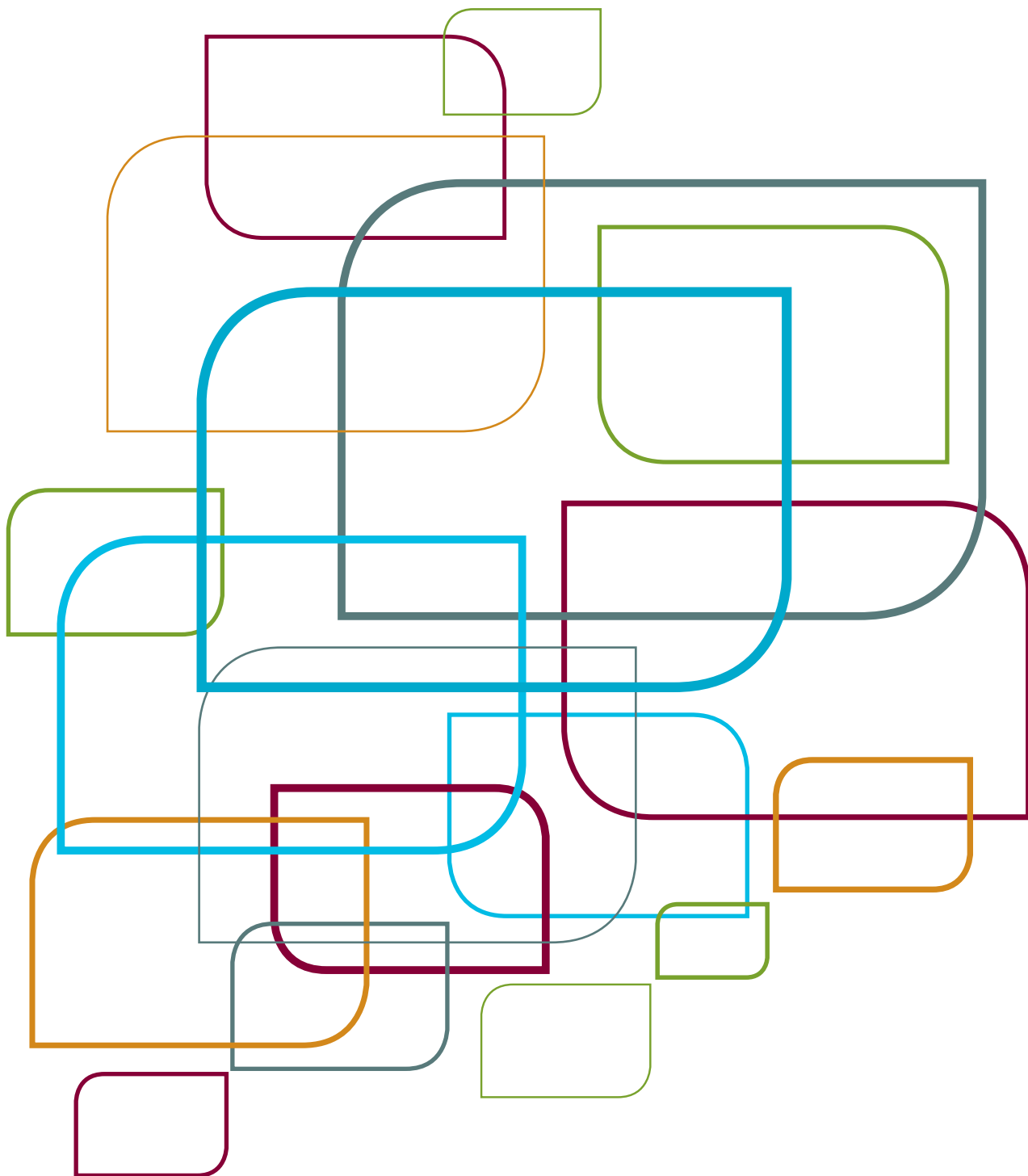




Health Research Board
Annual Report 2010

Improving people's health through research and information



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Board members: 2010



Dr Reg Shaw (Chairman)
Perrysbridge Consultants Ltd



Dr Conor M Burke
Consultant Respiratory Physician
James Connolly Hospital and
Mater Hospital



**Dr Colin Doherty
(from June 2010)**
Consultant Neurologist
St James's Hospital, Dublin



Professor Catherine Godson
Professor of Molecular Medicine
Director – UCD Diabetes
Research Centre
University College Dublin



