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SCOPING REVIEW

Suicide and self-harm studies by researchers in Ireland and Northern Ireland during 2015–2023

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Contents

Funding statement	2
Acknowledgments	2
Contents	3
Study Overview	4
Introduction	5
Background.....	5
Methodology.....	7
Results	9
Primary focus of publications	9
Research methodologies used	11
Study populations	12
Year of publication	13
Studies related to the COVID-19 pandemic	14
Journals used for publication.....	14
Research institutions and researchers.....	15
Cross-border collaborations	17
Recommendations	18
Limitations	18
References.....	19
Appendices	22
Data items	22
Codebook for Scoping Review on Suicide and Self-Harm Research Publications (January 2015 – October 2023) on island of Ireland.....	23


Study Overview




C-SSHRI



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Suicide and self-harm studies by researchers in Ireland and Northern Ireland 2015-2023

- A Scoping Review

Scoping reviews - JBI Manual for Evidence Synthesis and PRISMA-ScR.

Literature from January 2015 to October 2023

Databases searched: PubMed, Scopus, Web of Science

Search terms: 'self-harm', 'suicide', 'Ireland'.

Rayyan QCRI (Systematic Reviews manager).

Inclusion Criteria

Primary and secondary data sources

Author based in Ireland or Northern Ireland.

Research using data from Ireland or Northern Ireland.


'Suicide' or 'self-harm' in abstract or author key words.

Exclusion Criteria


Comment, Editorial, Book Review, Book, Book Chapter, or Meeting Abstract.

Research using data from countries outside of Ireland

Keywords associated with 'assisted suicide' or 'euthanasia'.




Increase over time




An increasing number of annual publications ranging from 47 in 2016 to a peak of 95 in 2021 and 94 in 2022.

Research institutions and researchers



A total of 944 researchers from 234 institutions across the island of Ireland contributed to the peer-reviewed publications. The National Suicide Research Foundation led in research output, with 167 publications. In clinical settings, Beaumont Hospital had the highest number of publications (n=37).

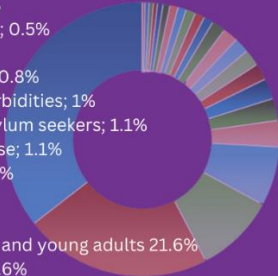
Primary focus of publications




Depression, Self-Harm, Suicide, Mental disorders, Drug overdose, Substance misuse, Cyberbullying, Cyberstalking, Suicidal ideation, Murder suicide, Domestic violence, Suicide bereavement, Mental health and Well-being.

Study populations

- Rural population; 0.3%
- intellectual disabilities; 0.5%
- Neurodivergent; 0.5%
- Homeless population; 0.8%
- Population with comorbidities; 1%
- Migrants, refugees, asylum seekers; 1.1%
- Drug and alcohol misuse; 1.1%
- Elderly population; 1.6%
- LGBTQ; 1.7%
- Bereaved; 3%
- Children, adolescents, and young adults 21.6%
- General population 34.6%



Journals used for publication



There were 277 different journals identified in the search. The Irish Journal of Psychological Medicine had the highest number of published studies (n = 54).

For more information visit: www.nsrfl.ie/c-sshri

Introduction

In 2021, a network of researchers working in the area of suicide and self-harm on the island of Ireland was established. This group or network is referred to as C-SSHRI (Connecting Suicide and Self-Harm Researchers on the Island of Ireland). The C-SSHRI network was established to address a key strategic goal of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2024: to improve surveillance, evaluation and high-quality research relating to suicidal behaviour. The primary aims of the network are to enhance collaboration between researchers across the island of Ireland, facilitate a wider dissemination of research findings, increase awareness of ongoing research, and, through combined experience and expertise, create a 'community of influence' with respect to suicide and self-harm policy and commissioned research. The scoping review outlined in this report has been carried out as part of the work of the C-SSHRI group.

Background

Suicide and self-harm are complex, multifaceted public health issues that necessitate coordinated, multisectoral efforts for effective prevention. National suicide prevention strategies play a vital role in aligning these efforts, ensuring a comprehensive response, and evaluating progress (1).

The Republic of Ireland's *Connecting for Life (CfL) 2015–2024* and Northern Ireland's *Protect Life 2 (PL2) 2019–2027* strategies exemplify integrated approaches to suicide prevention, employing a public health framework that involves diverse stakeholders, including the general public, service users and their families, community and clinical services, and non-governmental organisations (2, 3). Both strategies are grounded in scientific evidence, which is crucial for shaping policy development, implementation, and evaluation (4).

Significant progress has been made in suicide and self-harm prevention across the island of Ireland since the introduction of both CfL and PL2. These include the continued operation of robust surveillance systems for self-harm and suicidal ideation through national registries (5, 6), the enhancement of services in both clinical and community settings (7–9), and the training of key stakeholders such as gatekeepers and first responders (10). Additional progress has been seen in areas like restricting access to means (11–13), improving service coordination (3,14–16), launching public awareness campaigns (17, 18), and implementing targeted interventions for at-risk populations, such as young people and prisoners (19, 20). Despite these achievements, ongoing challenges such as increasing rates of self-harm among young people (21, 22), an increase in known risk factors for suicide and self-harm such as financial challenges, homelessness, alcohol use, gambling, suicide bereavement, domestic violence (23, 24), and loneliness as a results of the pandemic (25) highlight the need for continued efforts and improvements.

The CfL and PL2 strategies specifically emphasise the importance of research, surveillance, including real-time suicide surveillance and evaluation. CfL Goal 7 seeks to develop a national research and evaluation plan that supports innovation, focusing on the early identification of

suicide risks and the improvement of assessment, intervention, and prevention methods (see Figure 1).

