it was announced that the MENTUPP Consortium was successful in securing funding from the European Union's Horizon 2020 research and innovation programme. The MENTUPP Consortium, coordinated by Professor Ella Arensman, School of Public Health and National Suicide Research Foundation and Dr Birgit Greiner, School of Public Health, University College Cork, consists of 17 international partners, including the European Alliance Against Depression. The project aims to improve mental health and wellbeing in the workplace by developing, implementing and evaluating a comprehensive, multilevel intervention targeting both clinical and non-clinical mental health issues. The NSRF will lead the MENTUPP pilot, implement the MENTUPP intervention in Ireland and contribute to the pilot and cluster randomised controlled trial analysis, as well as support project management.



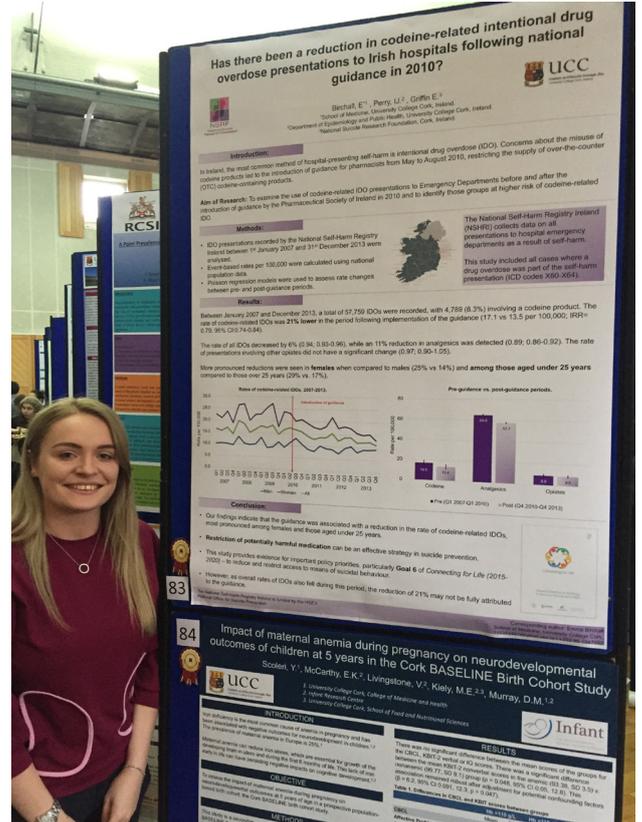
Dr Isabela Troya Bermeo received a prize for best Oral Presentation for Mid-Career Researcher at the World Mental Health Day Early-Mid Career Researchers' Seminar held in Nano Nagle Place, Cork on October 10th. Presentation Title: Understanding Self-Harm Behaviour in older adults.

Dr Eve Griffin was awarded a HRB Emerging Investigator Award 2019. The funding from this award will be used for a four year project, co-hosted by the NSRF and the School of Public Health, UCC, titled "PProviding Improved care for Self-harM: a mixed-methods study of intervention, economic and implementation outcomes from a national clinical programme".

Dr Mary Joyce received an award in the Mental Health Category at the HSE Open Access Research Awards which took place in Dr Steeven's Hospital in Dublin on December 4th.



Dr Eve Griffin was awarded the Highest Scoring Abstract Prize, Social Science and Medicine Conference, University College Cork, September 2019, in collaboration with Dr Elaine McMahon.



UCC Medical Student **Emma Birchall**, supervised by Dr Eve Griffin, won Best Poster Prize, New Horizons Conference, University College Cork, December 2019.



The Conferring of **Dr Ailbhe Spillane** took place on 22nd February 2019. PhD thesis: The Impact of Suicidal Behaviour on Family Members in Ireland: A Mixed Methods Study. Supervisor: Prof Ella Arensman, Co-supervisors: Dr Paul Corcoran, Dr Karen Matvienko-Sikar. External Examiner: Prof Kari Dyregrov, University of Bergen, Norway. Internal Examiner: Prof Colin Bradley, UCC.



The Viva Voce for Rebecca Dennehy's PhD took place on 6th December 2019. PhD thesis: The CY:BER Study: Cyberbullying and Young People: Behaviours, Experiences, and Resolutions. Rebecca was awarded her PhD without corrections. Supervisor: Prof Ella Arensman. Co-supervisors: Dr Mary Cronin, Dr Sarah Meaney. External Examiner: Prof Faye Mishna, University of Toronto, Canada. Internal Examiner: Dr Margaret Curtin, UCC.

SUICIDE RESEARCH
FOUNDATION COMPANY LIMITED
BY GUARANTEE

ANNUAL REPORT
AND FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED
31 DECEMBER 2019

Financial Statements

Company Registration No. 224676 (Ireland)

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Company Information

Members

Margaret Kelleher
Bishop John Buckley
Bishop Paul Colton
Patricia Casey
Dave Drohan
Patricia Behan
Tom O'Dwyer
Bertie Kelleher
Barry McGale
Eugene Cassidy
Birgit Greiner
James McCarthy
Colin Bradley
Siobhan O'Neill
Mark O'Callaghan
Dan Neville

Trustees

Margaret Kelleher
James McCarthy
Dave Drohan
Barry McGale
Eugene Cassidy
Siobhan O'Neill
Mark O'Callaghan
Eileen Williamson

Directors

Margaret Kelleher
James McCarthy
Dave Drohan
Barry McGale
Eugene Cassidy
Siobhan O'Neill
(Appointed 3 July 2019)
Mark O'Callaghan
(Appointed 25 June 2019)

Secretary

Eileen Williamson

Company number

224676

Charity number

CHY11351

Charities Regulatory Authority Number

20030889

Registered Office

1 Perrott Avenue
College Road
Cork

Auditor

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

Business Address

Room 4.36
Western Gateway Building
University College Cork
Cork
T12 YF9N

Bankers

Allied Irish Banks plc
66 South Mall
Cork

Solicitors

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

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SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

The directors present their report and financial statements for the financial year ended 31 December 2019.