**Mr Michael Griffith
(until January 2010)**
Fighting Blindness



**Dr Tony Holohan
(until June 2010)**
Chief Medical Officer
Department of Health
and Children



**Mr Brian Kearney
(until June 2010)**
Engineers Ireland



Professor Michael J Kerin
Professor of Surgery
Clinical Sciences Institute
National University of Ireland
Galway



Mr John McCormack
(from June 2010)
Chief Executive
Irish Cancer Society



Dr Ena Prosser
(until June 2010)
Partner
Fountain Healthcare Partners



Professor Prem Puri
(from June 2010)
National Children's
Medical Research Centre
Our Lady's Hospital
for Sick Children



Dr Marion Rowland
(from June 2010)
Catherine McAuley Research
and Education Centre
University College Dublin



Professor Frances Ruane
Director
Economic and Social
Research Institute



Mr Brian Sweeney
Former Chairman
Science Foundation Ireland



Chairman and CEO: overview and outlook

The economic and fiscal difficulties facing Ireland have been well documented. Their impact is being felt across the health services and in health-related organisations including the HRB. Despite the economic downturn and the straitened nature of the public finances generally, coupled with specific budgetary challenges facing this organisation, 2010 was a remarkably productive year for the HRB.

As demonstrated throughout this report, health research has the potential to make real changes in people's lives. Among the 105 HRB-funded research projects completed during 2010, highlights included:

- seven patents awarded and one patent application submitted
- 79 new clinical trials introduced
- 211 research jobs supported
- €11.83 million leveraged from alternative funding sources

Examples of specific health research project outcomes included:

- A whooping cough nasal spray vaccine for newborns currently in development.
- New technologies that could allow those suffering from a range of respiratory diseases to inhale medicines directly into the lungs.
- Solar disinfection systems that kill harmful bacteria in drinking water are in place; these have the potential to save countless lives in developing countries.
- The discovery of a gene that gets switched on in aggressive breast cancer; this could provide a way to identify patients in need of specific treatments
- A simple and inexpensive way to improve heart attack patients' survival rates and, potentially, save healthcare costs.

Our strategic business plan, covering the period 2010–2014, was launched in November 2009. It sets out an ambitious programme of actions focused on delivering research which will improve people's health, drive innovation in the Irish health system and support new enterprise and economic development.

In line with one of the key elements of the strategic business plan, we are now concentrating our resources on research that offers the most potential for translation into impacts and benefits for people's health. The various HRB-funded projects and other work that began in 2010 will help close the gap between research outcomes and their application in policy and practice.

The plan outlines four clear goals designed to support the delivery of the strategy.

1. Developing clinical research capacity within the health system.
2. Increasing capacity in population health and health services research.
3. Delivering information and evidence to support decision-making.
4. Generating evidence and promoting the application of new knowledge in policy and practice.

In working towards the realisation of these goals, some of our main achievements in 2010 included:

- The reshaping of existing award programmes, such as the Health Research Awards, which now have a greater focus on applied patient-oriented, population health and health services research.
- The development or launch of new and innovative funding calls which are aimed at delivering specific patient-oriented research and population health and health services outcomes. Examples include:
 1. The co-funding with Science Foundation Ireland of new Translational Research Awards which are aimed at developing applied clinical research in the biomedical area.
 2. The development of the Integrated Capacity Enhancement (ICE) Awards. The Awards, which will be aimed at postdoctoral teams involved in population health and health services research, will be launched in early 2011.
- The completion of a mapping review of population health and health services in Ireland. The information gathered as part of this review will provide significant evidence for the implementation of appropriate actions, targets and funding models to support the development of population health and health services research throughout the lifetime of the strategic business plan.
- The establishment of a new unit responsible for evidence generation and knowledge brokering. Specific areas that the team focused on in 2010 ranged from the development of a new substance misuse strategy which uses a population-based approach to assess levels of alcohol misuse, to conducting a brief review of bed use in acute general hospitals.

Promoting and supporting European research engagement was a particular focus of HRB activity during 2010, which saw 15 Irish researchers securing a total of €17.4 million in FP7 grants as a result of their successful joint efforts with European research teams in applying for funding. The HRB has also played a leadership role in a joint programming

initiative through its membership of the Executive Board of the Joint Programme on Neurodegenerative Diseases (JPND).

