



Thirteen Reasons Why Revisited: A Monograph for Teens, Parents, and Mental Health Professionals

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Published online: 18 May 2019

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Abstract

Jay Asher's novel *Thirteen Reasons Why* and its Netflix adaptation have enjoyed widespread popularity. While they draw needed attention to issues like bullying and teen estrangement, they may have an unintended effect: they mislead about the etiology of suicide and even glamorize it to a degree. The medical literature has shown that suicide is almost always the result of psychiatric disorder, not provocative stress, in much the same way an asthmatic crisis is primarily the result of an underlying medical condition, not an allergic stimulus. Both the novel and Netflix series ignore this premise and even belittle the idea. Thus, while the story has artistic merits, it also has the potential to be destructive if accessed by young readers and viewers seeking guidance. Approximately ten percent of teens suffer from depression, and suicide recently surpassed homicide as the second-leading cause of death among persons ages ten to twenty-four in the United States. A more balanced view addressing these misconceptions is provided for teens, parents, and mental health professionals.

Keywords *Thirteen Reasons Why* · Adolescent and young adult · Depression · Suicide

Introduction

Already a bestselling young adult novel, Jay Asher's *Thirteen Reasons Why* entered the national spotlight when Netflix adapted it for the screen in March 2017. A second season was released in May 2018. Asher's story remains powerfully in the public consciousness. Through our work in schools, we have received hundreds of questions from teens, parents, and teachers about the novel and Netflix series – and continue to receive them today. Even medical students and residents ask us about it. The questions reveal widespread confusion about the story's subject – teen suicide – as well as a stunning lack of guidance for young readers and viewers. Unfortunately, the current back-and-forth has generated more heat than light, failing

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to address the questions we are most often asked. Lost amidst the commotion is what the story actually says. With the text as our foundation, we explore five features of the novel that relate to psychiatry, either directly or indirectly. Next, we discuss the Netflix series in brief, focusing on its depiction of suicide. Lastly, we reveal what we see as more problematic than the story itself: the conversation surrounding it. We hope this discussion serves as a useful guide for teens, parents, and mental health professionals wanting to discuss *Thirteen Reasons Why* with accuracy and intelligence.

Synopsis of the novel

Asher's novel tells the story of Hannah Baker, a high school junior who commits suicide after recording her voice onto seven audiocassette tapes. Each side, marked one through thirteen in dark blue nail polish, represents one of *thirteen reasons why* she takes her life. Hannah packs the tapes into a shoebox and mails them to Justin Foley, the first reason why. Her voice provides guidance from there: "The rules are pretty simple. There are only two. Rule number one: You listen. Number two: You pass it on" (Asher 2007, 8). The tapes are passed from one guilty party to the next as she instructs. Clay Jenson, a classmate and proxy for the reader, is the ninth person to receive the tapes, two weeks after Hannah's death. Through Clay, who listens on an old Walkman, and Hannah, whose voice guides Clay posthumously, each person's role in Hannah's death is exposed. Her suicide "was not a spur of the moment decision" (10), inviting the reader "to truly understand what happened to her" (101). To this end, we descend into a world of rumor, rape, bullying, booze, and voyeurism to make sense of a life lost.

A psychological autopsy

At its core, *Thirteen Reasons Why* is a psychological autopsy. Such studies are one of the most important tools for investigating suicide death. Researchers use a combination of interviews with those closest to the suicide victim as well as evidence from corroborating sources like medical records to reconstruct the circumstances of a suicide. *Thirteen Reasons Why* begins with a suicide death – in this case, Hannah Baker's – and moves retrospectively to provide insights about it. With Clay and Hannah as our guides, we journey to the final weeks of Hannah's life, exploring her relationships, encounters, and stressors in an effort "to explain it all" (72). The novel's central premise is "everything affects everything" (201). Hannah is the victim of "a chain of events" (228), not of a disorder. Beginning with "a rumor based on a kiss" (30), one story provokes the next, and the next, until we arrive at Hannah's end. Had this event or that event not occurred, Clay concedes, "Hannah might still be alive" (181). Psychological autopsies contradict this schema, identifying psychiatric disorder in nearly every suicide (90% or more), with depression topping the list (Cavanagh et al. 2003; Isomestä 2001; Robbins et al. 1959). The essential element – underlying almost every suicide – is psychopathology, not misfortune, mistreatment, or "rumors and lies" (Asher 2007, 211).