7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour			
Objective	Action	Lead	Key Partners
7.4 Develop a national research and evaluation plan that supports innovation and is aimed at early identification of suicide risk, assessment, intervention and prevention.	7.4.1 Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicide behaviour (see Strategic Goal 3).	NOSP	DOH
	7.4.2 Support the co-ordination and streamlining of research completed by third-level institutions.	HEA	NOSP
	7.4.3 Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers.	NOSP	
	7.4.4 Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.	NOSP	Third-level Institutions

Figure 1: Connecting for Life Goal 7, Objective 7.4 and corresponding actions

In order to progress work on this objective, it is important to first identify the current status on research relating to suicidal behaviour in Ireland, as well as to capture the extent of this research since CfL and PL2 were initiated. The scoping review described here aims to provide an overview of all research related to suicide and self-harm conducted and published by researchers based on the island of Ireland since 2015, in line with the commencement of CfL (which preceded PL2). In addition, this scoping review will highlight areas of suicide and self-harm research for future focus, which may aid the development and tailoring of subsequent national suicide prevention policies in the Republic of Ireland and Northern Ireland.

A key objective of this research is to gain an understanding of the type of suicide and self-harm research being conducted by researchers based in Ireland and Northern Ireland, specifically to gain insight into:

- Methodologies used
- Study populations, and how this relates to priority groups identified in CfL and PL2
- Data sources
- Study setting
- Common research themes
- Research gaps
- Recommendations for further research

This report details the background, methodology and findings of a scoping review completed as part of the 2023 C-SSHRI Work Programme. The scoping review explored all peer-reviewed literature related to suicide and self-harm published by researchers based on the island of Ireland. This work builds on a similar literature review conducted in January 2021, internally distributed as a report called ‘Systematic Investigation of Research on Suicide and Self-Harm by Researchers on the Island of Ireland since 2015’.

Methodology

We followed the steps outlined in Peters et al. which lists the relevant steps for conducting a scoping review (26). Additionally, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Scoping Review extension (PRISMA-ScR) (27) were adhered to in order to ensure accurate terminology and reporting of fundamental components as the review process progressed.

The search was conducted on October 2nd, 2023, across three academic databases: PubMed, Web of Science, and Scopus. The authors agreed on broad key search terms related to 'self-harm' and 'suicide' to identify potentially relevant papers. The keywords used in the search included self-harm, non-suicidal self-injury, suicidal behaviour, suicide, and Ireland. To refine and optimise the search, Boolean operators, truncation, and phrases enclosed in inverted commas were applied. Any publications released after 2nd of October 2023 were not included in the review. All searches were filtered for publications from 1st of January 2015 onwards.

Research publications were included if they were original research articles authored by researchers affiliated with institutions in Ireland or Northern Ireland, or if they utilised data collected from participants in the Republic of Ireland or Northern Ireland. To meet the inclusion criteria, titles or abstracts needed to explicitly reference suicide or self-harm, or the keywords had to indicate a focus on suicide or self-harm research. Please see Table 1 for the full eligibility criteria.

Table 1. Eligibility criteria

Inclusion criteria	Exclusion criteria
Primary and secondary research utilising a variety of methodologies, such as randomized clinical trials, cohort studies, cross-sectional studies, qualitative methods studies, mixed methods studies, evidence synthesis, case reports, and case series.	Comment, Editorial, Book Review, Book, Book Chapter, or Meeting Abstract.
Author based in Ireland or Northern Ireland.	Does not refer to ‘suicide’ or ‘self-harm’ in abstract or author key words.
Research conducted using data from Ireland.	Author not from Ireland
Refers to ‘suicide’ or ‘self-harm’ in abstract or author key words.	Research not based on data from Ireland.
	Keywords associated with ‘assisted suicide’ or ‘euthanasia’.

Rayyan QCRI (28), a systematic review management tool, was utilised to organise and manage the data; this includes removal of duplicates, title and abstract screening, and full-text screening.

The predefined extraction criteria outlined in the codebook and data extraction tool (Please see appendices for more details) guided extraction of data from the included publications. The extracted data was formatted in an XLSX Excel document to facilitate further data processing and analysis. Six of the authors participated in the data extraction process from the included publications. A non-editable version of the dataset can be found here (insert link to the published data).

The data was analysed to determine the number of studies published each year, the research methodologies employed, and the populations that the publications focused on. Additionally, the analysis aimed to identify the primary focus of the publications, the leading institutions involved in suicide and self-harm research, and the most frequently used journals for publishing these studies. The findings are presented in tables and figures to offer a visual representation of the results.

Results

A search of the academic literature was conducted using the PubMed, Scopus, and Web of Science databases, identifying 52,698 publications. Of these, 49,531 publications were excluded as the authors were not affiliated with institutions located on the island of Ireland, nor did they use data originating from the island. A total of 2,444 titles and abstracts were screened, followed by a review of 740 full-text publications. Data was ultimately extracted from 629 eligible publications. See PRISMA diagram in Figure 2 for more details.