During 2010 we continued to generate quality information to support decision-making by service planners, researchers and policy makers. One excellent example of research that will inform clinical practice in a meaningful way is our report on a mental health study which examined recovery from the service user's perspective. It is hoped that the study findings will provide strong direction for clinical practice and will also serve to enable individuals to recover from mental illness. The study findings contain personal accounts of the processes, tasks and strategies used successfully by patients when reconnecting with life; they also contain details of patients' perceptions of the facilitators and barriers to recovery.

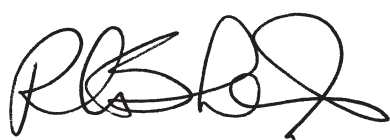
Our new report on problem drug use shows an increase in the numbers of people seeking treatment for, or dying from, sedative misuse, and points to the need for prescribers and other users to be more aware of the potentially fatal effects of benzodiazepines, especially when they are used with other substances.

For the first time, Measure of Activity and Participation (MAP) data has been included in the HRB's National Physical and Sensory Disability Database Annual Report. MAP data provides a more holistic view of disability by capturing information on the barriers to participation in life activities for people with a physical and/or sensory disability. This data is important because it provides evidence for the planning and delivery of services at a national level for people with disabilities.

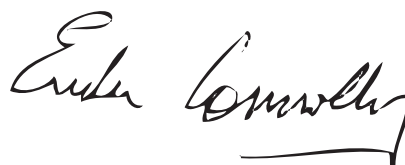
The above examples do not reflect the full extent of work completed during the year. They simply provide an overview of some key successes and outcomes. We would like to thank the staff of the HRB for the enthusiastic manner in which they have embarked on this new era in the organisation's history and for their enormous contribution throughout the year.

The implementation of the strategic business plan would not have been possible without the inputs of our fellow Board members who directed the development and fine-tuning of the plan with great skill and continue to provide invaluable support and dedication.

The HRB faces enormous challenges but it will not curb our ambition to deliver outcomes and impacts that can help transform Ireland's health services and support economic growth.



Dr Reg Shaw



Enda Connolly

Health research: making an impact

Each year the HRB reviews and evaluates the impacts of funded research projects which were completed during the previous 12 months.

This section highlights how HRB-funded research is having an impact and is delivering outcomes in four key areas:

- Developing new treatments, technologies and therapies.
- Creating potential commercial opportunities and economic benefits.
- Creating a robust research capacity and infrastructure.
- Innovating health research reputation and healthcare policy and practice.

Also included in this section are some examples which illustrate the benefits resulting from HRB projects and programmes completed in 2010.

Table 1 Summary of outputs from projects and programmes completed in 2010

Output type	2010	2009	2008	2007
Number of grants completed	105	111	93	55
Total number of research jobs supported through these grants	209	211	243	142
Total number of peer-reviewed publications published by people who received these awards	166	302	301	134
Commercial opportunities generated (e.g. patents)	18	21	N/A	N/A
Additional funding leveraged by HRB-funded researchers on foot of their successful work	€11.83	€14.7	N/A	N/A

Note: N/A indicates that these figures were not collected previously

New treatments, technologies and therapies

HRB-funded researchers are making a substantial contribution on the national and international stage by creating new therapies, technologies, diagnostics and treatments. These successful discoveries are not only having an impact on people's health, they are increasing Ireland's capacity for enterprise and are creating a reputation for innovation.

New treatments, technologies and therapies which were a direct outcome of HRB-funded research completed in 2010 included the following:

- **1,114 patients** were enrolled on cancer clinical trials.
- Nine **treatments** in development for inoperable cancer, sight loss, asthma, *C.difficile* infection, arthritis, HIV, neonatal seizures and chronic inflammatory lung disease.
- **Two diagnostic biomarkers** in development for detection of cancer.

The examples below further demonstrate our success in this area.

Engineering new delivery system for drugs and vaccines:

A team in University College Cork (UCC) succeeded in identifying the stress-tolerant genes that enable disease-causing bacteria to withstand the body's defences. They then engineered a system for inserting stress-tolerant genes into probiotics (the live microorganisms which, when administered in adequate amounts, confer a health benefit). The use of engineered robust probiotic bacteria may be a potential way of delivering drugs and vaccines into the gut.