Introduction

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

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

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

Objectives and activities

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

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

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

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

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

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

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

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

Review of activities in 2019

National Self-Harm Registry Ireland

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

The Registry Aims

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

Northern Ireland Registry of Self-harm

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Projects funded by the National Office for Suicide Prevention

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

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

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

Project Aim

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

Specific objectives

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

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

In April 2019, a final project report for the National Office for Suicide Prevention was completed.

Individual and Ecological Factors Associated with Intentional Drug Overdose

This research will inform legislation and recommendations for means restriction interventions related to suicidal behaviour. This study affects Goal 6 of *Connecting for Life*: To reduce and restrict access to means of suicidal behaviour, by informing goals 6.1: To reduce access to frequently used drugs in Intentional Drug Overdose (IDO) and 6.2: To reduce access to highly lethal methods used in suicidal behaviour.

The specific objectives of this research are:

- To examine the profile of persons engaging in IDO, detail drugs used and to quantify the contributions of alcohol involvement and multiple drug use
- To describe the emerging use of a group of antiepileptic's known as gabapentinoids in IDO in Ireland; to describe the characteristics of fatal and non-fatal IDO
- To establish which drug types are linked with greater risk of a fatal outcome
- To describe paracetamol-related IDO among young people, and
- To explore repeat self-harm following IDO among young people.

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Additional NOSP-funded Project

Coronial Data/Clinical Care Programme

The Health Research Board/Health Service Executive Coronial Data Study is being carried out in order to fulfil five key strategic commitments made by the HSE NOSP and other key partners under Goal 7 of *Connecting for Life*. The aim of this study is twofold, firstly to improve access to timely and high-quality data on suicide and self-harm and secondly to review (and, if necessary, revise) current recording procedures for death by suicide.

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

This researcher also works on data analysis for the HSE National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm.

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

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

This research was commissioned by the Donegal Mental Health Service (DMHS). The study examined untimely sudden deaths and those who took their lives while in the care of Donegal Mental Health Service between October 2011 and May 2015. Since the publication of the report in 2016, the focus of the work has been on the implementation of the evidence-informed recommendations. These include:

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

A Service Arrangement is agreed annually between CHO1 and the NSRF.

National Dialectical Behaviour Therapy Project

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

Project Aims

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

GLOW Project

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

Funding for the DBT and GLOW Projects is provided by the HSE's NOSP to HSE CHO4 and a Service Arrangement is agreed with the NSRF.

World Health Organisation Collaborating Centre and WHO Commissioned Work

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

In addition, the WHO commissions the NSRF to undertake specific research-related projects. In 2019, this involved the preparation of a resource on preventing suicide specifically for filmmakers and others working on stage and screen, published by WHO in October 2019.

Contracts are agreed with WHO for each individual undertaking.

International Association for Suicide Prevention

The IASP provides funding for a Research Officer, who from January to September 2019 worked on a one-day per week basis. During this time, this researcher acted as part of the Central Administration Office team, working on the IASP Special Interest Group on Decriminalisation and the Special Interest Group on the Development of Effective National Suicide Prevention Strategy and Practice in addition to co-ordinating the IASP Special Interest Groups and co-Chairing the IASP Early Career Group. The researcher ran the IASP Twitter account, responded to crisis e-mails directed to IASP and assisted with World Suicide Prevention Day content and graphics. As of October 2019, this Researcher began to work on a half-day per week basis on IASP-related research acting as a co-Chair of the IASP Early Career Group, administrating the IASP Twitter account and coordinating responses to crisis e-mails directed to IASP.

The IASP provides funding for a second Research Officer to work on a one-day per week basis on IASP-related research. The researcher acts as a coordinator of the IASP news bulletin, assistant to the IASP Executive Committee and Chairs/co-Chairs of the Special Interest Groups and coordinates the delivery and evaluation of training programmes.

Funding is provided by IASP on submission of monthly invoices.

Our Mental Health

In 2018, the NSRF published a paper on media reporting of suicide and adherence to guidelines in Ireland. In 2019, the findings of this paper were disseminated nationally via media briefings, organised by the Regional Officers for Suicide Prevention. Further to this, in line with the increasing evidence base in relation to using the media in a positive way, the NSRF conducted a survey, aimed at obtaining people's perceptions on the impact of a television documentary on awareness of mental health, wellbeing and help-seeking behaviour, following the airing of the award-winning documentary *'My Other Life: Ireland's Young and Their Mental Health'* on RTE. In December 2018, a briefing document outlining the initial findings was prepared for stakeholders.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Directors and secretary

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

Margaret Kelleher	
James McCarthy	
Dave Drohan	
Michael O'Sullivan	(Resigned 28 February 2019)
Barry McGale	
Eugene Cassidy	
Siobhan O'Neill	(Appointed 3 July 2019)
Mark O'Callaghan	(Appointed 25 June 2019)

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

Financial Review

Results for the financial year

A summary of the results for the financial year are set out on page 18.

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

The statement of financial activities shows net incoming funds for the financial year of €5,705 (2018: €6,363) with total incoming resources from the Health Service Executive and other agencies amounting to €1,201,034 (2018: €1,214,123) and total resources expended amounting to €1,195,329 (2018: €1,207,760).