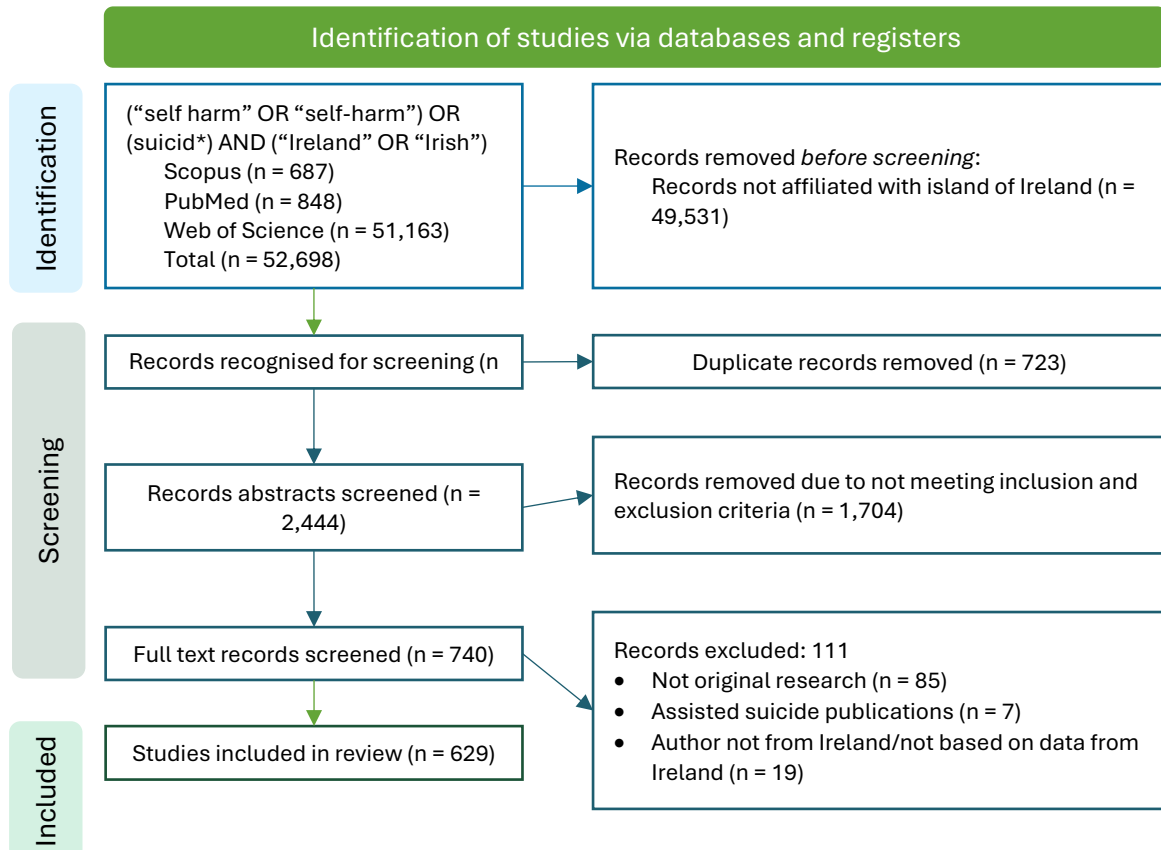


Figure 2: PRISMA diagram

The extraction of data was performed in line with the study objectives. Therefore, we extracted data to an Excel file with variables including year of publication, number of studies related to Covid-19 pandemic, Journals used for publications, research institutions and researchers, studies populations, primary focus of the study, and research methodologies. Each of the variables has its own definition and criteria for extraction of data. Please see the codebook in the appendices and the data published separately here for further details.

Primary focus of publications

The authors analysed the primary focus of each of the 629 articles based on the key terms or outcomes stated in the publication. Note that some publications identified more than one focus, leading to a total number of key terms or outcomes exceeding the actual number of publications.

There was a wide range of key terms and outcomes across all studies. Nearly half, 48% (n = 304), of the studies primarily focused on suicide. The broad term ‘self-harm’ was the main focus of 37% (n = 234) of publications, while suicidal ideation was a focus of 16% (n = 101). Mental disorders such as borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), psychosis, or eating disorders were the focus of 8% (n = 49). Notably, a small number of publications focused on domestic violence (1%, n = 5) and cyberbullying (1%, n = 6). The ‘Other’ category includes less frequently occurring key terms or outcomes, such as stress, insomnia, hospital bed availability, mental health law, and legislation. The findings are detailed in Figure 3.

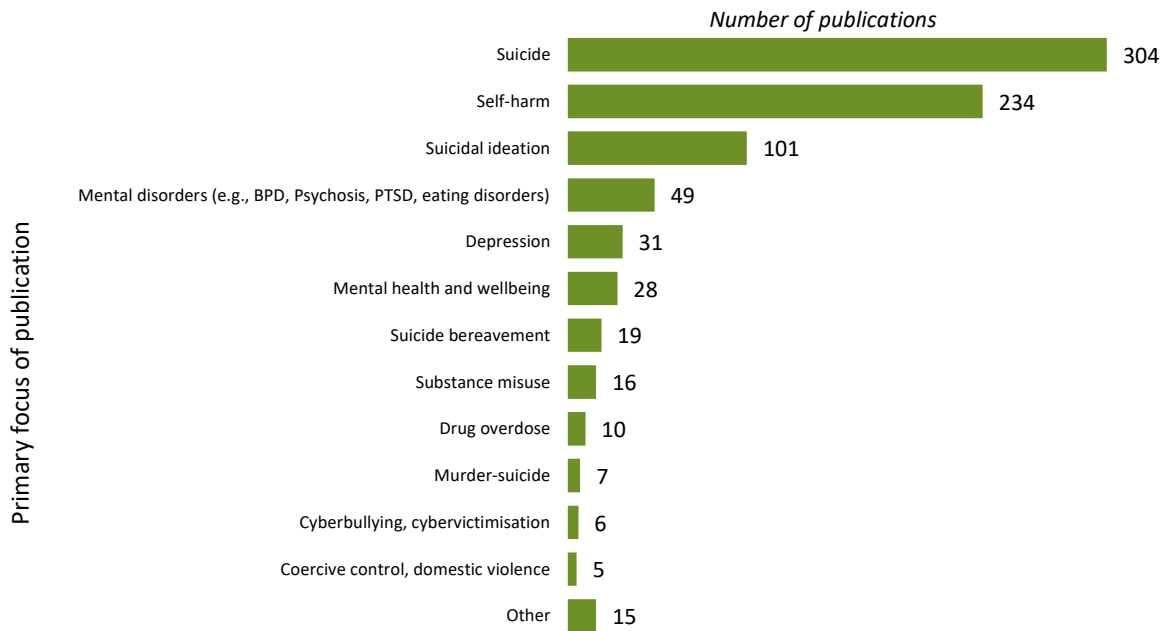


Figure 3. Primary focus of publication by number of publications

* Some publications identified more than one focus, leading to the total number of key terms or outcomes exceeding the actual number of publications.

