

# Suicide on Screen: *13 Reasons Why Not?*

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# Background

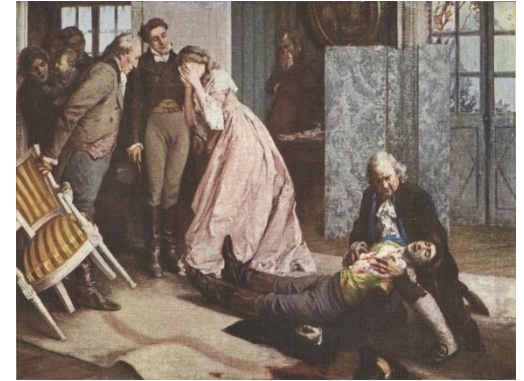
## Suicide contagion

- Contagion: Suicidal behaviour may facilitate the occurrence of subsequent suicidal behaviour, either directly (via contact or friendship with the index suicide or via the media) or indirectly (*Haw et al, 2012*)
- A single suicide increases the risk of additional suicides within a community and may serve as a catalyst for the development of a cluster (*Johansson et al, 2006; Gould et al, 1990*)
- Suicide clusters can be considered as the end result of a contagious process in which vulnerable individuals connect to influence one another (*Mesoudi, 2009; Johansson et al, 2006; Berman & Jobes, 1994; Gould et al, 1990*)
- Research has consistently shown that following the detailed portrayal of suicide in the media or in a film/TV series, the risk of suicide involving the same method increased from 81% to 175% in the weeks and months after the release (*Ladwig et al, 2012; Sisask & Varnik, 2012; Hawton et al, 1999; Schmidtke & Häfner, 1988*).

# Historical evidence of contagion of suicide

**1774:** *“The Sorrows of Jung Werther”* – JW Von Goethe

- Following publication of the novel, indications for imitative suicides among young men in Germany, and in Denmark and Italy – “The Werther Effect”