Reserves policy and financial position

Reserves policy

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

Financial position

The balance sheet shows total charity funds of €210,107 (2018: €204,402) all of which are required to:

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Structure, governance and management

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

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

Board of Directors

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

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

Policies and Procedures for the Induction and Training of board Members

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

Board Subgroups

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Organisational Structure and How Decisions are Made

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

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

Certain decisions are specifically reserved for the Board and include:

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

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

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

Internal Controls

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

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

Transparency and Public Accountability

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Directors, trustees and other senior personnel

Mr. James McCarthy, Chairman

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

Dr. Margaret Kelleher

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

Mr. Dave Drohan

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

Mr. Barry McGale

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

Professor Eugene Cassidy

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

Siobhan O'Neill

Professor Siobhan O'Neill is a Professor of Mental Health Sciences at Ulster University. Siobhan is currently leading several research programmes on suicide prevention in public places, intergenerational trauma, the impact ZeroSuicide programmes in NI and crisis line caller behaviour. A member of IASP, Siobhan has over 120 peer reviewed publications on mental health and suicide prevention. Siobhan has expertise in qualitative and quantitative (epidemiology and survey) research methods. Prior to joining Ulster University in 2000, she completed a degree in psychology at the Queen's University of Belfast and a Masters in Health Psychology at NUI Galway. She has also worked as a Public Health Researcher, conducting evaluations of health services and users' experience of care. Siobhan brings her vast research experience to the board.

Mark O'Callaghan

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Eileen Williamson, Chief Executive Officer

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

Dr. Paul Corcoran, Head of Research

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

Dr. Mary Joyce, Manager, National Self-Harm Registry Ireland and Senior Post-doctoral Researcher.

Mary is a Research Psychologist and took up the post of Manager of the National Self-Harm Registry Ireland in October 2019. She is also a Senior Post-doctoral Researcher at the NSRF. Mary graduated with a PhD in Applied Psychology from University College Cork in 2013. She has since gained a number of years of experience in self-harm research having previously worked as coordinator of the National Dialectical Behaviour Therapy Project Ireland. Mary's research interests include the evaluation of interventions for individuals with high risk self-harm and improving access to services for individuals who self-harm. Mary also collaborates with the Northern Ireland Public Health Agency on the Northern Ireland Registry of Self-Harm.

Dr. Eve Griffin, Research Fellow

Eve Griffin, PHD HRB EIA Research Fellow, School of Public Health University College Cork and National Suicide Research Foundation Cork. Eve holds a Health Research Board Emerging Investigator Award (2018-2023) and is Principal Investigator of the PRISM Project (Providing Improved Care for Self-harm: A mixed-methods study of intervention, implementation and economic outcomes from a national clinical programme). She graduated with a PhD in Applied Psychology from University College Cork in 2011. Her research interests include epidemiological trends of self-harm and the management of self-harm in clinical settings. She has more than 35 peer-reviewed scientific publications on the topic of self-harm. Eve has previously worked as the Manager of the National Self-Harm Registry Ireland. She has been involved in a number of EU consortia including OSPI-Europe and is the national data administrator for the European Injury Database (IDB) in Ireland. In addition, she has over ten years' lecturing experience and is a course writer for Dublin City University's Open Education Unit.

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Principal risks and uncertainties

The directors have ultimate responsibility for managing risk and are aware of the risks associated with the operating activities of the charity. The directors carry out an annual audit and review the risks on an ongoing basis. The directors are satisfied that adequate systems of governance, supervision, procedures and internal controls are in place to mitigate the exposure to major risks and that these controls provide reasonable assurance against such risks. The directors have identified that the key risks facing the company relate to the risk of a decrease in the level of grant funding, the potential impact of the COVID-19 Pandemic, the increase in compliance requirements in accordance with company, health and safety and general data protection legislation, and ensuring security of the company's sensitive data, reputational risk and other operational risks.

The company mitigates these risks as follows:

Financial risk

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

Operational/internal control risk

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

Reputational/compliance risk

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

Accounting records

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Post reporting date events

Since the end of the financial year Ireland has been significantly affected by the Covid-19 Pandemic. As the company carries out its operations in University College Cork the impact of the Pandemic has necessitated significant operational changes. Whilst COVID-19 has necessitated changes to the main office set up, almost all aspects of the research programme can continue with staff members working at home whilst some adjustments to timeframes of field-based research have been necessary.

In line with government advice, all third level institutes closed on 12 March 2020. The team at the NSRF had anticipated the closure of the Western Gateway Building (WGB) in University College Cork where its office is located and had made preparations for staff to work at home. All WGB-based staff members were set up and trained to work remotely and can access shared files and project documents using secure software.

Operations Group meetings have been held weekly via Zoom initially, and more recently using Microsoft Teams. A weekly staff meeting with a focus on self-care is held and in addition, a weekly e-mail is sent to staff members outlining the most up-to date Irish and international research and resources relating to COVID-19. All of the above measures are in addition to the Registry weekly team meetings and individual phone/Skype meetings that staff members are continuing to have with their supervisors. The NSRF is at all times aware of the need to comply with the requirements of the General Data Protections Regulations while working at home.

The work relating to the National Self-Harm Registry is continuing. Whilst it is not possible for some Data Registration Officers to go in to hospitals to collect data at the present time, these individuals had collected data in advance and have been involved in trialling the new system of data uploading that was introduced for the Registry in March 2020. Other Data Registration Officers continue to collect data electronically.

In summary, the research programme is continuing in line with agreed objectives and the company has been asked to undertake additional research projects as outlined below in future developments.