Research methodologies used

The authors examined the various types of methodologies utilised by researchers. Given the extensive volume of publications and the wide range of methodologies employed, researchers adopted a simplified approach to describing the methodologies utilised for this scoping review. This is presented in figure 4 below.

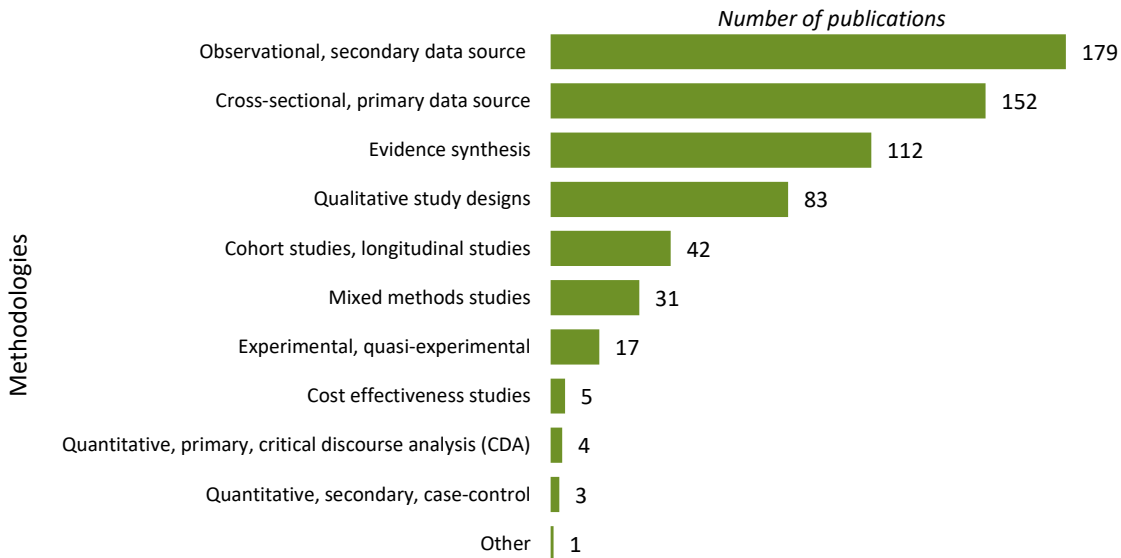


Figure 4. Methodologies employed to explore various aspects of suicide and self-harm on island of Ireland from 2015 to 2023.

Registry and retrospective chart reviews were classified as secondary data sources. There were 179 studies in this category which was labelled as observational studies. This included self-harm registry studies, along with studies using records from hospitals, primary care, and mental health services.

Cross-sectional designs (n = 152) comprised studies utilising survey methodologies, both with and without follow-up approaches, excluding cohort, longitudinal, or mixed-methods studies, which were separately documented.

Furthermore, the research team identified 112 evidence syntheses related to suicide and self-harm and involving authors from the island of Ireland. These evidence syntheses ranged from systematic reviews with meta-analysis to narrative, scoping and rapid reviews.

Qualitative research methods (n = 83) were also commonly employed, involving semi-structured or in-depth interviews, focus groups and contextual analysis of secondary data such as law and policy documents.

Additionally, the review identified 42 studies utilising cohort or longitudinal designs, 31 employing mixed-methods approaches, 17 experimental or quasi-experimental studies, and 5 focusing on cost-effectiveness.

Study populations

The authors examined various study populations within the research, focusing on vulnerable and priority groups identified in the *Connecting for Life* and *Protect Life 2* strategies. These groups included:

- Individuals of all ages with mental health issues
- Individuals with alcohol and drug problems
- Young people either experiencing mental health problems or at risk of suicide
- Individuals exposed to suicide

Notably, some priority groups were relatively well-represented in published research articles. For instance, 22% (138 studies) involved young people (children, adolescents, and young adults), while those exposed to suicide, such as bereaved individuals (2.5%, 16 studies) and family members of suicidal individuals (2%, 12 studies), also received attention. Furthermore, 9% (56 studies) focused on individuals with pre-existing mental health conditions.

Despite this focus, some groups of populations recognised by the CfL and PL2 as a priority groups were underrepresented in the research. For example, only 1.1% (7 studies) investigated populations with alcohol and drug use problems.

This scoping review also highlighted several other populations potentially at increased risk for suicidal behaviour, where research remains limited. These groups include prisoners (1.7%, 11 studies), the LGBTQ community (1.7%, 11 studies), the elderly (1.6%, 10 studies), and migrants, refugees, and asylum seekers (1.1%, 7 studies). Furthermore, only 1% (6 studies) addressed individuals with chronic comorbidities, 0.6% (4 studies) focused on homeless individuals, 0.5% (3 studies) examined those with intellectual disabilities, 0.5% (3 studies) focused on neurodivergent populations, and 0.3% (2 studies) on rural populations.

The details regarding the number of publications per population groups can be found in Figure 5 below. Please note that the groups were created based on the study aims, and some publications specified more than one population type. In such cases, the authors stated the population that was most evident in the study aims. Additionally, for 3% of publication (n = 19) the focus population was not specified.