The logic of cause-and-effect makes sense – we are storytellers by nature – but it surpasses its limits outside the fictional construct. No story or social force adequately

accounts for suicide, just as no dusty closet, or dog's dander, fully accounts for asthma. The underlying disease is what makes the asthmatic wheeze instead of cough. Similarly, a diseased or disordered brain is what renders a stressful event deadly instead of just stressful. Healthy minds, with rare exception, do not choose suicide (Jamison 1999; McHugh and Slavney 1998). Thus, the glaring difference between *Thirteen Reasons Why* and traditional autopsy studies is the boldness of its conclusion: anyone can be driven to suicide. Psychiatric disorder is not a necessary ingredient, playing no role in Hannah's death. To be sure, there is controversy within and beyond the field of psychiatry, ranging from those who deny the existence of psychiatric disease to those who find psychiatric disease in nearly every person. Some are concerned with the "excessive medicalization" of the discipline by focusing on psychiatric disorder in suicide completions (for example, Pridmore and Walter 2013). To be clear, our view is that psychiatric disorder is underdiagnosed (rather than overdiagnosed) in suicide completion; however, we acknowledge the debate for our readers.

The absence of psychopathology

Is Hannah depressed? Excluding her suicide, there is poor evidence for it. Depression and its iterations, such as depressed and depressing, appear only four times – and never to describe Hannah. It is strange no other mention of depression appears in a novel about suicide. The implication is Hannah is a healthy person in an unhealthy world. Her wit, humor, insight, colorful speech, and creative flair make it difficult to view her as the victim of a disease that routinely robs one of such qualities. Her first words capture the tone well: "Hello, boys and girls. Hannah Baker here. Live and in stereo. No return engagements. No encore. And this time, absolutely no requests" (7). Even her ability to plan, record, and distribute the tapes, which represent "some kind of twisted suicide note" (8), is at odds with depression. Most suicide notes are remarkably banal and superficial (Jamison 1999, 73-97) – and understandably so. Individuals in the midst of depression lose the capacity to feel grandly, to reflect clearly, and to express their thoughts fluidly and originally. Hannah's tapes, however, are elaborate, inventive, insightful – even playful. She makes dessert recommendations, satirizes classmates and teachers, speaks whimsically, quips and jests, and offers shrewd insights about teenage life. She even sets in motion a deranged scavenger hunt, providing maps with stars marking the locations from her tapes so her audience can follow along "for a little more insight" (12). Hannah's final moments are defined by a creative burst rather than a dull retreat. Depression does the exact opposite.

The novel's narrative form further reinforces Hannah's reliability and reason. We trust "the story of [Hannah's life]" (7) because Hannah tells it and Clay confirms it. Asher's use of dual narration infuses the story with credibility that would be questioned were it told by a single narrator. Throughout the novel, Clay verifies Hannah's account with remarks like "That's right" (46), "I remember it perfectly" (212), and "Yes, I remember that, too" (213). He even corrects himself based on her recollection: "No, I kissed you, Hannah... Right. You kissed me" (213). The net effect is we accept Hannah's reasons why as accurate and understandable rather than distorted and confused.