Using computer databases to find cancer genes:

By analysing databases of genetic information recorded in hundreds of studies on tissue samples taken from breast cancer patients around the world, a University College Dublin (UCD) team discovered a gene that gets switched on strongly in aggressive breast cancer. If validated, the results linking microRNA with more aggressive types of cancer could act as a way to help identify patients in need of specific treatments. In the longer term, it could provide possible targets for therapies.

Enzyme discovery points to a way to protect at-risk brain tissue in stroke victims:

A Royal College of Surgeons in Ireland (RCSI) team discovered that, during a stroke, enzymes called calpains become active in the cells located just outside the area of the brain that has been impaired by stroke. This finding provides a basis for developing drugs that would block the action of the calpains after a stroke and thus spare at-risk brain cells from death.

Possible new warning marker for early-stage inflammatory bowel disease:

New HRB-funded research identified the importance of cholesterol in the intestinal wall barrier. Findings made by an RCSI team suggest that cholesterol changes in the cells of the intestinal barrier could possibly serve as a warning marker for early-stage inflammatory bowel disease.

Creating potential commercial opportunities and economic benefits

While health research is, by its nature, patient-focused, it is increasingly evident that it also has an incredible potential to generate commercial opportunities and develop the enterprise agenda. In addition, HRB-funded research clearly illustrates a capacity to underpin changes in clinical practice which could generate significant cost savings across the health service over time. It also supports job creation and develops our knowledge economy.

Many potential commercial opportunities and economic benefits were derived from projects completed in 2010. As follows:

- Seven patents were secured and one patent application was made.
- 79 new clinical trials were introduced.
- 209 research jobs were supported.
- €11.83 million was leveraged from alternative funding sources.

The examples below provide a snapshot of specific achievements in 2010.

New vaccine developed:

Work carried out by HRB-funded researchers in NUI Maynooth led to the development of a more effective whooping cough vaccine. Designed to be delivered as a nasal spray to newborns, the vaccine appears to educate the immune system in early life, provide strong immunity, and protect against allergies.

New technologies:

An RCSI and Beaumont Hospital research team worked with Irish medical device company Aerogen to develop a new device that could enable patients suffering from a range of respiratory diseases, including COPD and cystic fibrosis, to inhale medicines directly into specific lung cells, offering a new way of targeting drug delivery for such patients.

Saving lives and potentially saving healthcare costs:

A HRB-funded study found a simple and inexpensive way to increase heart attack patients' survival rates, improve their chances of doing well afterwards, and ultimately reduce the burden of cost associated with their condition. The key to success is a 30-minute personalised health education session designed to ensure that the patient gets to hospital within an hour of experiencing heart attack symptoms on a subsequent occasion.

Additional funding:

HRB Principal Investigators secured €11.83 million in additional funding as a direct result of the success of their HRB-funded work. A further €8.6 million was secured by HRB grant holders through their joint efforts with international teams in applying for funding.

Developing research capacity and infrastructure

In order to undertake high-quality research, develop world-class researchers, and assimilate new advances in health research, it is essential to have in place the requisite research infrastructure, culture and human capacity to innovate and embrace new knowledge. The HRB continues to be committed to growing research capacity and infrastructure, not only by way of supporting the undertaking of quality research, but also by playing a central role in the development of a coherent approach to health research within our health system. Such activity is an integral part of the goals and objectives set out in the HRB's strategic business plan. Activity is focused on a number of important areas including:

- The development of careers and career paths for health professionals who are aiming to become researchers.
- The establishment of support infrastructure and facilities to enable world-class clinical research and networks.
- The cultivation of co-funding and collaborative arrangements in order to maximise research opportunities.

Some of our successes in this area are reflected in the examples below.

Developing research career paths:

In 2010, the HRB launched the Marie Curie Postdoctoral Mobility Fellowships. These three-year fellowships enable researchers who have a PhD or equivalent qualification to train and conduct research abroad for a period of two years. This is followed by a mandatory reintegration one-year period, which must be spent in Ireland. The fellowships allow people to consolidate their research and make the transition from postdoctoral research trainee to independent researcher in an international environment; it also ensures that they bring their expertise back to Ireland.