There has been no financial impact on the NSRF as a result of COVID-19. In line with HSE policy, the 2020 Service Arrangement and associated Programme of Work with the National Office for Suicide Prevention were agreed and signed before 28 February 2020. The funding for the running of the Registry and the agreed programme of work has been increased to €907,000 for 2020. The NSRF has an overall agreement with the HSE NOSP for the duration of the *Connecting for Life*, Suicide Reduction Strategy 2015-2024.

In summary, from a financial perspective, there is unlikely to be a change to the annual funding provided by the HSE NOSP.

No other 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 2019.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Future developments

The company's future plans include making applications to various organisations for new funding for a variety of research projects. From January 2020, the NSRF has commenced a new project entitled MINDUP that is funded by the EU's Horizon 2020 Programme. The funding will allow for the employment of one postdoctoral researcher and ancillary costs for four years.

Furthermore, as a consequence of the Covid-19 Pandemic there is a recognition at government and HSE levels of the need to attend to the mental health welfare of the population in combination with the physical medical welfare both during and as we emerge from the Pandemic. Accordingly, a COVID-19 Health Sector National Psycho-Social Response Plan is being developed by the HSE and the NSRF has been asked to be involved in order to provide the research evidence.

As mentioned above the NSRF has been invited to be involved in the COVID-19 Health Sector National Psycho-Social Response Plan. More specifically the NSRF will be working with the HSE on Technical Support: Research, Measures and Stakeholder Engagement.

The NSRF, at the request of NOSP, in collaboration with international colleagues, is undertaking a rapid review of research on the impacts of pandemics and epidemics on suicide and self-harm to inform the changes that will be needed in both the Irish and Scottish National Suicide Prevention Strategies post COVID-19.

On account of its status as a WHO Collaborating Centre on Suicide Research and Surveillance, the NSRF has had many requests from the WHO for advice and information to be included in its briefing documents and official resources in relation to the impact of the pandemic on the mental health of populations.

The NSRF contributed to an international consensus statement, led by Professor David Gunnell from the University of Bristol, involving 42 researchers, that was published in the Lancet in April 2020. The consensus statement outlined that suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy and vulnerable groups and urged that preventing suicide needs urgent consideration (Gunnell et al 2020).

The NSRF was involved in a successful application to the HRB for a project entitled COVID-19: Estimating the burden of symptomatic disease in the community and the impact of public health measures on physical, mental and social wellbeing led by the UCC School of Public Health. The NSRF will be involved in the rollout of the project.

Auditor

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

Statement on relevant audit information to auditor

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

On behalf of the board

Margaret Kelleher
Director

Dave Drohan
Director

13 May 2020

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DIRECTORS' RESPONSIBILITIES STATEMENT

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

General responsibilities

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

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

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

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

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

On behalf of the board

Margaret Kelleher
Director

Dave Drohan
Director

13 May 2020

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

Opinion

We have audited the financial statements of Suicide Research Foundation Company Limited by Guarantee (the 'company') for the financial year ended 31 December 2019 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Changes in Funds, the Statement of Cash Flows and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 *the Financial Reporting Standard applicable in the UK and Republic of Ireland*, as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015.

In our opinion the financial statements:

- give a true and fair view of the state of the assets, liabilities and financial position of the company's at 31 December 2019 and of its result for the financial year then ended;
- have been properly prepared in accordance with FRS 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland, as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

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

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

Conclusions relating to going concern

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

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

Other information

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

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

We have nothing to report in this regard.

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE MEMBERS OF SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

Opinions on other matters prescribed by the Companies Act 2014

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

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

Matters on which we are required to report by exception

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

Responsibilities of directors for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Owen Hickey
for and on behalf of:

13 May 2020

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

Unit 2, Bowling Green
White Street
Cork

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

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

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	Notes	Restricted funds €	Unrestricted funds €	Total 2019 €	Total 2018 €
Incoming Resources from:					
Private donations		-	100	100	1,120
Investment income		-	43	43	36
Overhead funding		-	-	-	22,470
Generated income - lectures and fees		-	562	562	-
Grant income		1,200,329	-	1,200,329	1,190,461
Total incoming resources	3	1,200,329	705	1,201,034	1,214,123
Resources Expended on:					
Payroll costs including social insurance costs		(940,258)	-	(940,258)	(917,108)
Pension costs		(22,639)	-	(22,639)	(22,717)
Recruitment costs		-	-	-	(6,888)
Data collection costs		(7,742)	-	(7,742)	(10,323)
Data collection travel costs		(43,191)	-	(43,191)	(40,977)
Travel, meetings and conferences		(38,706)	-	(38,706)	(48,743)
Premises costs		(33,454)	-	(33,454)	(26,623)
Professional and related fees		(57,786)	-	(57,786)	(68,471)
IT costs		(42,296)	-	(42,296)	(44,897)
Intern cost		-	-	-	(15,000)
Other administration costs		(9,257)	-	(9,257)	(6,013)
Total resources expended	4	(1,195,329)	-	(1,195,329)	(1,207,760)
Net movement in funds for the financial year before taxation		5,000	705	5,705	6,363
Tax on net movement	9	-	-	-	-
Net movement in funds for the financial year		5,000	705	5,705	6,363
Reconciliation of funds:					
Net movement in funds for the financial year		5,000	705	5,705	6,363
Transfer at year end to unrestricted funds		(5,000)	5,000	-	-
Balances brought forward		-	204,402	204,402	198,039
Balances carried forward		-	210,107	210,107	204,402