Making sense of the senseless

How, then, do we make sense of Hannah's suicide? By pathologizing the place rather than the person. High school – not Hannah – is sick and in need of a cure. It is a “childish and cruel” (191) arena breeding rumor, predation, bullying, and hostility. “Every name” and “every story” (41) Hannah identifies shares blame for her suicide, even if “it may seem like [it had] a small role” (1). Suicide prevention, Asher suggests, requires social reform: we must be more caring and compassionate, more honest and vulnerable, more sincere and forthright. His remedy is captured in the novel's final scene, in which Clay calls out to Skye Miller, “an outcast” who “dresses in dull, loose clothing everyday” (104-5) and rarely speaks. Clay, seeking redemption, will not make the same mistake twice. He will speak to her, understand her, support her, and, we expect, rescue her. Had Hannah's peers done the same, had they taken the time to appreciate “what [they] were truly doing” (1), she might still be alive. Or so the story goes.

The major misconception of *Thirteen Reasons Why* is also its premise: suicide is the understandable result of a series of misfortunes. By ignoring psychiatric disorder and the irrational thoughts associated with it, the novel protects its artistry at the expense of its accuracy. Asher carefully guides us from social domino to social domino as they topple to produce “a snowball effect” (31). The logic is clear, leaving little room for speculation. Thirteen stories are the cause; suicide is the effect. Hannah even compares her final weeks to “a string connecting all of your stories” (239). It is the reader's job to “ma[ke] the connections” (217) in order “to find out how everyone fits together” (143). The focus is not what Hannah has but what happens to her. To underscore the point, Clay literally walks from location to location, or link to link, as he listens to Hannah's tapes with a map provided for him. Was Hannah worried her suicide would appear irrational? Or senseless, as if emerging from disease? Clay states, “I'm not following the map because she wants me to. I'm following because I need to understand” (101). Clay's impulse is natural albeit misguided. By focusing on “reasons why,” we direct attention (and resources) from the underlying disorder, the target of treatment, to people, places, and events. *Thirteen Reasons Why* blames others for Hannah's death. Clay even scolds himself for grieving “when instead, [he] should have been angry at [the people on the list]” (133). Until we reject the logic of cause-and-effect, which invites blame, suicide will remain in the shadows.

In the real world, suicide often defies understanding. The pathologic element, fundamentally, is not the environment but the individual within the environment. No single event or series of events is sufficient cause for suicide. Although the motivations of suicide victims are highly personal, intensely private, and largely unknowable, psychopathology is almost always there, conferring vulnerability to life's major and minor stressors (Jamison 1999; Slavney and McHugh 1987). The danger lies not in the stressor itself – however painful or profound – but in the stressor's incendiary effects on the diseased or disordered brain. Depression subverts our normal defenses, shattering our ability to think flexibly, reason clearly, adapt quickly, and suffer resolutely. The implications for help-seeking are obvious. A suicidal teen, influenced by the novel, might search for new friends, or a new school, or a new pastime, rather than searching for a psychiatrist. Clay falls into this trap, wishing he could “rewind into the past” (60) to suppress a rumor or stop an encounter. Young readers simply need reminding: suicide in the absence of psychopathology is not natural and in no way represents what we know about it. It is almost always a consequence of psychiatric disorder, and its prevention requires medical attention.

Suicide glamorized

In *Thirteen Reasons Why*, Hannah is empowered by her suicide. In life, she is voiceless, her image smeared by “the rumors and lies that will always be a part of [her]” (211). Hannah’s classmates – not Hannah – write “the anthology of [her] life” (96). Even Clay acknowledges, “She was so new to school that the rumors overshadowed everything else I knew about her” (30). In death, however, Hannah controls the narrative. She tells her story her way, without the intrusion of “second-hand information” (198). Her audience, carefully selected, are “compelled” (101) to listen; if they refuse, she threatens to release the tapes “in a very public manner” (10). The tapes are a platform to ask for understanding:

I wanted people to trust me, despite anything they’d heard. And more than that, I wanted them to know me. Not the stuff they thought they knew about me. No, the real me. I wanted them to get past the rumors (135).