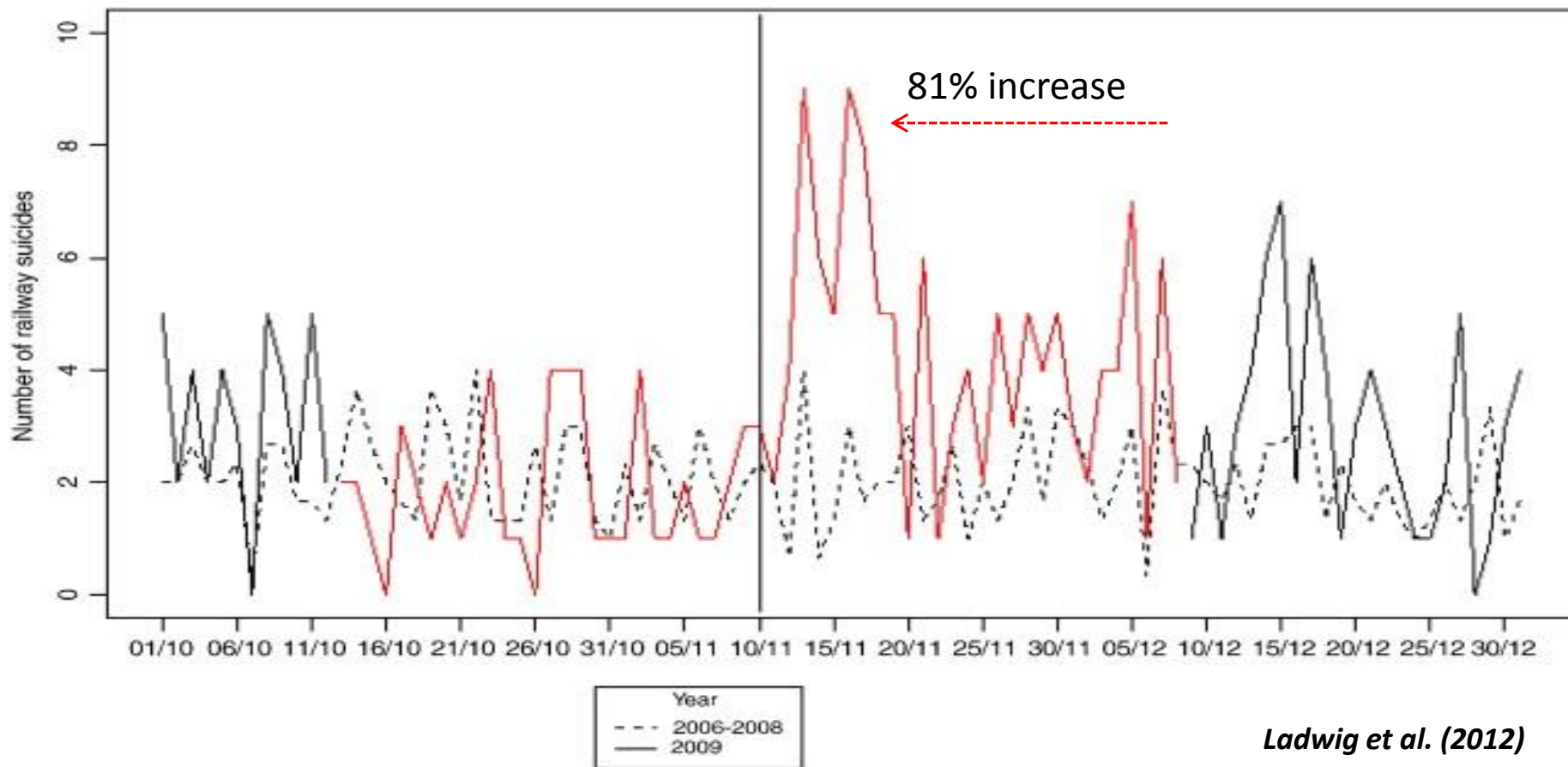


**1988:** *TV film of railway suicide of a 19-year old male student*

- A tv film showing the railway suicide of a young men was followed by a 175% increase in railway suicides in young men over 70 days after broadcasting (2x).

*Phillips, 1974; Schmidtke & Häfner, 1988; Halgin et al, 2006*

# Significant increase of railway suicides after the suicide of German goal keeper, Robert Enke on 10<sup>th</sup> November 2009



*Ladwig et al. (2012)*

In addition to the short term increase in railway suicides, *Hegerl et al (2013)* identified a long-term effect: 19% increase in railway suicides in the two years after the suicide by Robert Enke



# German goalkeeper kills self by stepping in front of train, police say

November 12, 2009 1:53 p.m. EST

# Germany stunned as national goalkeeper Robert Enke commits suicide

By SPORTSMAIL REPORTER

Last updated at 12:15 PM on 11th November 2009



## Reasons Why Not

1. The graphic nature of reporting and the reporting of specific details of highly lethal methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.
2. There is no consideration of young vulnerable people who may over-identify with the teenage girl in *'13 Reasons Why'* who ends her life.
3. There are elements of glorifying and romanticising suicide, which may further impact on people who are considering suicide or self-harm.
4. The protagonist is memorialised throughout the episodes and her locker at school is decorated and students take selfies in front of it. This is an example of memorialisation that could be misinterpreted by young people as something they too will get if they die by suicide.



# Reasons Why Not

5. The death by suicide of the protagonist is presented as a quasi-rational response to the behaviour of others, as a 'black and white' situation, oversimplifying the processes underlying self-harm and suicide. Other young vulnerable people may perceive suicide as an escape when faced with similar situations.

6. Revenge suicide is relatively rare; revenge motive is reported by a minority of young people who self-harm.

7. Evidence based information on positive mental health promotion and help-seeking for mental health problems, was not taken into account.

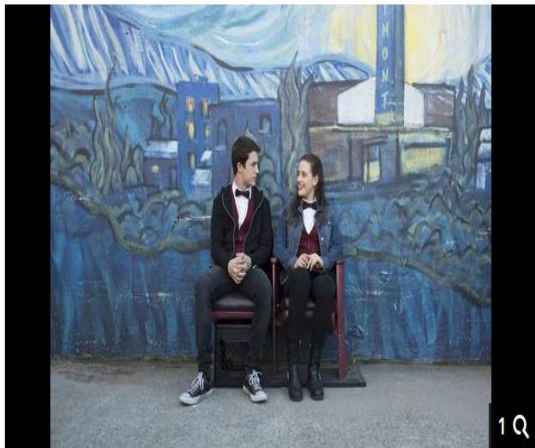
8. Evidence of copycat suicides and suicide attempts/self-harm via information from IASP National Representative since early April 2017.