Clinical research facilities progress:

The HRB funds three facilities, one in Dublin with the Wellcome Trust and one each in Galway and Cork. The creation of this infrastructure has resulted in:

- More than 5,500 patients being recruited to clinical studies in 2010 (2,217 in Dublin and 3,303 in Galway)
- A total of 52 clinical research studies are now underway in diabetes, cancer, nephrology, dermatology, psychiatry, pulmonary disease, neuropsychiatry and gastroenterology. (12 studies ongoing in Dublin and one additional study completed in 2010; 32 studies ongoing in Galway and an additional seven studies completed in 2010).
- The creation of six new full-time jobs in 2010.
- The development of a clinical research programme in pharmabiotics and human nutrition, cardiovascular disease and cancer in Cork.

Collaboration:

During 2010, a new joint scheme of Translational Research Awards was introduced in collaboration with Science Foundation Ireland. This initiative will see funding resources targeted at areas which offer the greatest potential for translation into impacts and benefits for health and long-term economic development.

The HRB co-funded research projects and programmes with the Department of Agriculture, Fisheries and Food; with the Wellcome Trust, and with the Irish Medical Charities Research Group.

Innovating healthcare policy and practice

Often, while research studies may provide compelling evidence for a need to make changes to policy and practice, these changes are not implemented, thus creating a 'research to practice gap'. The HRB is committed to speeding up the translation of research discoveries into real benefits for health, and to closing the gap between research discovery and application in policy or practice.

The growth of the HRB's scientific reputation in health research also reinforces the organisation's ability to influence knowledge, policy and practice further afield.

During 2010, outcomes from 59 HRB projects had an impact on either policy or practice. In addition, our funded researchers published articles in more than 166 international peer-reviewed journals.

Some examples of specific successes are outlined below.

Potentially reducing diarrhoeal disease in developing countries:

1.5 million children under five die from diarrhoeal disease each year. A global health research project, carried out in Cambodia by an RCSI team, led to a 50% reduction in dysentery and a 63% reduction in non-dysentery diarrhoea when families were shown how to kill harmful bacteria simply by placing plastic bottles of drinking water in direct sunlight for a minimum of six hours. The team was subsequently invited to brief Mexican authorities on how to maximise the solar disinfection system in regions which are subject to devastation caused by hurricanes each year.

Positively influencing the treatment of mental illness:

A HRB-funded study carried out by a Dublin City University team shows that where healthcare professionals talk openly with suicidal young men about their feelings and anxieties, it helps them to feel more normal. Being listened to, being asked about their fears and concerns, and being asked what their wishes are for their own care and treatment, helps suicidal young men to develop a sense of empowerment.

Mining census data to improve health services:

A particularly important finding from a Queen's University Belfast study is that the way census data is analysed can help reshape the provision of breast cancer screening services. By establishing the methodology for linking health services data to census data, a whole new area of health services research has been opened up and this in turn may help improve service planning in the future.

High-impact publications:

Production of 166 peer-reviewed publications; 72% of these were published in journals with medium to high impacts. A journal's impact factor reflects the number of citations it receives, indicating the prestige of the research published.

Predicting stroke risk research published:

HRB-funded researchers at the Mater Hospital have identified a screening protocol which accurately predicts those at high and low risk of an imminent stroke. Successful triage could free up scarce healthcare resources and improve patient care. The findings, which could have major implications for international practice, were published in the journal *Lancet Neurology*.

Funding research excellence

In line with the organisation's new strategic business plan, HRB funding during 2010 focused on patient-oriented research, health services research and population health sciences research. Emphasis was placed on areas offering the most potential for translation into impacts and benefits for policy and practice. The implementation of this aspect of the strategy required not only the adaptation of existing funding mechanisms, but also the development of new ideas and approaches to awards.

Key deliverables for the year included:

- Review of all award schemes, to ensure that they are in line with the new strategy.
- Announcement of a first call for the Health Research Awards, which is the largest investigator-led scheme and is designed to reflect new HRB funding priorities.
- Launch of new Translational Research Awards in conjunction with Science Foundation Ireland. These awards build on an existing HRB scheme, but place increased emphasis on moving research into a clinical environment, requiring the involvement of both scientific and clinical investigator teams.
- Further development of clinical research infrastructure. For example, during 2010, 52 new and ongoing clinical research studies were underway in clinical research facilities and more than 5,550 people were involved in clinical studies.
- Completion of a mapping review of Population Health and Health Services in Ireland. The aim of this exercise was to describe current levels of activity, capacity and infrastructure; to identify areas of strength and weakness, and to explore opportunities and innovative international funding models for incorporation into a framework of actions covering the lifetime of the HRB strategic business plan. Outcomes of the review will be published in 2011.
- Co-funding two new research programmes in food and health with the Department of Agriculture, Fisheries and Food (DAFF).