Hannah achieves in death what she never could in life. Clay, her crush, sees “the real Hannah” (171) only after listening to the tapes: “The longer I listen to the tapes, the more I feel I know her” (165). The tapes are forever, a memorial to a girl misunderstood. Like a martyr, Hannah gains power and immortality impossible in life, “with [her] words ready at the push of a button” (106). When Clay passes the tapes to Jenny Kurtz, the next person on the list, he beholds their special ability to “chang[e] the way she’ll see life, how she’ll see the world, forever” (284). Hannah’s words are suddenly precious, so much so that Clay puts “cupped hands over [his] ears to keep her words from escaping” (210). Few authors achieve what Hannah does.

Hannah’s tapes (and suicide) are also an effective means of achieving other ends. They enact revenge on those who wronged her and, with perverse irony, deepen her connection with Clay. Although Clay likes Hannah, and Hannah likes Clay, neither can express it. Clay is “too afraid” (211) to speak freely while Hannah’s thoughts are “too scary” (210) to divulge. It is only after Hannah’s suicide that she and Clay have a real conversation. Hannah’s voice speaks gently but candidly through Clay’s headphones, and Clay responds as if she were beside him. They connect, at last, albeit in a manner neither envisioned. It is tragic Hannah speaks most clearly from the grave but, as Clay concedes, “in the end, the words reach me” (107).

Far from banishing her to oblivion, Hannah’s suicide thrusts her into the school’s collective consciousness. Like marionettes, Clay and the others “do what she says” (14), memorializing her with every thought and act. Even ordering a hot chocolate is “in honor of Hannah” (69). How different from before, when Hannah “wasn’t worth an explanation – not even a reaction” (168). Hannah’s suicide is a call for school reform as well, infusing a senseless act with meaning. Hannah deconstructs the perils of modern high school life, exposing its cruelties and abuses, her story a lasting reminder that “what you do affects others” (95). Her legacy lives through Clay and through the acts of kindness her suicide inspires, including Clay’s embrace of Skye at the novel’s end.

Help-seeking thwarted

A suicidal person is – without exception – a medical emergency. He or she requires urgent evaluation by a psychiatrist, a medical doctor who specializes in the treatment of psychiatric disorder. Psychiatry and psychiatrists play no role in *Thirteen Reasons Why* – they are never

mentioned – because there is no mention of depression or psychiatric disorder either. Other potential sources of help are rejected as unreliable and unhelpful.

Guidance counselors, for example, are dismissed at every opportunity. Ms. Antilly, the school's former guidance counselor, was known to "spew a bunch of psychobabble at [the students]" (56). The guidance office itself is responsible for career surveys predicting Hannah would "make a wonderful lumberjack," with a "fallback career as an astronaut" (121). Clay "got the lumberjack, too" (121), revealing the farce of its ways. Mr. Porter, Hannah's counselor, is "an English teacher as well as a guidance counselor" who is filling "a temporary position" (55). In other words, he is new, he is interim, and he is not dedicated to counseling. He even refers to himself as "a teacher moonlighting as a counselor" (274), inspiring little faith in his abilities. Worst of all, Mr. Porter allows Hannah to leave his office a day before her suicide, missing every warning sign in the process. She even tells him, "I don't want my life to end. That's why I'm here" (273). Hannah's death represents an abject failure of the counseling services. After Hannah's suicide, Mr. Porter "walked out of class and didn't come back for a week" (57), abandoning his students in their most desperate hour. We reassure teens, and parents, that Mr. Porter's interaction is not representative of a proper evaluation in any way.

Parents, too, are "distant" (169) and aloof. Hannah's parents "didn't even notice" (169) when she cuts her hair and punish her when her grades "were slipping pretty fast" (203), missing an opportunity to ask why. Clay's mom suspects he is not working on a history project as he listens to Hannah's tapes – "she wants to believe my excuses so bad" (238) – but probes no further, accepting his lies with "a hurt smile" (152). Even Mrs. Bradley's Peer Communications class, where "everything was fair game" (155), is more hostile than helpful. When Hannah writes an anonymous suicide note "to hear what everyone had to say" (171), her classmates are ill-equipped to engage, one accusing her of "just want[ing] attention" (171). Asher does well to identify lack of communication as a major problem.