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

BALANCE SHEET

AS AT 31 DECEMBER 2019

	Notes	2019 €	€	2018 €	€
Fixed assets					
Tangible assets	10		7,710		4,081
Current assets					
Debtors	12	2,703		77,522	
Cash at bank and in hand		430,589		369,919	
		<u>433,292</u>		<u>447,441</u>	
Creditors: amounts falling due within one year	13	(230,895)		(247,120)	
Net current assets			202,397		200,321
Total assets less current liabilities			<u>210,107</u>		<u>204,402</u>
Funds of the charity					
Restricted funds			-		-
Unrestricted funds			210,107		204,402
Total charity funds			<u>210,107</u>		<u>204,402</u>

The financial statements were approved by the board of directors and authorised for issue on 13 May 2020 and are signed on its behalf by:

Margaret Kelleher
Director

Dave Drohan
Director

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

STATEMENT OF CHANGES IN FUNDS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	Restricted reserves €	Unrestricted reserves €	Total €
Balance at 1 January 2018	-	198,039	198,039
Financial year ended 31 December 2018:			
Net movement in funds for the financial year	-	6,363	6,363
Balance at 31 December 2018	-	204,402	204,402
Financial year ended 31 December 2019:			
Net movement in funds for the financial year	-	5,705	5,705
Balance at 31 December 2019	-	210,107	210,107

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	Notes	2019 €	€	2018 €	€
Cash flows from operating activities					
Cash generated from operations	20		66,863		143,293
Investing activities					
Purchase of tangible fixed assets		(6,236)		-	
Interest received		43		36	
Net cash (used in)/generated from investing activities			(6,193)		36
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			60,670		143,329
Cash and cash equivalents at beginning of financial year			369,919		226,590
Cash and cash equivalents at end of financial year			430,589		369,919

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

Company information

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

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

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

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

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

1.1 Basis of preparation

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

1.2 Going concern

Since the end of the financial year Ireland has been significantly affected by the COVID-19 Pandemic. As the company carries out its operations in University College Cork the impact of the Pandemic has necessitated significant operational changes. Whilst COVID-19 has necessitated changes to the company's set up, almost all aspects of the research programme can continue with staff members working at home whilst some adjustments to timeframes of field-based research have been necessary.

There has been no financial impact on the NSRF as a result of the COVID-19 Pandemic. In line with HSE policy, the 2020 Service Arrangement and associated Programme of Work with the National Office for Suicide Prevention were agreed and signed before 28 February 2020. The funding for the running of the Registry and the agreed programme of work has been increased to €907,000 for 2020. The NSRF has an overall agreement with the HSE NOSP for the duration of the *Connecting for Life*, Suicide Reduction Strategy 2015-2024.

In summary, from a financial perspective, there is unlikely to be a change to the annual funding provided by the NOSP.

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.

1.3 Incoming resources

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

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

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

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

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

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

1.4 Resources expended

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

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

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

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

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

1.5 Allocation of support and governance costs

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

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

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

1.6 Tangible fixed assets

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

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

1.7 Impairment of fixed assets

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

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

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

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

1.8 Cash at bank and in hand

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

1.9 Financial instruments

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

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

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

Basic financial assets

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

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

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

Impairment of financial assets

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

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

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

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.

Basic financial liabilities

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

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

Derecognition of financial liabilities

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

1.10 Taxation

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

1.11 Employee benefits

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

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

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

1.12 Retirement benefits

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

1.13 Government grants

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

1.14 Foreign exchange

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

1.15 Borrowings

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

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

1 Accounting policies

(Continued)

1.16 Fund accounting

The following funds are operated by the charity:

Restricted Funds

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

Unrestricted Funds

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

1.17 Services provided by directors/trustees

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

2 Judgements and key sources of estimation uncertainty

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

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

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

Critical judgements

Debtors accruals and deferred income

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

3 Incoming resources

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

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

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

	2019 €	2018 €
<u>Restricted Income</u>		
HSE NOSP - National Suicide Research Foundation	300,000	300,000
HSE NOSP - National Self-Harm Registry Ireland	591,219	552,779
Donegal Mental Health Service - Donegal Study	74,937	69,055
HSE NOSP/CHO 4 - National Dialectical Behaviour Therapy Project	118,545	155,580
International Association for Suicide Prevention Project	13,737	8,847
World Health Organisation Collaborating Centre	5,607	7,767
Royal College of Surgeons in Ireland Health Research Board Project	-	19,855
HSE NOSP/CHO 4 GLOW Project	-	6,168
World Health Organisation Commissioned Work	6,576	10,239
HSE NOSP - Coronial Data & Statistical Care Project	55,178	27,960
Northern Ireland Registry of Self-Harm	34,530	32,247
	<u>1,200,329</u>	<u>1,190,497</u>
<u>Unrestricted Income</u>		
Overhead funding	-	22,470
Generated income - lectures and fees	562	-
Private donations	100	1,120
	<u>662</u>	<u>23,590</u>
Total funding	<u>1,200,991</u>	<u>1,214,087</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

4 Analysis of Resources Expended

	Foundation and Research	Registry	2019 €	2018 €
Wages and salaries including social insurance costs	445,605	494,653	940,258	917,108
Pension costs	17,349	5,290	22,639	22,717
Recruitment costs	-	-	-	6,888
Data collection costs	-	7,742	7,742	10,323
Data collection travel costs	-	43,191	43,191	40,977
Travel, meetings and conferences	28,268	10,438	38,706	48,743
Fees and subscriptions	31,814	8,383	40,197	54,695
Stationery, printing and postage	4,239	4,234	8,473	5,323
Telephones	701	638	1,339	2,705
Rent	10,767	10,766	21,533	15,400
Insurance	3,940	4,035	7,975	7,158
Bank charges	392	392	784	690
Accountancy fees	5,104	5,105	10,209	6,396
Audit fees	3,690	3,690	7,380	7,380
Computer running costs	19,308	22,988	42,296	44,897
Intern cost	-	-	-	15,000
Depreciation	-	2,607	2,607	1,360
	<u>571,177</u>	<u>624,152</u>	<u>1,195,329</u>	<u>1,207,760</u>