In line with the HRB's plans to develop excellent clinical research, we actively promoted FP7 health funding opportunities to Irish academic researchers and clinicians. 2010 saw 15 successful applications for FP7 funding, and this resulted in a total of €17.4 million being secured for Irish research.

2010 also marked the beginning of the HRB's involvement in two joint programming initiatives – Neurodegenerative Diseases, in particular Alzheimer's (JPND) and A Healthy Diet for a Healthy Life. The HRB was also a partner in a successful bid to secure €2 million in EU funding to support the development of the JPND. The HRB will lead the communications and dissemination work package of the project.

Our active involvement in European projects included co-chairing a European Science Foundation (ESF) forum on research integrity; this subsequently led to the publication in 2010 of a report entitled *Fostering Research Integrity in Europe*. The HRB also contributed to the ESF report *Research Careers in Europe: Landscape and Horizons*.

During the year, the HRB awarded €18,490,292 million to new health research projects, bringing its total funding commitment across the Irish health research system to more than €189.3 million. As in previous years, all investments were made on the basis of stringent international peer review processes. Of the 815 applications received during the year, a total of 273 were allocated funding support. A full breakdown of the funding awarded is set out below. This illustrates the number and variety of new health professionals, as well as details of the type of infrastructure projects and research programmes supported in 2010.

Table 2 New awards made in 2010

Awards	No. of applications	No. of awards	Success rate (%)	Average investment per award (€)	Total investment in scheme (€)
Projects and programmes					
Health Research Awards	228	54	23.7	217,566	11,748,542
US – Ireland Partnership	1	1	100.0	152,386	152,386
Food and Health Research Initiatives (co-funded with DAFF)	2	2	100.0	500,000	1,000,000
Career support schemes and capacity building					
Research Training Fellowships for Healthcare Professionals	74	10	13.5	177,758	1,777,577
Cochrane Fellowships	13	12	92.3	49,549	594,592
HRB/Marie Curie Postdoctoral Mobility Fellowships	13	5	38.5	222,774	1,113,870
Health Economic Fellowships	11	1	9.1	207,423	207,423
National SpR/SR Academic Fellowship Programme (co-funded with HSE Met Unit)	21	2	10.0	322,375	644,750
Training and workshops					
Summer Student Scholarships	206	50	24.0	2,000	100,000
Cochrane Training Courses	212	119	56.1	515	61,304
National Cancer Institute Summer Curriculum in Cancer Prevention	29	12	41.4	2,987	35,844
National Cancer Institute Nurse Training	4	4	100.0	2,501	10,004
Infrastructure					
Statistics and data management Office for ICORG	1	1	100.0	1,044,000	1,044,000
Total Investment	815	273	33.5	67,730	18,490,292

Generating information and evidence

Sound evidence and high-quality information are central to good decision-making on health issues.

In line with the organisation's strategic business plan, a new evidence generation and knowledge brokering unit was established in 2010. Key achievements by the unit included:

- Developing a new substance misuse strategy which will take a population-based approach to problem alcohol use.
- Developing a health portal (website) with access to all known sites containing evidence for health policy.
- Completing a brief review of:
 - the evidence management of admissions to emergency departments;
 - bed use in acute general hospitals.
- Carrying out a literature review of knowledge brokering.
- Hosting a seminar to agree a performance indicator set for the health system.
- Designing, researching, and producing the first issue of *Eolas*, a health research newsletter.

Positive outcomes from mental health recovery study

Early in 2010 we published the outcomes of some mental health research conducted in house. The findings were very well received by many mental health practitioners, patient groups and commentators.

The study, which examined mental health recovery from the patient's perspective, delivered a number of positive findings that can now be used to inform mental health practice in a meaningful way. It is hoped that the findings, which reveal personal experiences of the processes, tasks and strategies used successfully to reconnect with life, as well as the facilitators and barriers to doing so, will help provide strong direction for clinical practice and individual recovery.

The personal experiences reported in the study show that some elements of person-centred, recovery-oriented care already exist in the Irish healthcare system. Other experiences indicate that there is still a need for a major shift in practice.

In addition, work continued on the five national information systems managed by the HRB; these systems provide the most up-to-date evidence for service planning and decision-making on issues such as alcohol and drug use, mental health and disability.