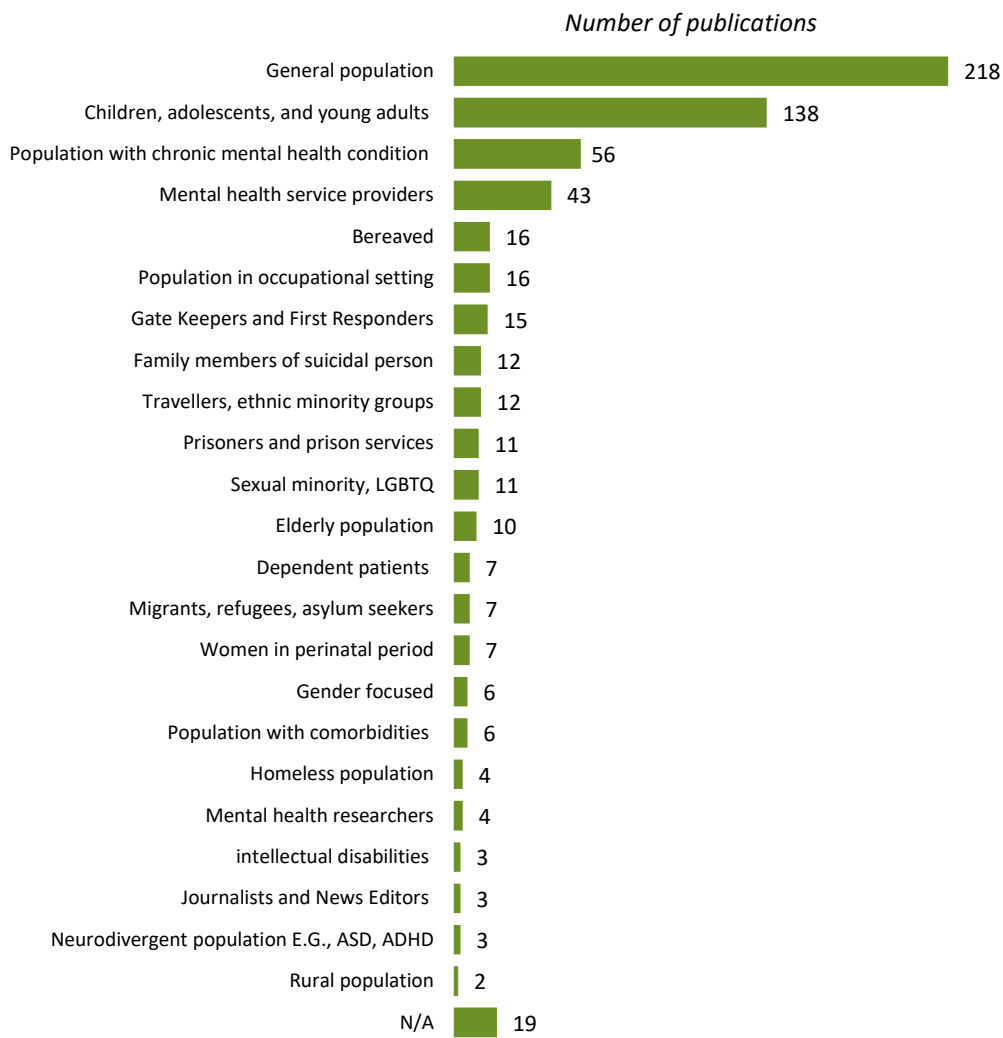


Figure 5: Number of publications according to population groups.

Year of publication

The review encompassed a total of 629 articles published across the timeframe of January 1st, 2015 – October 2nd, 2023. The number of annual publications ranged from 47 – 95. The lowest number of published studies was in 2016 with 47 studies published that year while the largest number of studies were published in 2021 and 2022 with 95 and 94 published during those years. There was an increase in the number of published studies relating to suicide and self-harm each year from 2016 - 2022 as can be seen in figure 6. Note that data was only available up until 2nd of October for the year 2023 so that year is not comparable to the previous years.

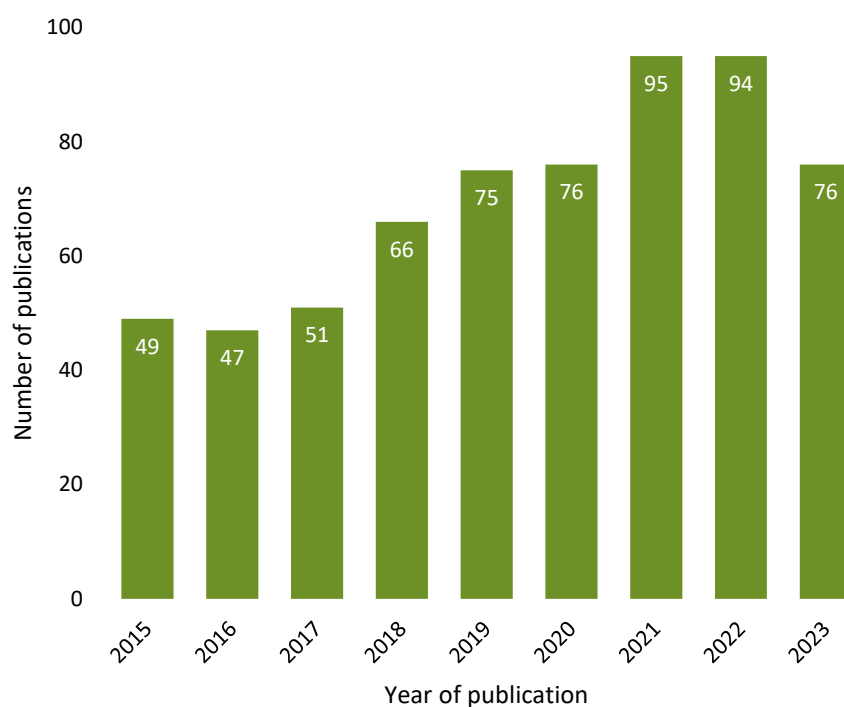


Figure 6: The annual number of publications on suicide and self-harm research in the island of Ireland from 2015 to 2023.

Studies related to the COVID-19 pandemic

The extracted data were also analysed to determine the number of studies examining the impact of the COVID-19 pandemic. Abstracts and article keywords of studies published from 2020 onward were reviewed for terms such as ‘COVID-19’, ‘COVID’, or ‘pandemic’. A total of 43 studies met this criterion, representing 13% of publications from 1st of January 2020 to the end of the study period on 2nd of October 2023.