# Evidence of copycat suicides and suicide attempts/ self-harm

*Families blame '13 Reasons Why' for the suicides  
of 2 teens in California (US), April 2017)*

Netflix officials defend 13 Reasons  
Why against claims it glamorises  
suicide



*Dylan Minnette and Katherine Langford in 13 Reasons Why*

*Netflix drama series blamed for inspiring teens'  
suicide and attempted suicide (Austria), May 2017*

*'13 Reasons Why' copycat suicide in Peru,  
June 2017*

*Increase in teen suicidal behaviour linked to  
'13 Reasons Why', Toronto, June 2017*



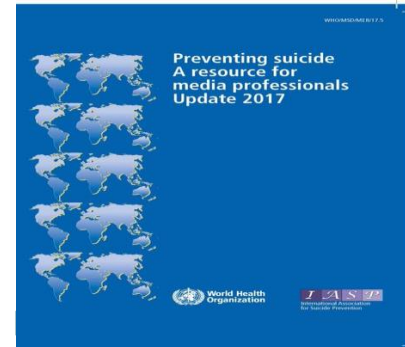
# Internet searches for suicide following the release of *13 Reasons Why* (Ayers et al, JAMA, 2017)

- Comparison of internet search volumes (31<sup>st</sup> March - 18<sup>th</sup> April 2017) with expected search volumes if the series had never been released
- Suicide-related searches were 15-44% higher than expected, 12-19 days after the show's premiere
- Searches "*how to commit suicide*" (26%); "*commitsuicide*" (18%); "*howtokillyourself*" (9%) were all significantly higher than expected
- Public awareness indicative searches were also elevated.
- **Conclusion:** *13 Reasons Why* elevated suicide awareness, but it is concerning that searches indicating suicidal ideation also rose

# Recommendations

- Films and shows such as *13 Reasons Why* should follow the WHO Media Guidelines, in particular removing scenes showing suicide and include suicide helpline numbers in each episode.
- Programmes should undergo testing to evaluate any effect on public health outcomes before release to minimise societal harms.
- Adherence by film directors to safe messaging guidelines, and providing young viewers and the supportive adults in their lives with necessary resources, especially considering “binge watching”.
- Increased awareness of suicide risk/protective factors and warning signs among professionals in primary care and community based settings.

*Ayers et al, 2017; McManama O'Brien et al, 2017*



## A Call for Social Responsibility and Suicide Risk Screening, Prevention, and Early Intervention Following the Release of the Netflix Series *13 Reasons Why*

*Heather M. McManama O'Brien, MD, MPH, Knight R. MD, Sarah A. Hall, PhD, PhD*

The national suicide rate has risen steadily in recent decades, making suicide more the second leading cause of death among young people, accounting for more than 1 in 6 deaths.<sup>1</sup> Adolescent reports of suicide ideation and attempts are on the rise. According to national high school Youth Risk Behavior Survey,<sup>2</sup> the percentage of high school respondents who reported that they seriously considered attempting suicide during the 12 months preceding the survey rose from 13.8% in 2009 to 17.7% in 2015; during this same interval, the percentage of high school students making a plan for how they would attempt suicide increased (0.9% to 14.6%), as did the percentage who actually attempted suicide (6.2% to 8.6%).<sup>3</sup>

Ayers and colleagues<sup>4</sup> found that suicide-related internet searches increased following the release of the series *13 Reasons Why* on Netflix, with increases in specific terms suggesting that the series had both a positive effect of elevated suicide awareness as well as a deleterious effect of increased suicide ideation. We cannot ascertain whether the searches on “how to kill yourself” were made out of curiosity or by suicidal individuals contemplating an attempt. While it is likely that the latter were due to the former, the producers of the series should have taken steps to mitigate the latter, as encouraged by suicide prevention specialists. For instance, greater attention to safe messaging guidelines for suicide prevention (e.g., [www.suicideprevention.org](http://www.suicideprevention.org)) could have protected against some unintended effects. Specifically, as Ayers and colleagues<sup>4</sup> point out, the series would have benefited from emphasizing seeking help and providing information on finding help by being concrete steps before and after each episode, such as calling the National Suicide Prevention Lifeline (1-800-273-TALK). In addition, the choice to graphically depict the suicide death of the star of the series was a controversial decision, as evidence suggests that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the attempt.<sup>5,6</sup>