There is not a clear example of effective help-seeking in all of *Thirteen Reasons Why*, an unfortunate omission given the rates of adolescent depression and suicide continue to rise. Depression now affects as many as 10% of teens (Mojtabai et al. 2016), and suicide recently surpassed homicide as the second-leading cause of death in youth ages ten to twenty-four (Sullivan et al. 2015; Curtin et al. 2016). The tragedy is made worse because depressed and suicidal youth rarely seek help due to fear, guilt, stigma, and misunderstanding – including dismissing symptoms with "reasons why." Many teens, like Hannah, find their thoughts too scary or too incomprehensible to share. Others believe their appeals for help will be met with clumsiness and insensitivity, as portrayed in *Thirteen Reasons Why*. Those who do manage to get help often suffer for years before getting it (Wang et al. 2005).

In reality, depressed and suicidal individuals must turn to the very people who fail Hannah: friends, parents, teachers, and counselors. The first step is always sharing disturbing thoughts and feelings with someone else. That someone else, if not a psychiatrist, must be responsible enough to act which involves arranging urgent psychiatric care and ensuring the person's immediate safety. Suicidal thinking is a medical emergency in the same way crushing chest pain is a medical emergency. Both require recognition, report, and prompt evaluation by an appropriate specialist. Signs are easily missed (and dismissed), as Asher demonstrates, making open communication essential for psychiatric care.

The Netflix series

The highly popular Netflix series preserves the novel's central themes while making several changes. Clay listens to the tapes over two weeks rather than a single night, allowing the show to explore the aftermath of Hannah's suicide on Clay, his classmates, and their families. Subplots develop, most involving secondary characters, which address cyberbullying, surveillance, substance abuse, sexual assault, and familial dysfunction. The show handles these subjects expertly and realistically. In fact, its dissection of modern high school life is quite powerful and is its most worthwhile achievement. Unfortunately, the same cannot be said about suicide. The novel's misconceptions are, if anything, amplified for a larger audience. Psychiatry and its principles are completely ignored, as in the novel.

In the Netflix series, for example, Hannah's parents file a lawsuit against the school, blaming it for not doing enough to prevent her suicide. Hannah's parents are driven "to let them know this is not a senseless tragedy. That there are reasons why this happened" (Incaprera 2017, episode 4). Students receive subpoenas and give depositions while Clay's mother, an attorney, defends the school by trying "to prove that Hannah wasn't bullied" (episode 5). The lawsuit plainly blames bullying for suicide, providing a vehicle for the show to do the same. Hannah's mother is "not going to let the school cover up what they did to [her] daughter" (episode 10). In response to Hannah's death, the school organizes a suicide prevention seminar for parents, yet the parents exclusively talk about bullying without any mention of depression or psychiatric disorder. The "butterfly effect" (episode 3) – the show's term for the logic of "little things matter" and "everything affects everything" (episode 3) – is again central to understanding Hannah's suicide. The implication is that her death was preventable through school reform rather than through treatment. After all, Hannah "was so damaged by *something* that she took her own life" (episode 9), bringing us to the most notorious change from the novel: the suicide itself.

In the novel, we are told Hannah takes an overdose of pills. In the series, Hannah slashes her wrists and bleeds out in a bathtub on-screen. The three-minute scene intends to disturb, showing the razor's first cut to Hannah's final breath. The goal was "to show what an actual suicide really looks like" – to present it unflinchingly and as "an excruciating, violent end" (Sheff 2017) – thereby frightening teens out of the same choice. It is one thing to dramatize suicide; it is another to present it as "the truth of suicide" (Sheff 2017), especially if that truth contradicts decades of research. A more prudent response might reinforce the line between fiction and fact rather than smear it. With subtle condescension, the series acknowledges and rebuffs suicide contagion in episode eight, in which Hannah chats with a young man engrossed in Goethe's 1774 novel, *The Sorrows of Young Werther*, from which the Werther effect – (a term for a spike in copycat suicides) – gets its name. One wonders why the creators included the book if not to dismiss the principle of contagion – and the arguments born from it.