Journals used for publication

The identification of journals where articles were published constituted one of the focal points of interest for this scoping review. A total of 277 different journals were recorded, demonstrating the wide range of journals in which suicide and self-harm research is published. The Irish Journal of Psychological Medicine featured the largest number of publications from this review (n = 54) The Journal of Affective Disorders and International Journal of Environmental Research and Public Health were the next most common journals. Table 3 includes the list of journals hosting 5 or more publications authored by researchers based on the island of Ireland.

Table 2: Most utilised journals for suicide and self-harm research in Ireland 2015–2023

Journal name	Count of publications
<i>Irish Journal of Psychological Medicine</i>	54
<i>Journal of Affective Disorders</i>	22
<i>International Journal of Environmental Research and Public Health</i>	20
<i>Crisis</i>	13
<i>Social Psychiatry and Psychiatric Epidemiology</i>	13
<i>BMJ Open</i>	12
<i>Irish Journal of Medical Science</i>	12
<i>Archives of Suicide Research</i>	11
<i>BMC Psychiatry</i>	11
<i>PloS One</i>	11
<i>BJPsych Open</i>	10
<i>European Child and Adolescent Psychiatry</i>	9
<i>Irish Medical Journal</i>	9
<i>International Journal of Mental Health Nursing</i>	6
<i>Journal of Mental Health</i>	6
<i>Psychological Medicine</i>	6
<i>Suicide & Life-Threatening Behavior</i>	6
<i>BMC Public Health</i>	5
<i>Early Intervention in Psychiatry</i>	5
<i>Frontiers in Psychiatry</i>	5
<i>HRB Open Research</i>	5
<i>Omega – Journal of Death and Dying</i>	5
<i>Psychiatry Research</i>	5
<i>The Lancet</i>	5
<i>The Lancet Psychiatry</i>	5

Research institutions and researchers

The study also examined the research institutions, departments and affiliations of the researchers from the studies identified in this scoping review. A total of 944 researchers contributed to the 629 peer-reviewed publications, affiliated with 234 institutions across the island of Ireland.

Publications were assigned to all institutions with which an author held affiliations. In cases where an author was affiliated with multiple institutions over the study period, each institution was equally recognised.

The National Suicide Research Foundation emerged as the leading institution in terms of the number of researchers involved in suicide and self-harm research, followed by the School of Public Health at University College Cork and the School of Psychology at University College

Table 3: Institutions ranked by number of associated researchers, 2015–2023

Affiliation	Associated researchers
National Suicide Research Foundation	44
School of Public Health, University College Cork	37
School of Psychology, University College Dublin	36
School of Psychology, Ulster University	30
School of Medicine, Trinity College Dublin	30
Beaumont Hospital, Dublin	26

Dublin. Table 3 provides further details on the institutions affiliating more than 20 researchers in the suicide and self-harm field during the study period.

Studies were next grouped according to the type of institution in which the researcher was affiliated, distinguishing between research and higher education, and clinical settings.

In research and higher education settings, the NSRF had the highest number of publications (167), followed by the School of Public Health at UCC (131) and the School of Psychology at Ulster University (64). Table 4 lists the five higher education institutions that contributed the largest number of studies on suicide and self-harm research in Ireland.

Table 4: Publications associated with higher education institutions

Name of Higher Education Institution	Count of Publications
National Suicide Research Foundation	167
School of Public Health, University College Cork	131
School of Psychology, Ulster University	64
School of Medicine, Trinity College Dublin	29
School of Psychology, University College Dublin	25

Table 5: Publications associated with a clinical / hospital setting

Name of Clinical / Hospital Setting	Count of Publications
Beaumont Hospital	37
University Hospital Galway	24
St Patrick's University Hospital / St Patrick's Mental Health Services	21
St. Vincent's University Hospital, Dublin	17
Mater Misericordiae University Hospital	17

Within clinical settings, Beaumont Hospital led with 37 publications, followed by University Hospital Galway with 24 publications, and St. Patrick's University Hospital / St. Patrick's Mental Health Services with 21 publications. Table 5 outlines the top five clinical institutions involved in suicide and self-harm research on the island of Ireland.

Cross-border collaborations

Out of all included articles, there were 32 occurrences of cross-border collaboration, wherein authors, data or institutions from both Northern and the Republic of Ireland collaborated on the same publication.

Recommendations

In this scoping review, the authors investigated peer-reviewed research publications related to suicide and self-harm on the island of Ireland. The review outlines annual trends in the number of publications on these topics from January 2015 to October 2023. Additionally, the study examined the populations involved in suicide and self-harm research over the study period and explored the broader thematic focus of the publications. The authors also analysed the institutions contributing to suicide and self-harm research, the journals that published these studies, and the research methodologies employed by the researchers.

Based on the findings, the authors identified several key recommendations. There is a clear need for further research on several priority groups highlighted in the *Connecting for Life* and *Protect Life 2* strategies, such as populations with alcohol and drug-related problems, as these groups remain underrepresented in the peer-reviewed literature.

The review also underscores the significant underrepresentation of other at-risk groups, including prisoners, the elderly, migrants, refugees, asylum seekers, the LGBTQ+ community, Travellers, ethnic minority groups, the homeless, individuals with intellectual disabilities, those with comorbidities, neurodivergent populations, and rural communities. It is recommended that future research focuses on at-risk groups such as those listed here. Researchers are also encouraged to consider the socio-cultural environment and the perspectives of individuals who have engaged in suicidal behaviour when conducting future studies on these topics.

In addition, the review highlighted methodological gaps. Prospective study designs and randomised control trials are among the least utilised methodologies in suicide and self-harm research. Implementation science, particularly for evaluation studies, offers significant potential for advancing the field.

The review also identified limited collaborative efforts between Northern Ireland and the Republic of Ireland in suicide and self-harm research. From a policy and implementation perspective, researchers are encouraged to align their studies with the objectives of *Connecting for Life* and *Protect Life 2* where applicable. It is also recommended that the literature search be periodically updated, with regular revisions to the data extraction table. This data should be made accessible to the HSE, HEA, and other relevant stakeholders.

