



National Suicide Research Foundation

Aim:

To produce a nationally and internationally recognised body of reliable knowledge from a multidisciplinary perspective on the risk and protective factors associated with suicidal behaviour.

Outcome:

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

Priorities are in line with *Connecting for Life* Ireland's National Strategy to Reduce Suicide 2015 - 2020 and Vision for Change - Report of the Expert Group on Mental Health Policy

I.

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

II.

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

I. Research projects addressing the extent of self-harm and suicide: Patterns, risk and protective factors (some studies will be ongoing into 2016/2017)

Self-harm

1. National Self-Harm Registry Ireland: Monitoring of all hospital treated self-harm cases since 2002
2. Comparative research project on self-harm patients involved in self-cutting and those with intentional overdoses
3. Improving assessment and aftercare of self-harm patients presenting to Hospital Emergency Departments (HSE South)
4. The association between intentional and unintentional injuries
5. Self-Harm Registry Northern Ireland (NSRF is key collaborator)
6. In-depth analyses and dissemination of the data from the studies: Saving and Empowering Young Lives in Europe (SEYLE) and Child and Adolescent Self-harm in Europe (CASE) in collaboration with national and international researchers
7. The interaction between psychological vulnerability and the impact of social contagion associated with self-harm (part of MARATONE)

Suicide

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

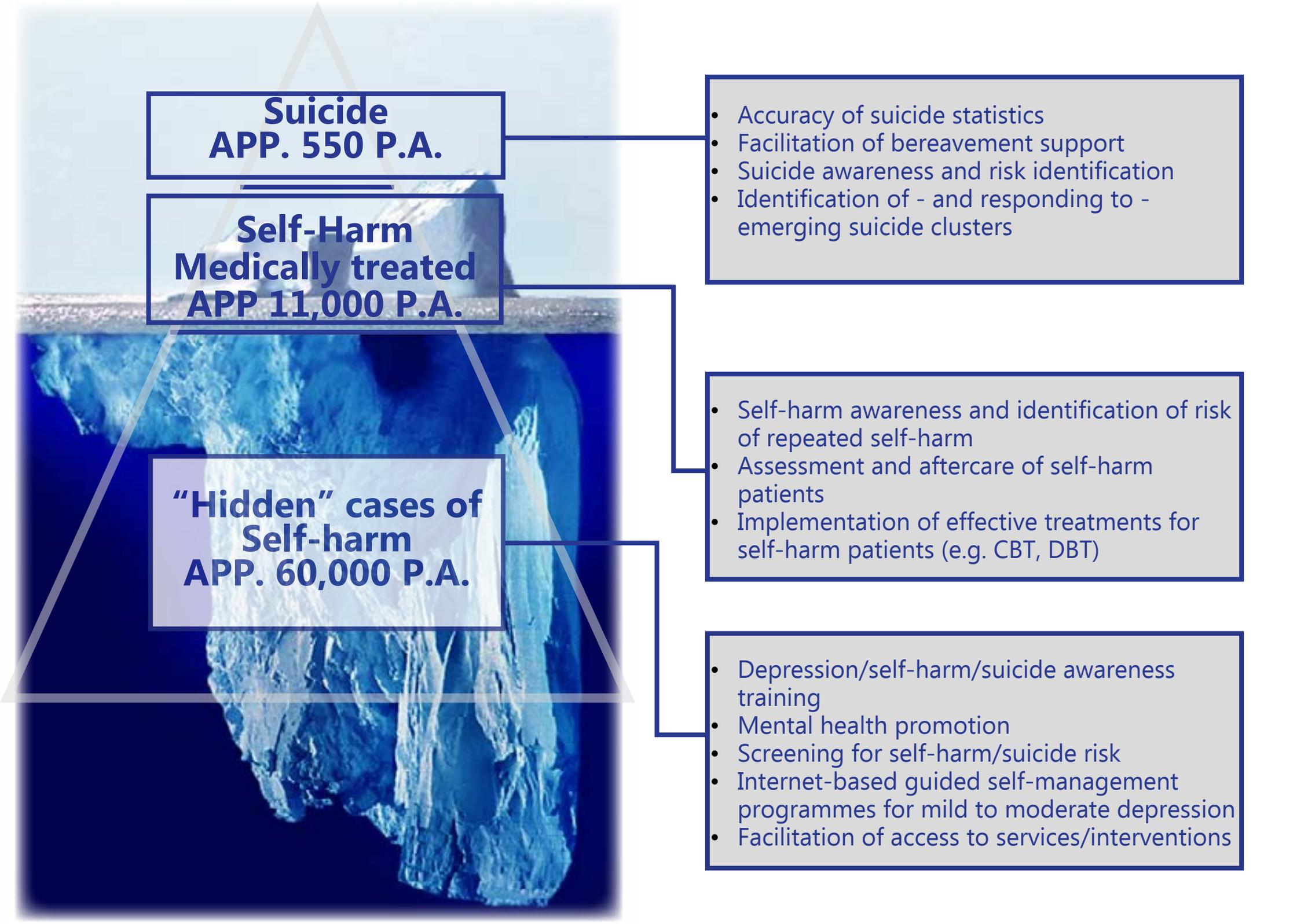
II. Efficacy of intervention and prevention programmes for self-harm and suicide, and attitudes towards suicidal behaviour and its prevention (Some studies will be ongoing into 2016/2017)

Efficacy of intervention programmes for self-harm patients

1. Five level community-based intervention project for depression and suicidal behaviour: Project in Limerick prior to implementation at national level (OSPI) - Dissemination
2. Optimised "Mind Yourself": a brief problem-solving intervention programme for adolescents and adults
3. Training of Emergency Department and Mental Health Care staff in increasing Awareness of Self-harm and Suicide
4. Acceptability and efficacy of an internet-based guided self-management intervention for young people and adults with mild to moderate depression (PREDI-NU) – To be implemented and evaluated among health professionals
5. Implementation and evaluation of the national roll out of Dialectical Behaviour Therapy training
6. Evaluation of a social prescribing intervention in collaboration with the Erris Primary Care Team, HSE West
7. Implementation and evaluation of the SCAN Nurse project

Attitudes towards suicidal behaviour and its prevention

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

An iceberg floating in the ocean. The tip of the iceberg is above the water line, and the much larger part of the iceberg is submerged below the water line. Three boxes are connected to the iceberg by lines. The top box is connected to the tip, the middle box to the water line, and the bottom box to the submerged part. The background is a blue sky and ocean.

Suicide
APP. 550 P.A.

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

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

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

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

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