The trending Netflix series *13 Reasons Why*, based on a young adult novel of the same name, is raising concerns among mental health professionals. The series revolves around 17-year-old Hannah Baker, who takes her own life and leaves behind audio recordings for 13 people who she says in some way were part of why she killed herself. Each tape recounts painful events in which one or more of the 13 individuals played a role.

Producers for the show say they hope the series can help those who may be struggling with thoughts of suicide. However, the series, which many teenagers are binge watching without adult guidance and support, is raising concerns from suicide prevention experts about the potential risks posed by the sensationalized treatment of youth suicide. The series graphically depicts a suicide death and addresses in wrenching detail a number of difficult topics, such as bullying, rape, drunk driving, and slut shaming. The series also highlights the consequences of teenagers witnessing assaults and bullying (i.e., bystanders) and not taking action to address the situation (e.g., not speaking out against the incident, not telling an adult about the incident).

**CAUTIONS**

We do not recommend that vulnerable youth, especially those who have any degree of suicidal ideation, watch this series. Its powerful storytelling may lead impressionable viewers to romanticize the choices made by the characters and/or develop revenge fantasies. They may easily identify with the experiences portrayed and recognize both the intentional and unintentional effects on the central character. Unfortunately, adult characters in the show, including the second school counselor who inadequately addresses Hannah’s pleas for help, do not inspire a sense of trust or ability to help. Hannah’s parents are also unaware of the events that lead her suicide death.

While many youth are resilient and capable of differentiating between a TV drama and real life, engaging in thoughtful conversations with them about the show is vital. Doing so presents an opportunity to help them process the issues addressed, consider the consequences of certain choices, and reinforce the message that **suicide is not a solution to problems** and that help is available. **This is particularly important for adolescents who are isolated, struggling, or vulnerable to suggestive images and storylines.** Research shows that exposure to another person’s suicide, or to graphic or sensationalized accounts of death, can be one of the many risk factors that youth struggling with mental health conditions cite as a reason they contemplate or attempt suicide.

What the series does accurately convey is that there is no single cause of suicide. Indeed, there are likely as many different pathways to suicide as there are suicide deaths. However, the series does not emphasize that common among most suicide deaths is the presence of treatable mental illnesses. **Suicide is not** the simple consequence of stressors or coping challenges, but rather, it is most typically a combined result of treatable mental illnesses and overwhelming or intolerable stressors.

School psychologists and other school-employed mental health professionals can assist stakeholders (e.g., school administrators, parents, and teachers) to engage in supportive conversations with students as well as provide resources and offer expertise in preventing harmful behaviors.
Suicide Awareness Voices of Education (SAVE) and the JED Foundation have created talking points for conversations with youth specific to the *13 Reasons Why* series, available online.

**GUIDANCE FOR FAMILIES**

1. Ask your child if they have heard or seen the series *13 Reasons Why*. While we don’t recommend that they be encouraged to view the series, do tell them you want to watch it, with them or to catch up, and discuss their thoughts.

2. If they exhibit any of the warning signs above, don’t be afraid to ask if they have thought about suicide or if someone is hurting them. Raising the issue of suicide does not increase the risk or plant the idea. On the contrary, it creates the opportunity to offer help.

3. Ask your child if they think any of their friends or classmates exhibit warning signs. Talk with them about how to seek help for their friend or classmate. Guide them on how to respond when they see or hear any of the warning signs.

4. Listen to your children’s comments without judgment. Doing so requires that you fully concentrate, understand, respond, and then remember what is being said. Put your own agenda aside.

5. Get help from a school-employed or community-based mental health professional if you are concerned for your child’s safety or the safety of one of their peers.

See [Preventing Youth Suicide Brief Facts](#) (also available in [Spanish](#)) and [Preventing Youth Suicide: Tips or Parents and Educators](#) for additional information.

**SAFE MESSAGING FOR STUDENTS**

1. **Suicide is never a solution. It is an irreversible choice regarding a temporary problem.** There is help. If you are struggling with thoughts of suicide or know someone who is, talk to a trusted adult, call 1-800-273-TALK (8255), or text “START” to 741741.
2. Don’t be afraid to talk to your friends about how they feel and let them know you care about them.
3. Be an “upstander” and take actions to reduce bullying and increase positive connections among others. Report concerns.
4. Never promise to keep secret behaviors that represent a danger toward another person.
5. **Suicide is preventable.** People considering suicide typically say something or do something that is a warning sign. Always take warning signs seriously and know the warning signs.
   - Suicide threats, both direct (“I am going to kill myself.”) and indirect (“I wish I could fall asleep and never wake up.”). Can be verbal, written, or posted online.
   - Suicide notes and planning, including online postings.
   - Preoccupation with death in conversation, writing, drawing, and social media.
   - Changes in behavior, appearance/hygiene, thoughts, and/or feelings.
   - Emotional distress.
6. **Separate myths and facts.**
   - **MYTH:** Talking about suicide will make someone want to commit suicide who has never thought about it before. **FACT:** There is no evidence to suggest that talking about suicide plants the idea. Talking with your friend about how they feel and letting them know that you care about them is important. This is the first step in getting your friend help.
   - **MYTH:** People who struggle with depression or other mental illness are just weak. **FACT:** Depression and other mental illnesses are serious health conditions and are treatable.
   - **MYTH:** People who talk about suicide won't really do it. **FACT:** People, particularly young people who are thinking about suicide, typically demonstrate warning signs. Always take these warning signs seriously.

7. **Never leave the person alone; seek out a trusted adult immediately.** School-employed mental health professionals like your school psychologist are trusted sources of help.

8. Work with other students and the adults in the school if you want to develop a memorial for someone who has committed suicide. Although decorating a student's locker, creating a memorial social media page, or other similar activities are quick ways to remember the student who has died, they may influence others to imitate or have thoughts of wanting to die as well. It is recommended that schools develop memorial activities that encourage hope and promote positive outcomes for others (e.g., suicide prevention programs).

Read these helpful points from SAVE.org and the JED Foundation to further understand how "13 Reasons Why" dramatizes situations and the realities of suicide. See [Save a Friend: Tips for Teens to Prevent Suicide](http://example.com) for additional information.

**ADDITIONAL RESOURCES**
- [Center for Disease Control Suicide Datasheet](http://example.com)
- [SAMHSA Prevention Suicide: A Toolkit for High Schools](http://example.com)
- [Suicide Prevention Resource Center, After a Suicide: Toolkit for Schools](http://example.com)
- [Memorials: Special Considerations for Memorializing an Incident](http://example.com)

**WEBSITES**
- National Association of School Psychologists, [www.nasponline.org](http://example.com)
- American Association of Suicidology, [www.suicidology.org](http://example.com)
- Suicide Awareness Voices of Education, [www.save.org](http://example.com)
- American Foundation for Suicide Prevention, [https://afsp.org/](http://example.com)
- [www.stopbullying.gov](http://example.com)
- Rape, Abuse & Incest National Network, [www.rainn.org](http://example.com)

**REFERENCES**

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