A full list of the reports published by the HRB or in journals is set out in Appendix A. The full text of HRB reports is available on the HRB website: www.hrb.ie/publications

The sample case studies outlined below illustrate the value generated from the national information systems during 2010.

Reduction in admissions to psychiatric hospitals

The annual report entitled *Activities of Irish Psychiatric Units and Hospitals* showed that the number of new and returning patients fell by 557, from 20,752 in 2008 to 20,195 in 2009. Depressive disorders, schizophrenia and alcoholic disorders accounted for 60% of all admissions. There was an equal proportion of male and female admissions. Those in the 45-54 years age group were the most likely to be admitted, while those in the 18-19 years age group had the highest rate of first admissions.

Report on intellectual disability population informs public spending on services

The HRB's Annual Report of the National Intellectual Disability Database Committee shows that more people were availing of day services in 2009 than at any previous point since data first began to be collected. It also reveals that more people are living in community group homes than in residential centres; this highlights the continuing shift from the more traditional institutional models of care towards community living.

The percentage of those aged over 35 registered on the Database rose from 29% in 1974 to 49% in 2009. The changing age profile of individuals with intellectual disability continues to contribute to high levels of demand for residential services, support services for ageing caregivers, and for services designed specifically to meet the needs of older people with intellectual disability.

Rise in numbers seeking treatment for, or dying from, sedative misuse

In the six-year period 2003 to 2008, the annual number of cases treated for misuse of sedatives (benzodiazepines) increased by over 63%. Almost all deaths in which benzodiazepines were implicated involved the use of more than one substance, with alcohol and opiates being the most frequently implicated. Benzodiazepines are known to amplify the depressant effects of other drugs, which increases the risk of overdose. It is important therefore that problem use of benzodiazepines is approached in the context of polysubstance use.

Measure of Activity and Participation (MAP) data tracks impact of service interventions for people with a physical and/or sensory disability

For the first time, Measure of Activity and Participation (MAP) data has been included in the National Physical and Sensory Disability Database (NPSDD) Annual Report. MAP data provides a more holistic view of disability by capturing information on the barriers to participation in life activities for people with a physical and/or sensory disability; such barriers may include transport, income, physical environment and attitudes.

It can be used to track the impact that service interventions are having on individuals. Over time, the data will reflect whether the services a person is receiving are actually making a difference to their ability to participate in society; this information will inform the planning and delivery of services.

Appendix A

List of HRB publications

Bellerose D, Lyons S Carew A Walsh S and J Long (2010) Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths (1998 to 2007), *HRB Trends Series 9*, Dublin: Health Research Board.

Cummins B and Markey G (2010) *A Picture of Health 2010 – A snapshot of HRB funded Research*. Dublin: Health Research Board

Daly A and Walsh D (2010) *Activities of Irish Psychiatric Units and Hospitals 2009: main findings*. HRB Statistics Series 9. Dublin: Health Research Board.

Irish Focal Point (2010) 2010 National Report (2009 data) to the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2010) *Drugnet Ireland*. Issue 33, Spring. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2010) *Drugnet Ireland*. Issue 34, Summer. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2010) *Drugnet Ireland*. Issue 35, Autumn. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2010) *Drugnet Ireland*. Issue 36, Winter. Dublin: Health Research Board.

National Documentation Centre on Drug Use (2010) *Directory of courses and training programmes on drug misuse in Ireland 2010*. 5th Edition Dublin: Health Research Board

Kelly C, Craig S and Kelly F (2010) Annual Report of the National Intellectual Disability Database Committee 2009, *HRB Statistics Series 8*, Dublin: Health Research Board.

O'Donovan M, Doyle A and Craig S (2010) Annual Report of the National Physical and Sensory Disability Database Committee 2009, *HRB Statistics Series 11*, Dublin: Health Research Board.

Other Government publications

McCarthy A and Foran S, (2010) *A map of health research undertaken on children in Ireland: January 2000 to mid-November 2008 -Findings from a systematic examination of peer-reviewed journal publications*. Dublin: Government Publications.

Journal publications 2010

A number of HRB staff had papers accepted for publication in international journals. These are listed below.

Daly A and Walsh D (2010) Reducing the revolving door phenomenon. *Irish Journal of Psychological Medicine*, 27(1): 27-34.