5 Auditor's remuneration

	2019 €	2018 €
Fees payable to the company's auditors:		
For audit services		
Audit of the financial statements of the company	<u>7,380</u>	<u>7,380</u>
For other services		
All other non-audit services	<u>10,209</u>	<u>6,396</u>

6 Net Incoming Resources

	2019 €	2018 €
Net Incoming resources are stated after charging:		
Depreciation of owned tangible fixed assets	<u>2,607</u>	<u>1,360</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

7 Employees

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

	2019	2018
	Number	Number
Foundation	13	14
Registry	15	14
	<u>28</u>	<u>28</u>

Their aggregate remuneration comprised:

	2019	2018
	€	€
Wages and salaries	862,929	840,197
Social security costs	77,329	76,911
Pension costs	22,639	20,253
	<u>962,897</u>	<u>937,361</u>

No remuneration was paid to any director during the financial year and the directors had no financial interests in the company at any time during the financial year. There was one employee (2018: One) who received employee benefits excluding employer pension costs of between €70,000 and €80,000 during the financial year. In addition there was one employee (2018: One) who received employee benefits excluding employer pension costs of between €60,000 and €70,000 during the financial year.

8 Interest receivable and similar income

	2019	2018
	€	€
Interest income		
Interest on bank deposits	43	36
	<u>43</u>	<u>36</u>

Investment income includes the following:

Interest on financial assets not measured at fair value through statement of financial activities	43	36
	<u>43</u>	<u>36</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

9 Taxation

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

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

10 Tangible fixed assets

	Computer equipment €
Cost	
At 1 January 2019	31,064
Additions	6,236
	<hr/>
At 31 December 2019	37,300
	<hr/>
Depreciation and impairment	
At 1 January 2019	26,983
Depreciation charged in the financial year	2,607
	<hr/>
At 31 December 2019	29,590
	<hr/>
Carrying amount	
At 31 December 2019	7,710
	<hr/> <hr/>
At 31 December 2018	4,081
	<hr/> <hr/>

11 Financial instruments

	2019 €	2018 €
Carrying amount of financial assets		
Debt & other financial instruments measured at amortised cost	433,292	447,441
	<hr/> <hr/>	<hr/> <hr/>
Carrying amount of financial liabilities		
Measured at amortised cost	209,612	225,141
	<hr/> <hr/>	<hr/> <hr/>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

12 Debtors	2019	2018
Amounts falling due within one year:	€	€
Accrued income	2,320	76,131
Other debtors	383	1,391
	<u>2,703</u>	<u>77,522</u>

13 Creditors: amounts falling due within one year	2019	2018
	€	€
PAYE and social security	21,283	21,979
Accruals	127,355	105,704
Deferred income	82,257	119,437
	<u>230,895</u>	<u>247,120</u>

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

14 Retirement benefit schemes	2019	2018
Defined contribution schemes	€	€
Charge to statement of financial activities in respect of defined contribution schemes	<u>22,639</u>	<u>22,717</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 independently administered funds.

15 Members' liability

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

16 Analysis of Net Assets by Fund

	Fixed Assets €	Current assets €	Current liabilities €	Closing Balance €
Unrestricted income				
Unrestricted Funds	-	275,622	(21,747)	253,875
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Restricted income				
Restricted Funds	7,710	157,670	(209,148)	(43,768)
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u>7,710</u>	<u>433,292</u>	<u>(230,895)</u>	<u>210,107</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) **FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

17 Events after the reporting date

Since the end of the financial year Ireland has been significantly affected by the Covid-19 Pandemic. As the company carries out its operations in University College Cork the impact of the Pandemic has necessitated significant operational changes. Whilst COVID-19 has necessitated changes to the main office set up, almost all aspects of the research programme can continue with staff members working at home whilst some adjustments to timeframes of field-based research have been necessary.

In line with government advice, all third level institutes closed on 12 March 2020. The team at the NSRF had anticipated the closure of the Western Gateway Building (WGB) in University College Cork where its office is located and had made preparations for staff to work at home. All WGB-based staff members were set up and trained to work remotely and can access shared files and project documents using secure software.

Operations Group meetings have been held weekly via Zoom initially, and more recently using Microsoft Teams. A weekly staff meeting with a focus on self-care is held and in addition, a weekly e-mail is sent to staff members outlining the most up-to date Irish and international research and resources relating to COVID-19. All of the above measures are in addition to the Registry weekly team meetings and individual phone/Skype meetings that staff members are continuing to have with their supervisors. The NSRF is at all times aware of the need to comply with the requirements of the General Data Protections Regulations while working at home.

The work relating to the National Self-Harm Registry is continuing. Whilst it is not possible for some Data Registration Officers to go in to hospitals to collect data at the present time, these individuals had collected data in advance and have been involved in trialling the new system of data uploading that was introduced for the Registry in March 2020. Other Data Registration Officers continue to collect data electronically.

In summary, the research programme is continuing in line with agreed objectives and the company has been asked to undertake additional research projects as outlined below in future developments.