Limitations

The authors acknowledge certain limitations in this report. The literature search did not include proxy terms for suicide or self-harm, such as 'overdose.' Moreover, only authors whose primary affiliations were with institutions in Ireland or Northern Ireland were considered, and the search did not encompass grey literature. It is recommended that future searches expand to include grey literature to provide a more comprehensive view of the field.

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Appendices

Data items

Title
Year of Publication
Journal
DOI
Authors
Methodology
Data source (participant self-report/interviews/registry data/etc.)
Study setting (e.g., community/hospital)
Study setting 2 (e.g., Irish based, other nation, international)
Time of setting the study (in relation to Covid-19 pandemic)
Study population
Focus of study (suicide, self-harm, suicidal ideation, etc.)
Primary theme
Secondary theme
Northern or Republic of Ireland
Recommendations for future research
Reference to or aligned with CfL (Y/N)

Codebook for Scoping Review on Suicide and Self-Harm Research Publications (January 2015 – October 2023) on island of Ireland

Data Item (variable)	Definition	Codes and values
Title	The title of the publication as it appears in academic databases such as Scopus, PubMed, or Web of Science.	Enter the full title in the provided text box.
Year of Publication	Indicate the year of publication. If the print version differs from the electronic release, report the print year if available, otherwise, use the electronic release year. Only full years from 01.01.2015 to 2 October 2023 should be reported.	2015 2016 2017 2018 2019 2020 2021 2022 2023
Journal	Enter the name of the journal that published the article in the designated text box.	Enter the name of the journal that published the article in the designated text box.
DOI	Provide the Digital Object Identifier (DOI) associated with the publication in the corresponding text box.	Provide the Digital Object Identifier (DOI) associated with the publication in the corresponding text box.
Authors	List all authors with full first names and surnames when available. If only abbreviations are present, search other databases to retrieve full surnames. Include the full surname of each author and first names where available.	Enter the names of authors of publication in the designated text box.
Methodology	<ol style="list-style-type: none"> 1. Observational, Secondary Data Source: Includes registry-based studies, hospital and primary health records-based studies, secondary data analysis, and case-control studies where participants 	<ol style="list-style-type: none"> 1. Observational, secondary data source 2. Cross-sectional, primary data source 3. Evidence synthesis

	<p>were recruited from health records.</p> <p>2. Cross-Sectional, Primary Data Source: Involves studies using survey methods, with or without follow-up, excluding cohort, longitudinal, or mixed-methods studies.</p> <p>3. Evidence Synthesis: Encompasses all types of systematic reviews, including those with and without meta-analyses, rapid reviews, literature reviews, and scoping reviews.</p> <p>4. Qualitative Study Designs: Focuses on interview or focus group-based research and secondary text analysis, such as policy or social media content reviews.</p> <p>5. Experimental, Quasi-Experimental: Covers clinical trials and quasi-experimental studies.</p> <p>6. Mixed Methods: Includes studies that combine quantitative (e.g., closed and open survey questions) and qualitative (e.g., interviews, focus groups) approaches.</p> <p>7. Cohort Studies, Longitudinal Studies: All studies that employ cohort or longitudinal designs.</p> <p>8. Quantitative, Primary, Critical Discourse Analysis (CDA): Studies that use Critical Discourse Analysis as the primary method.</p>	<p>4. Qualitative study designs</p> <p>5. Experimental, Quasi-experimental</p> <p>6. Mixed methods studies</p> <p>7. Cohort studies, Longitudinal studies</p> <p>8. quantitative, primary, critical discourse analysis (CDA)</p> <p>9. Cost effectiveness studies</p> <p>10. Quantitative, secondary, Case-control</p> <p>11. Other</p>
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	<p>9. Cost-Effectiveness Studies: Research employing cost-effectiveness methodologies.</p> <p>10. Quantitative, Secondary, Case-Control: Studies utilizing a case-control design based on secondary data.</p> <p>11. Other: Any other methodologies not listed, such as historical publications.</p>	
Data Source	This field indicates the data source utilised in the study.	Enter the specific data source in the designated text box.
Populations	<p>This field identifies the targeted population group in the study. The population was categorised as follows:</p> <ol style="list-style-type: none"> 1. General population (ages 25 to 65) 2. Children (up to 11), adolescents (12 to 18), young adults (19 to 24), students 3. Individuals with chronic mental health conditions (e.g., AD, psychosis, BPD, PTSD, depression, eating disorders) 4. Mental health service providers 5. Population bereaved by suicide 6. Occupational population experiencing mental health difficulties (e.g., burnout) 7. Gatekeepers and first responders (e.g., ambulance services, GPs, Gardaí) 8. Family members of individuals at risk of suicide 9. Travellers and ethnic minority groups 	<ol style="list-style-type: none"> 1. General population 2. Children, adolescents, and young adults 3. Population with chronic mental health condition 4. Mental health service providers 5. Bereaved 6. Population in occupational setting 7. Gate keepers and first responders 8. Family members of suicidal person 9. Travellers, ethnic minority groups 10. Sexual minority, LGBTQ 11. Prisoners and prison services 12. Elderly population 13. Dependent patients 14. Migrants, refugees, asylum seekers

	<ul style="list-style-type: none"> 10. LGBTQ+ (sexual minority groups) 11. Prisoners and prison service staff 12. Elderly population (65 and older) 13. Dependent populations (e.g., alcohol, drug, gambling dependencies) 14. Migrants, refugees, and asylum seekers 15. Women in the perinatal period (from one year before birth to 18–24 months after) 16. Gender-focused populations (male or female) 17. Populations with mental or physical comorbidities involving suicide or self-harm 18. Homeless individuals 19. Mental health researchers 20. Neurodivergent populations (e.g., ASD, ADHD) 21. Individuals with intellectual disabilities 22. Journalists and news editors 23. Rural populations (areas with a population under 1,500) 24. N/A (Population cannot be determined from the study) 	<ul style="list-style-type: none"> 15. Women in perinatal period 16. Gender focused 17. Population with comorbidities 18. Homeless population 19. Mental health researchers 20. Neurodivergent population e.g., ASD, ADHD 21. Intellectual disabilities 22. Journalists and News Editors 23. Rural population 24. N/A
Study setting	This field refers to the sociodemographic and occupational context of the study e.g., community, hospital, school, college, particular service,	Enter the relevant information in the designated text box.