Daly A and Walsh D (2010) Psychiatric disorder treated in acute general hospitals: a comparison with psychiatric units and hospitals. *Irish Journal of Medical Science*, 179: 85-89.

Dodd P, Craig S, Kelly F and Guerin S (2010) An audit of the Irish National Intellectual Disability Database, *Research in Developmental Disabilities* 31 (2010) 446-451

Kartalova-O'Doherty Y and Tedstone Doherty D. (2010) Recovering from recurrent mental health problems: giving up and fighting to get better. *International Journal of Mental Health Nursing*, Feb; 19 (1): 3-15.

Lyons S, Walsh S, Lynn E and Long J (2010) Drug-related deaths among recently released prisoners in Ireland, 1998 to 2005 (2010) *International Journal of Prisoner Health*. 6 (1) 26-32.

McCarthy A and Kirke P. (2010) Absolute and socioeconomically stratified trends in birth rate and infant mortality rate in Ireland 1984-2005. *Irish Journal of Medical Science* 179(4): 561-8.

McConkey R, Kelly F, Mannan H and Craig S (2010) Inequalities in Respite Service Provision: Insights from a national, longitudinal study of people with intellectual disabilities, *Journal of Applied Research in Intellectual Disabilities*, Volume 23, Issue 1, January 2010, 85-94

O'Donovan M and Good A (2010) Towards comparability of data: using the ICF to map the contrasting definitions of disability in Irish surveys and census, 2000–2006, *Disability and Rehabilitation*, 2010 1-8.

Swan D, Long J, Carr O, Flanagan J, Irish H, Keating S et al. Barriers to and facilitators of hepatitis C testing, management, and treatment among current and former injecting drug users: a qualitative exploration. *AIDS Patient Care and STDs* Volume 24, (12): 753-762.

Tedstone Doherty D and Kartalova-O'Doherty Y. (2010) Gender and self-reported mental health problems: predictors of help seeking from a general practitioner. *British Journal of Health Psychology* February; (15) (Pt 1): 213-28.

Walsh D and Daly A (2010) Recent psychiatric inpatient activity in Ireland, Scotland, England, Wales and Northern Ireland. *Irish Psychiatrist*, 11(3): 130-134.

Appendix B

Extract from the Financial Statements

Revenue Income and Expenditure Account for the year ended 31 December 2010

	2010	2009
	€	€
INCOME		
Department of Health and Children Revenue Grant	33,511,542	35,241,000
Other Research Funding	1,316,267	1,797,360
Interest Receivable and Other Income	17,057	47,865
Transfer to Capital Reserves of Amount Allocated to Fund Fixed Assets	(23,730)	(1,689)
	34,821,136	37,084,536
EXPENDITURE		
Awards	27,789,641	29,155,877
Health Information Systems	1,409,207	2,010,564
Evidence Generation & Knowledge Brokering	1,065,759	813,665
Corporate Expenditure and Programme Management	4,559,038	5,096,702
	34,823,645	37,076,808
(DEFICIT)/SURPLUS FOR THE YEAR	(2,509)	7,728
Revenue reserve at 1 January	56,925	49,197
REVENUE RESERVES AT 31 DECEMBER	54,416	56,925

Capital Income and Expenditure Account

for the year ended 31 December 2010

	2010	2009
	€	€
INCOME		
Department of Health and Children Capital Grant	10,181,025	12,037,840
Amortisation of Capital Fund Account	77,751	87,617
	10,258,776	12,125,457
EXPENDITURE		
Awards	10,179,786	12,010,769
Refurbishment Costs	1,239	27,071
Depreciation	77,751	84,944
Loss on Disposal of Fixed Assets	-	2,673
	10,258,776	12,125,457
SURPLUS FOR THE YEAR	-	-

Balance Sheet

as at 31 December 2010

	2010	2009
	€	€
FIXED ASSETS		
Tangible assets	183,700	237,721
CURRENT ASSETS		
Debtors	380,839	549,483
Investments	641	641
Cash at bank and on hand	334,832	403,366
	716,312	953,490
CURRENT LIABILITIES		
<i>Amounts falling due within one year:</i>		
Creditors	661,896	896,565
	661,896	896,565
NET CURRENT ASSETS	54,416	56,925
NET ASSETS	238,116	294,646
RESERVES		
Accumulated surplus on		
income and expenditure account	54,416	56,925
Capital fund	183,700	237,721
	238,116	294,646