There has been no financial impact on the NSRF as a result of COVID-19. In line with HSE policy, the 2020 Service Arrangement and associated Programme of Work with the National Office for Suicide Prevention were agreed and signed before 28 February 2020. The funding for the running of the Registry and the agreed programme of work has been increased to €907,000 for 2020. The NSRF has an overall agreement with the HSE NOSP for the duration of the *Connecting for Life*, Suicide Reduction Strategy 2015-2024.

In summary, from a financial perspective, there is unlikely to be a change to the annual funding provided by the NOSP.

No other 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 2019.

18 Related party transactions

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

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

19 Analysis of changes in net funds

	1 January 2019 €	Cash flows €	31 December 2019 €
Cash at bank and in hand	369,919	60,670	430,589

20 Cash generated from operations

	2019 €	2018 €
Net incoming resources for the financial year after tax	5,705	6,363
Adjustments for:		
Investment income	(43)	(36)
Depreciation and impairment of tangible fixed assets	2,607	1,360
Movements in working capital:		
Decrease in debtors	74,819	53,563
(Decrease)/increase in creditors	(16,225)	82,043
Cash generated from operations	66,863	143,293

21 Approval of financial statements

The directors approved the financial statements on the 13 May 2020

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	€	2019 €	€	2018 €
Foundation income		300,281		322,470
HSE NOSP - National Suicide Research Foundation	300,000		300,000	
Lecture and fee income	281		-	
Overhead funding	-		22,470	
	<hr/>		<hr/>	
Foundation costs				
Salaries & wages	(200,580)		(203,004)	
Social welfare costs	(15,262)		(16,761)	
Staff recruitment costs	-		(3,444)	
Staff pension costs defined contribution	(9,475)		(9,529)	
Rent	(10,767)		(11,400)	
Insurance	(3,940)		(3,579)	
Travelling expenses	(3,589)		(4,558)	
Meeting & conference costs	(8,868)		(7,877)	
Postage, printing & stationery	(4,209)		(1,003)	
Bank charges	(392)		(345)	
Fees, training & subscriptions	(10,334)		(6,011)	
Accountancy fees	(5,104)		(3,198)	
Audit fees	(3,690)		(3,690)	
Computer running costs	(18,902)		(20,765)	
Telecommunications	(701)		(733)	
	<hr/>		<hr/>	
		(295,813)		(295,897)
		<hr/>		<hr/>
		4,468		26,573

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	€	2019 €	€	2018 €
International Association for Suicide Prevention Project		-		-
Funding receivable	13,737		8,847	
Salaries & wages	(13,099)		(8,151)	
Social welfare costs	(638)		(696)	
	-----		-----	
Donegal Mental Health Service - Donegal Study		68		-
Funding receivable	74,937		69,055	
Salaries & wages	(55,352)		(52,067)	
Social welfare costs	(6,061)		(5,649)	
Travel costs	(4,404)		(961)	
Fees & subscriptions	(4,500)		(4,694)	
Meetings & conferences	(352)		(1,484)	
Pension costs	(4,200)		(4,200)	
	-----		-----	
HSE NOSP - National Dialectical Behaviour Therapy Project		-		-
Funding receivable	118,545		155,580	
Salaries & wages	(91,439)		(119,415)	
Social welfare costs	(9,767)		(12,365)	
Travel costs	(756)		(627)	
Stationery & supplies	(13)		(126)	
Fees & subscriptions	(15,235)		(11,745)	
Meetings & conferences	(1,335)		(11,302)	
	-----		-----	
World Health Organisation Collaborating Centre		-		-
Funding receivable	5,607		7,767	
Travel costs	(926)		(1,235)	
Stationery & supplies	(17)		-	
Telephones	-		(1,255)	
Computer running expenses	(206)		-	
Fees and subscriptions	(1,745)		(3,816)	
Meetings & conferences	(2,713)		(1,461)	
	-----		-----	
Royal College of Surgeons in Ireland - Health Research Board Project		-		-
Funding receivable	-		19,855	
Salaries & wages	-		(13,167)	
Social welfare costs	-		(1,441)	
Fees & subscriptions	-		(4,124)	
Pension costs	-		(1,123)	
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SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

