

## International Association for Suicide Prevention (IASP)

Address: International Association for Suicide Prevention (IASP) 5221 Wisconsin Avenue NW, Washington DC 20015-2032, USA

email: office@iasp.info www.iasp.info

# BRIEFING IN CONNECTION WITH THE NETFLIX SERIES '13 REASONS WHY'

In response to the recent Netflix series '13 Reasons Why', the International Association for Suicide Prevention (IASP) has prepared a briefing expressing concern about the risks and negative impact on young people, in particular for those who are vulnerable and currently thinking about suicide.

The Netflix series '13 Reasons Why' was released in the US in March 2017 and is based on the novel by Jay Asher (2007). It shows the fictional story of a teenage girl who leaves behind 13 audio recordings on tapes after taking her life. She addresses each recording to a person who she says played a role in her tragic decision to end her own life, representing a 'revenge suicide'. The clip in which she ends her life is portrayed in great detail.

Internationally, there is consistent evidence of the negative impact of detailed and graphic portrayals of suicide in terms of an increased risk of copycat suicides, especially among young vulnerable people. 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).

Across the series of '13 Reasons Why' there is violation of media guidelines for suicide reporting, including:

- The graphic nature of reporting and the reporting of specific details of the methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.
- There is no consideration of young vulnerable people who may over-identify with the teenage girl in '13 Reasons Why' who ends her life.
- There are elements of glorifying and romanticising suicide, which may further impact on people who are considering suicide or self-harm.
- The protagonist is memorialized throughout the episodes and her locker at school is decorated and students take selfies in front of it. This is an example of memorialization that could be misinterpreted by young people as something they too will get if they die by suicide. Media should steer away from melodramatic depictions of suicide or its aftermath.
- 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. Here, the harmful aspect lies in the fact that young vulnerable people may perceive suicide as an escape and a way out of a situation of bullying or disagreements with a teacher. Other, more positive solutions or interventions are not considered.

It would be important for media professionals to include information on helplines and support services for adolescents and concerned parents when reporting about the series, and to



adhere to media guidelines prepared by IASP and the World Health Organization, in particular 'avoiding the explicit reporting of excessive detail of the means of suicide' (WHO, 2008).

A further issue of concern is that '13 Reasons Why' does not take into account existing evidence of positive mental health promotion and effective strategies to improve mental health difficulties and prevent suicide when topics such as depression, anxiety, and bullying are covered.

Parents, guardians, teachers and others should be aware of the need to talk with adolescents and children who are using Netflix or watching the series, and to discuss their emotions and thoughts.

Since the release of '13 Reasons Why', mental health professionals and national suicide prevention agencies across a range of countries including the US, Australia, the United Kingdom, Ireland, Germany, France, Austria and Belgium, have expressed their concerns about the series. There is a collective need for wider implementation of the media guidelines and for more intensive reinforcement by media monitoring agencies.

An overview of relevant helplines and support services for people in distress in different countries, can be accessed via: <u>https://www.iasp.info/resources/Crisis\_Centres/</u>

### For current guidelines on best practice consult:

http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide

http://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-ireland/media-guidelines-ireland

https://www.reportingonsuicide.org

-----

**Professor Ella Arensman** President, International Association for Suicide Prevention

### Dr Thomas Niederkrotenthaler

Co-Chair IASP Council of National Representatives Co-Chair IASP Special Interest Group on Suicide and the Media

#### Dr Dan Reidenberg

Co-Chair IASP Special Interest Group on Suicide and the Media. IASP National Representative for the US.

For further information, please contact: Ms Caroline Daly Research Officer International Association for Suicide Prevention E-mail: <u>research@iasp.info</u>

2<sup>nd</sup> May 2017