In another strange scene, Clay's parents suggest he return to Dr. Hellman because "the last few weeks have been hard" (episode 2). Although Dr. Hellman is not identified as a psychiatrist, it is implied; a pharmacy vial of duloxetine, an antidepressant, sits on the kitchen table. The medication is not identified by name or class and in fact is not identifiable at all unless one actually pauses the episode to read the label. Clay implies it was of no value: he "stopped taking these two years ago" (episode 2). He adds that the medicine "probably, like, expired anyway" (episode 2). The effect is to dismiss psychiatric interventions while also giving them grudging notice – like the Werther effect reference just discussed.

The bigger problem

Both Asher and the Netflix creators hoped *Thirteen Reasons Why* would “start a dialogue” about suicide. Psychiatrists are a necessary part of that dialogue. When we participate, we move from critiquing the story – the job of scholars – to critiquing the information itself. The information, entertaining on the page and screen, is inaccurate. Suicide is, with rare exception, the consequence of psychiatric disorder. The principle is firmly established, and we would be right to condemn a textbook or a physician for suggesting otherwise. But what about condemning a work of art for suggesting otherwise? Under certain circumstances, yes. When art aspires to be more than art and brings its methods with it, criticism rightly follows. Similarly, when science strives to explain the choices of fictional characters, robbing them of their agency, audiences rightly scoff. And when audiences mistake narrative truth for scientific truth, professionals rightly worry.

Asher reports he wrote *Thirteen Reasons Why* “as honestly as [he] knew how” but adds “it is just a book” (2017, vii). We hope this subtlety is not lost on teens. The Netflix cast and crew are much bolder, lauding the story – and its depiction of suicide – as “real and authentic,” “an honest representation,” “as realistic as it possibly could be,” and “a steady diet of truth” (*13 Reasons Why: Beyond the Reasons* 2017). Many even view their efforts as some sort of public service. Entertaining the show may be but “real and authentic” it is not. As psychiatrists, we are obligated to remind vulnerable youth that Hannah’s story is just that – a story. It has artistic merits and scientific deficiencies. Appreciation of the former does not demand acceptance of the latter.

Censoring art is dangerous, and we do not advocate for it, but we also cringe when art poses as something more, as an exploration of “the realities of suicide,” particularly when targeting teens and young adults. If the series insists on emphasizing its realism and authenticity, it must also open itself to scrutiny – specifically the scrutiny of the sciences and their methods of inquiry. In *13 Reasons Why: Beyond the Reasons* (2017), a documentary-style episode addressing the series’ controversial topics, a psychiatrist and psychologist from a major academic center align with the show, validating its conceits and ignoring its inaccuracies. Is a teen more likely to view Hannah’s suicide as accurate or fictional afterwards? Their presence confuses more than clarifies, obscuring the methods of art and science. Fiction and fact get blurred, and the ambiguity might be more dangerous than the misinformation itself.

Conclusion

The novel and Netflix series *Thirteen Reasons Why* makes worthwhile points about the need for people to treat each other more compassionately (a venerable, ancient theme) while also exposing the destructive atmosphere of modern high school life, made worse by the latest technologies (a very contemporary theme). However, by grossly misunderstanding the concept of suicide – and then promoting it as real and authentic – a dangerous injustice is done to young readers and viewers. These almost certainly number in the millions. Hidden from view are the most common cause of suicide, depression, and its most effective treatment, psychiatric care. In the end, beneath the noise and commotion, we have a story. The best response to concerned parents and teens is also the simplest: *Thirteen Reasons Why* is fiction.

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