Study setting 2	This field refers to the geographical context of the study e.g., country, or wider region, continent.	Enter the relevant information in the designated text box.
Time of setting the study (in relation to Covid-19)	<p>This field refers to the number of publications that examine suicide and self-harm phenomena in the context of the COVID-19 pandemic. To identify studies related to the COVID-19 pandemic, the abstracts and keywords of all publications from January 2020 onwards were reviewed for terms such as "COVID-19," "COVID," or "pandemic."</p> <p>Since this review only reports publications full calendar years, the comparison group includes all studies published from 2020 until the end of the study period.</p>	<ol style="list-style-type: none"> 1. Not Covid-19 related 2. Related to Covid-19 Pandemic
Focus of the study	<p>This field refers to the primary outcomes or key terms reported in the publication.</p> <ol style="list-style-type: none"> 1. Suicide = Reported as a primary outcome or key term. It may appear alone or in combination with other outcomes. 2. Self-harm = Includes any form of self-harm or suicidal behaviour, such as suicidal attempts, non-suicidal self-injury, and suicidality. It may be the primary outcome or appear with key terms used in the publication. 3. Suicidal Ideation = Focuses on the thought process of suicide, reported alone or alongside other outcomes. 4. Mental disorders e.g., BPD, Psychosis, PTSD, eating disorders = Outcomes or key terms focused on psychiatric diagnoses of common mental health conditions. 	<ol style="list-style-type: none"> 1. Suicide 2. Self-harm 3. Suicidal ideation 4. Mental disorders e.g., BPD, Psychosis, PTSD, eating disorders 5. Depression 6. Mental health and wellbeing 7. Suicide bereavement 8. Substance misuse 9. Drug overdose 10. Murder suicide 11. Cyberbullying, cybervictimisation 12. Coercive Control, Domestic violence 13. Other

	<p>5. Depression = Where depression is the primary outcome or key term.</p> <p>6. Mental health and wellbeing = Publications that focus on general mental health or the overall wellbeing of the population, rather than specific mental health outcomes.</p> <p>7. Suicide bereavement = Publications where the primary outcome or key term involves suicide bereavement.</p> <p>8. Substance misuse = Where substance misuse (e.g., alcohol, illicit drugs) is a primary outcome or key term.</p> <p>9. Drug overdose = Where drug overdose is the main outcome or key term.</p> <p>10. Murder suicide = Covers all forms of murder-suicide, including femicide and homicide.</p> <p>11. Cyberbullying, cybervictimization = Focuses on cyberbullying and cybervictimisation.</p> <p>12. Coercive Control, Domestic violence = Outcomes focusing on coercive control and/or domestic violence.</p> <p>13. Other= Includes less common outcomes like stress, insomnia, hospital bed numbers, mental health laws, or legislation that appeared in only one or two publications.</p>	
Primary theme	This field refers to the primary aim reported in the publication.	Enter the relevant information in the designated text box.

Secondary theme	This field refers to the secondary aim reported in the publication.	Enter the relevant information in the designated text box.
North or South Ireland.	This field refers to the recognition of origin of authors, data, or institution to recognise cross-border collaboration, wherein authors, data or institutions from both Northern and the Republic of Ireland collaborated on the same publication.	<ol style="list-style-type: none"> 1. Authors from Northern Ireland. 2. Authors from the Republic of Ireland 3. Authors and data from Northern Ireland. 4. Authors and data from the Republic of Ireland 5. Data from Northern Ireland 6. Data from the Republic of Ireland 7. Authors and data from the Republic of Ireland and Northern Ireland 8. Authors from the Republic of Ireland and Northern Ireland 9. Data the Republic of Ireland and Northern Ireland.
Recommendations for future research.	This field refers to the recommendations for future research reported in the publication.	Enter the relevant information in the designated text box.
Reference to or aligned with CfL Y/N	This field refers to whether the publication acknowledges alignment with the Connecting for Life or Protect Life 2 strategies. The acknowledgment may be reported in two ways: (1) alignment with the goals or objectives of these strategies, or (2) recognition of institutions in leadership roles, such as the National Office for Suicide Prevention in the Republic of Ireland or the Department of Health in Northern Ireland, as funding agencies.	<ol style="list-style-type: none"> 1. Yes 2. No 3. N/A
Information in relation to the institutions and authors affiliations are presented in the separate Excel document.		

Data Item (variable)	Definition	Codes and values
Irish Author name	<p>This Data item refers to the:</p> <ol style="list-style-type: none"> 1. Authors from the Republic of Ireland or Northern Ireland involved in the publication. 2. Authors who work for institutions from the Republic of Ireland or Northern Ireland involved in suicide and self-harm research. 	<p>Enter all authors first names and surname in the separate data field.</p>
Affiliation	<p>This data item refers to the name of the institution from the Republic of Ireland or Northern Ireland involved in the publication. If an author is affiliated with more than one institution, both institutions should be listed in the same field. If the author changed institutions during the study period, only the first recognised institution(s) within the study period should be reported.</p>	<p>Enter the author affiliation in designated text box.</p>
Data items from “Paper 1” to “Paper 88”	<p>This data item refers to the titles of publications in which the individual author was involved. All titles should be listed as they appear in the original publications.</p>	<p>Enter the title of publication into a designated data field.</p>
<p><i>Note: The researchers applied simplified classification of data items due to large number of publications to be reviewed.</i></p>		