

13 Reasons Why Not

How One School Faced a Difficult Conversation about Suicide

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1

Introduction

2

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3

Our Upcoming National Meeting Series

EAB: Making Education Smarter



Who We Are



▶ **2007**
Year founded

▶ **1,500+**
K12 and Higher
Education members

▶ **95%**
Of our partners renew
year after year

How We Serve



Identify **proven best practices** for the **most critical challenges** facing education leaders

Provide customized, **on-demand research** to help members meet their immediate needs

Help leaders **engage key stakeholders and accelerate progress** on key initiatives

Introducing the District Leadership Forum







▶ **2017**
Year founded

▶ **144**
Member districts

▶ **30**
States represented

Introducing the District Leadership Forum

Comprehensive Support for Superintendents and their Leadership Teams

| | | |
|---|--|---|
| National Best Practice Research | <p><i>Proven solutions for addressing school districts' biggest challenges</i></p> <ul style="list-style-type: none"> • Offers a blend of strategic insights and practical information • In-depth practice "playbooks" for district leaders |  |
| Tailored On-Demand Research | <p><i>Customized short-answer research projects for individual districts</i></p> <ul style="list-style-type: none"> • Quick-turnaround answers to district leader questions • Case studies and profiles of other districts facing similar issues |  |
| Diagnostics and Benchmarking | <p><i>Surveys and benchmarking to help members identify best opportunities for improvement in their own districts</i></p> <ul style="list-style-type: none"> • Surveys and benchmarking on topics identified by membership • Data analysis and review of implications for individual members |  |
| Dedicated Implementation Support | <p><i>Tools and expert advice to educate stakeholders on the best course of action and accelerate adoption across district</i></p> <ul style="list-style-type: none"> • Audits, guides, templates with detailed implementation advice • In-person and virtual support from research experts |  |

Our Library of Best Practice Studies



**Managing Behavioral
Disruptions in Early Grades**



**Narrowing the Third
Grade Reading Gap**



**Meeting the Career
Readiness Imperative**



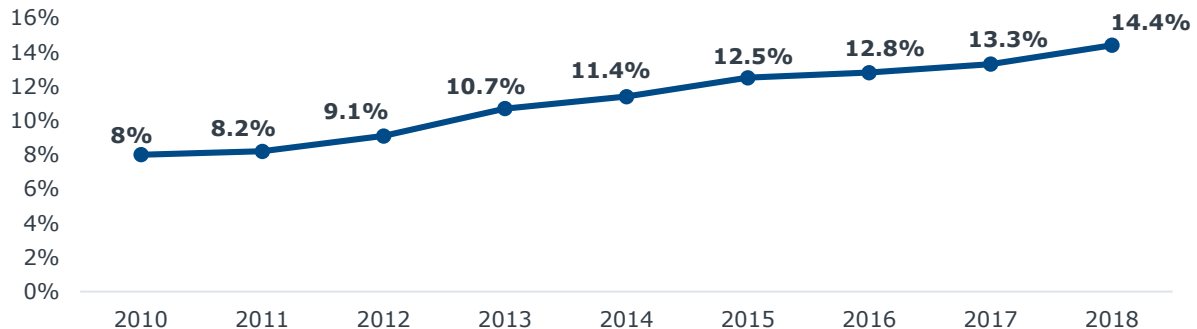
**Closing the College
Access Gap**

Significant Mental Health Issues On the Rise

Prevalence of Mental Health Issues Across the US Increasing

Past Year Major Depressive Episode¹ Among Adolescents Aged 12-17

National total (2010-2018)



22%

Of adolescents experience severe impairment related to mental health, while ~50% experience any mental health disorder

49.4%

Of children with a psychiatric disorder have not received treatment in past year, as reported by parents

Source: Bahrrampour, Tara, "Mental health problems rise significantly among young Americans," The Washington Post, March 2019, https://www.washingtonpost.com/local/social-issues/mental-health-problems-rise-significantly-among-young-americans/2019/03/14/5d4ffe8-460c-11e9-90f0-0ccfec87a61_story.html; "Results from the 2018 National Survey on Drug Use and Health: Detailed Tables," Substance Abuse and Mental Health Services Administration, 2018, <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>; Rettew, David, "States Differ on Rate of Untreated Youth Mental Illness," Psychology Today, March 2019, <https://www.psychologytoday.com/us/blog/abcs-child-psychiatry/201903/states-differ-rate-untreated-youth-mental-illness>; EAB interviews and analysis.

1) Characterized as suffering from depressed mood for two weeks or more, a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, worthlessness.