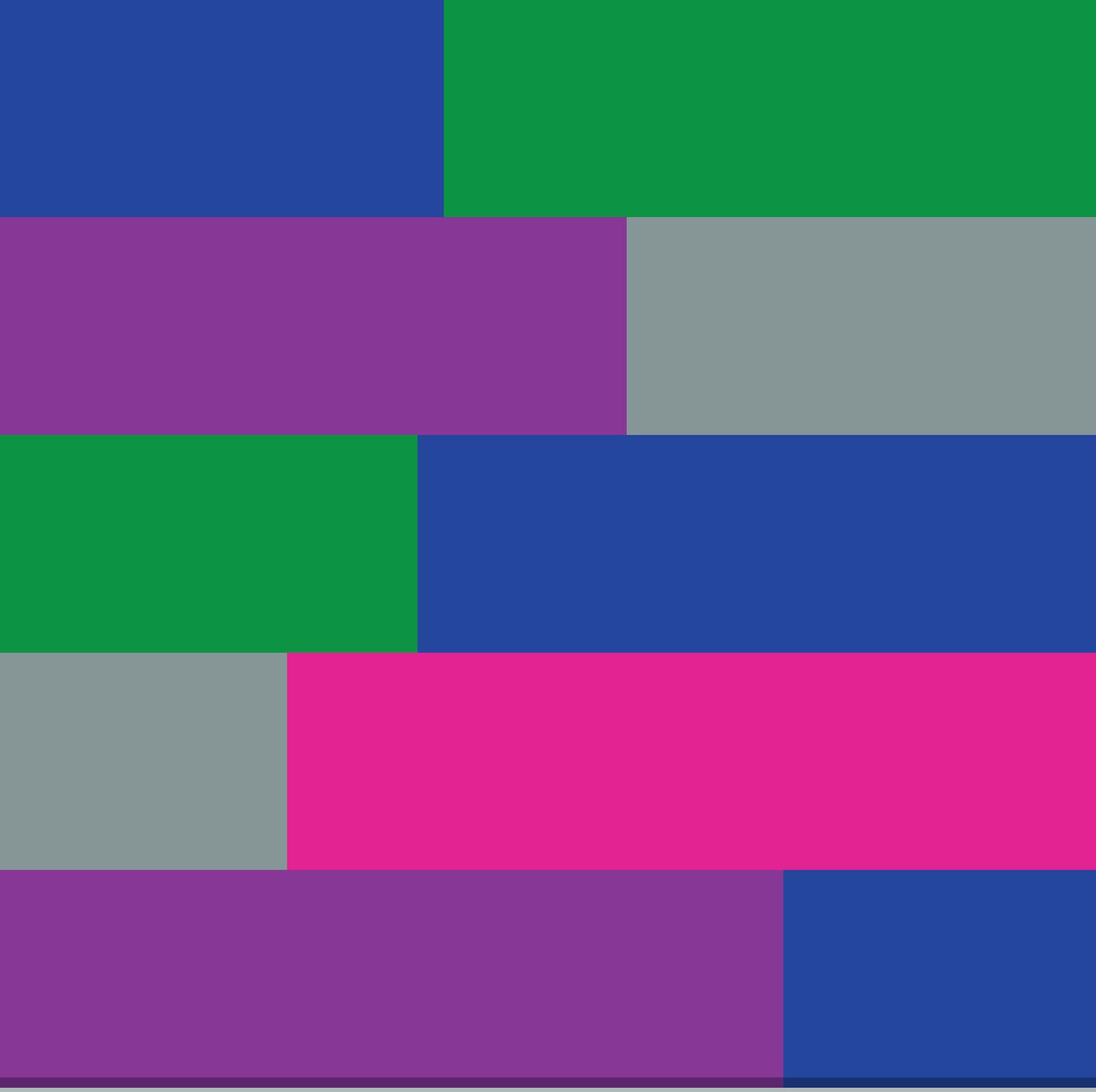
DETAILED STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	€	2019 €	€	2018 €
HSE NOSP/CHO 4 GLOW Project		-		-
Funding receivable	-		6,168	
Salaries & wages	-		(2,819)	
Social welfare costs	-		(214)	
Travel & subsistence costs	-		290	
Fees & subscriptions	-		2,845	
	-----		-----	
World Health Organisation Commissioned Work		-		-
Funding receivable	6,576		10,239	
Salaries & wages	(5,765)		(8,092)	
Social welfare costs	(663)		(791)	
Travel costs	-		(598)	
Meetings & conferences	(148)		(758)	
	-----		-----	
HSE NOSP - Coronial Data & Clinical Care Project		-		-
Funding receivable	55,178		27,960	
Salaries & wages	(42,343)		(21,331)	
Social welfare costs	(4,636)		(2,603)	
Travel costs	(1,728)		(1,314)	
Computer running expenses	(200)		-	
Meetings & conferences	(2,597)		(248)	
Pension costs	(3,674)		(2,464)	
	-----		-----	
Our Mental Health		-		(15,000)
Fees & subscriptions	-		(15,000)	
	-----		-----	
Private donations		100		1,120
		-----		-----
Foundation net movement in funds		<u>4,636</u>		<u>12,693</u>

SUICIDE RESEARCH FOUNDATION COMPANY LIMITED BY GUARANTEE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	€	2019 €	€	2018 €
HSE NOSP - National Self-Harm Registry Ireland				
Funding receivable		591,500		552,779
National Self-Harm Registry costs				
Wages and salaries	(454,351)		(412,151)	
Social welfare costs	(40,302)		(36,391)	
Staff recruitment costs	-		(3,444)	
Staff pension costs defined contribution	(5,290)		(5,401)	
Data collectors	(7,742)		(10,323)	
Data collection travel costs	(43,191)		(40,977)	
Rent	(10,766)		(4,000)	
Fees to UCC - HRB scholar	-		(15,000)	
Insurance	(4,035)		(3,579)	
Travelling expenses	(2,770)		(2,335)	
Meetings & conferences	(7,668)		(11,625)	
Stationery, printing & postage	(4,234)		(4,194)	
Bank charges	(392)		(345)	
Fees, training & subscriptions	(8,383)		(6,460)	
Accountancy fees	(5,105)		(3,198)	
Audit fees	(3,690)		(3,690)	
Computer running costs	(22,988)		(24,132)	
Telecommunications	(638)		(717)	
Depreciation	(2,607)		(1,360)	
		<u>(624,152)</u>		<u>(589,322)</u>
National Self-Harm Registry net movement in funds		<u>(32,652)</u>		<u>(36,543)</u>
Northern Ireland Registry of Self-Harm		33,678		30,177
Funding receivable	34,530		32,247	
Travel costs	(198)		(525)	
Meetings costs	(654)		(1,545)	
		<u>33,678</u>		<u>30,177</u>
Northern Ireland Statistical Consultancy		<u>33,678</u>		<u>30,177</u>
Overall National Self Harm Registry net movement in funds		<u>1,026</u>		<u>(6,366)</u>
Overall operating net movement in funds		<u>5,662</u>		<u>6,327</u>



National Suicide Research Foundation