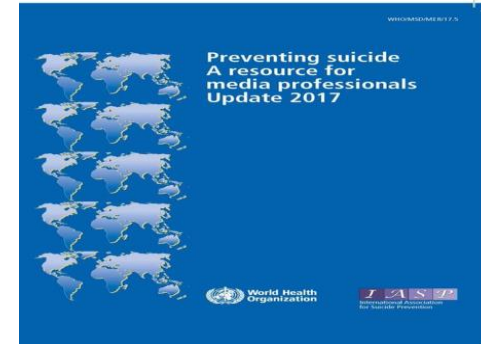
It is clear that there was a strong response to *13 Reasons Why* that may encourage others to produce similar shows. That being the case, it is imperative that producers and head-writers demonstrate that they are ethically and socially responsible by adhering to safe messaging guidelines and by providing young viewers, and the supportive adults in their lives, with the resources necessary to process such emotionally laden content, especially given that such content is often watched over a short period of time “binge watching.” This immersion into the story and images may have a particularly strong effect on adolescents, whose brains are still developing the ability to inhibit certain emotions, desires, and actions.<sup>7</sup> Finally, although it is reassuring to see an increase in the number of suicide prevention-related searches, this heightened attention should be accompanied by a corresponding improvement in physician preparedness to identify and intervene with youth at risk for suicide.

Primary care settings offer a key venue for population-wide screening, prevention, and early intervention for suicide risk. Greater than 90% of youth see a primary care clinician yearly, and many have long-term relationships with them.<sup>8</sup> One study<sup>9</sup> found that nearly 90% of suicidal youth reported having had a primary care visit in the past 12 months. Recognizing this opportunity, the American Academy of Pediatrics recommends screening all adolescents for both concerns as part of routine care and also calls for use of rapid, easy-to-administer screening and brief intervention tools to guide clinicians in detecting and preventing youth suicide.<sup>10</sup> Adherence to these guidelines is suboptimal. In one study,<sup>11</sup> suicide risk inquiry was recorded for only 2% of adolescent visits prior to an intervention to promote suicide screening in pediatric offices. Key barriers identified by clinicians include lack of time and personnel to perform the screening, unfamiliarity with validated screening tools, and lack of training on how to manage positive screens.<sup>11</sup> The problem is compounded by the lack of sufficient research for US Preventive Services Task Force to recommend suicide risk screening for youth of any age.<sup>12</sup>

Changing this situation requires development and testing of new medical office systems that increase frequency and quality of screenings, assist clinicians in managing positive results, do not interfere with clinic flow, and are effective in reducing patient risk. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach which has been shown to increase clinician screening and counseling rates, and improve patient behavior.<sup>13</sup> Although SBIRT has been largely applied to substance use,<sup>14</sup> it has the flexibility to address suicide risk detection and early intervention, which is both important and efficient given the strong positive relationship between substance use and suicide-related thoughts and behaviors.<sup>15</sup> Screening youth for suicidal thoughts during a primary care visit is one viable way to identify youth at risk.

# Steps undertaken by IASP

- IASP Briefing Statement disseminated among IASP National Representatives and key contacts in all 75 IASP member states.
- Communications with US and EU Netflix branches; As a result, the scene showing the suicide act was taken off YouTube.
- Priorisation of the updating of the WHO-IASP Resource for Media Professionals (2017)
- Ongoing liaison with Netflix by Co-Chairs of the IASP Special Interest Group on Suicide and the Media
- Monitoring of copycat suicides and suicide attempts/self-harm via IASP National Representatives



# Challenges in relation to harmful information on internet and social media

- Harmful/potentially harmful media can be accessed across jurisdictions
- Increasing speed of circulation via social media
- Absence of code of conduct for film directors, in line with code of conduct for media professionals
- Unclear whether regulatory agencies for traditional media are responsible for monitoring social media
- Existing evidence on suicide contagion not translated into practice for all media stakeholders, including film and show directors

# Acknowledgements

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