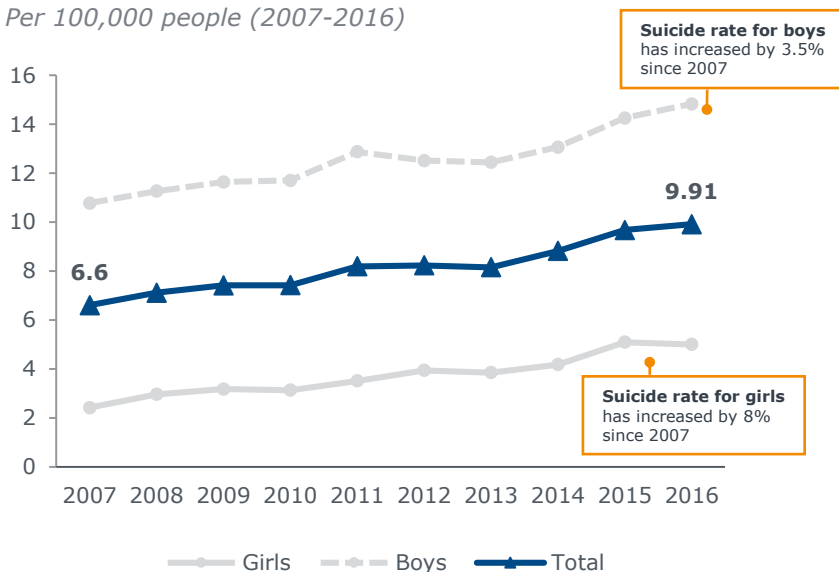
Adolescent Suicides Across the Nation Increasing



Mental Illness Crisis Leading to Devastating Behaviors

Suicide Rate Among Adolescents Aged 15-19

Per 100,000 people (2007-2016)



13.1%

Of young adults have serious psychological distress and suicide-related thoughts or actions

2x

The annual rate of self-injury among **females** age 10 to 24 **nearly doubled** from 2009-2015

2nd

Suicide is the second **leading cause of death** in adolescents, ages 15-19 (2017)

Source: Barrocas, Hankin, Young, et al., "Rates of Nonsuicidal Self-Injury in Youth: Age, Sex, and Behavioral Methods in a Community Sample," American Academy of Pediatrics, 2012. <https://pediatrics.aappublications.org/content/130/1/39>; National Center for Health Statistics, "Adolescent Health," May 2017. <https://www.cdc.gov/nchs/products/databriefs/db37.htm>; Ruch, Sheftall, Schlagbaum et al., "Trends in Suicide Among Youth Aged 10 to 19 Years in the United States, 1975 to 2016," JAMA Network, March 2019, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2733430>; EAB interviews and analysis.

Responding to the Adolescent Mental Health Crisis



7

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Reduce Mental Health Stigma via Year-Round Student and Family Engagement



1. Ongoing Peer-to-Peer Student Education and Mentoring
2. **Campaign to Share Experiences of Overcoming Mental Health Struggles**
3. Parent and Student Mental Health Advisory Council

II

Broaden and Strengthen Your Crisis Identification and Referral Network



4. Quick Access Crisis Reference Card
5. Law Enforcement "Handle with Care" Notification
6. Online Monitoring to Identify Students of Concern

III

Expand Access to Timely Clinical Mental Health Care



7. Redesigned Group Therapy
8. On-Demand Telemental Health Support
9. Referral Coordinator Program
10. Strategic Community Resource Allocation

IV

Improve Post-Crisis Coordination and Student Support



11. Automatic Information Exchange Protocols
12. Post-Crisis Case Management Models
13. Resilience Skills for Readmitted Students

1

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2

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Youth Susceptible to Suicide Coverage in the Media

But Schools Hesitate to Meet the Conversation Head-On

Troubling Impact on Youth Leads to Widespread Controversy Around Netflix Series *13 Reasons Why*



5%

Suicide contagion accounts for up to five percent of youth suicides each year

19%

Increase in **internet searches about suicide** immediately after *13 Reasons Why* aired

29%

Increase in **suicide rate among youth age 10-17** in the month after *13 Reasons Why* first aired

Common District Responses to Series Release Are a Missed Opportunity



Take No Action

“It’s not our place to address this. Talking about suicide will give kids ideas.”



Restrict, Discipline



Banning the associated book



Detention for talking about series in school



Inform Parents

Letter to parents regarding Netflix original series “13 Reasons Why”

Dear Parents and Guardians:

This letter is to make you aware of the popular Netflix original series “13 Reasons Why.” The series depicts the story of a student who is bullied and eventually takes her own life. It is a sensitive topic that may affect your child.

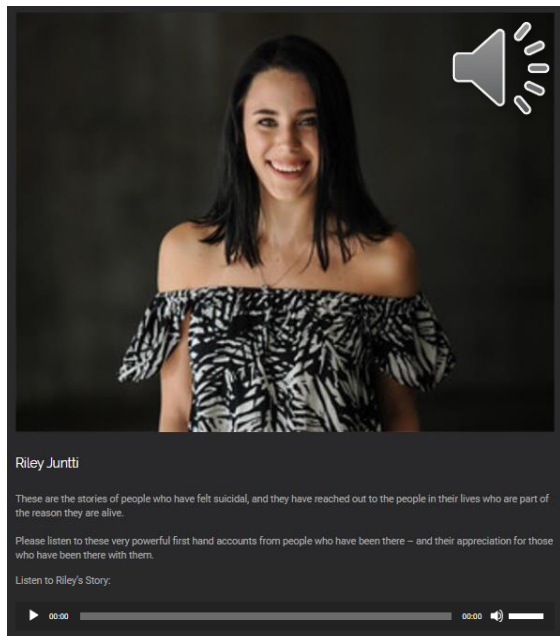
In the materials, which is based on the a young adult novel released a decade ago, high school students are depicted as being bullied and eventually taking their own lives. The series is a sensitive topic that may affect your child. It is a sensitive topic that may affect your child. It is a sensitive topic that may affect your child.

Reasons to be aware of the following information:

- There is a number of different health care providers.
- There are resources for help and support for the series and the program.
- There are several ways to get help and support, such as the help and support.
- Help or resources, including help, support, and resources.
- The help and support of the series and the series is extremely and potentially harmful to young people for the help.

Guiding the Narrative Around Mental Health

Student Voice Campaign Begins Frank Dialogue Among Students and Staff



***Oxford High School* Launches “13 Reasons Why Not” Student Voice Campaign**



Controversial series **used to engage students** in an appropriate dialogue about mental health and suicide



Audiotapes created from 11 students and 2 staff members who **overcame a mental health struggle or crisis**



Personal stories normalized challenging life experiences and mental health struggles



Refocused conversation about suicide from blame and revenge toward **resources and systems for support**

Profiled Institution:

Oxford Community Schools, MI



Personal Stories Help Build Schoolwide Support



Key Steps to Sharing Student and Staff Experiences With Mental Health

To identify students to participate:

- Reach out to mental health clubs, peer mentorship programs, student government, or athletics teams
- Solicit counselor and teacher recommendations
- Collect stories on a rolling basis after the campaign begins

1



Recruit Participants to Share Personal Stories

Stories capture a variety of perspectives (e.g., students, staff, grade levels, genders) and life experiences¹



Carefully Vet Interested Students

School counselor meets with all interested students to assess readiness to share their experience

2

To assess readiness, look for signs a student:

- Is still processing their experience
- Has underlying issues with anxiety
- Does not exhibit strong coping skills

This student would not be a good fit for the campaign, but may benefit from other available supports

To debrief, prepare teachers to lead a discussion or reflection exercise focused on:

- The main feeling expressed by the person in the tape
- How students felt after listening to the story
- Specific strategies to use if a friend reaches out for help, or makes statements of concern

4



Debrief After Each Story is Shared

Teachers use provided questions to lead a 5-10 minute debrief discussion after each audiotape



Record Short Audiotapes and Share Schoolwide

Two-minute audiotapes are shared with all students over the PA system during advisory period

3

To create content, keep narratives short and in the same format:

- Introduction and brief personal story
- Thank-you to a member of the school community who offered support
- Fact about suicide and message that help is available

¹) Scenarios covered in the campaign included dating violence, parental abuse, growing up in poverty, coming out as gay, and bullying of a special education student.

Leading the Right Conversation About Suicide

When Talking With Students, Avoid Sensationalizing and Offer Hope

National Organizations Provide Helpful Guidance on Approaching the Topic of Suicide with Students

DON'T

Focus on a method of death (e.g., John Doe used a shotgun to commit suicide)

Oversimplify the causes of suicide or provide details from a suicide note

Show photos of the location/method of death, or of grieving family and friends

Describe suicides as an “epidemic,” “skyrocketing,” or other strong terms

Describe a suicide as inexplicable or “without warning”

Talk about suicide as you would talk about a crime (e.g., “committed suicide”)

Refer to suicide as “successful,” “unsuccessful,” or a “failed attempt”



DO

Present facts without sensationalizing suicide (e.g., John Doe died at age 17)

Recognize that suicide is a complicated behavior, but effective treatment is available

Use school-related or family photos along with a hotline logo or local crisis number

Carefully present recent data; use words like “rising” or “higher” to describe trends

Acknowledge that most people who die by suicide exhibit warning signs; detail the “warning signs” and “what to do”

Talk about suicide as a public health issue

Describe as “died by suicide” a “suicide death” or “killed him/herself”



For more guidance and resources on talking with students about suicide, see the Suicide Prevention Resource Center’s [After a Suicide: A Toolkit for Schools](#)

Building Momentum On Mental Health Awareness



13

Outreach to Students Gathers Feedback and Guides Next Steps

Data and Formal Evaluation Reveal Impact of Schoolwide Campaign

100+

Students **came forward** with a story during or after the campaign

5

Students **identified and assessed** for suicidal ideation



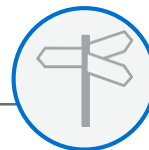
Focus Groups Conducted in Partnership with Michigan State University Capture Students' Experiences



“I think it **changed the culture of the school**. I think people were maybe in a way nicer or more understanding of people.”

“Now people are actually **going to other people to get help**.”

Looking Ahead to What's Next



Follow up from counselors with every student who submitted a story during the campaign



Schoolwide survey to solicit input on what students need to feel more supported from their school



Brainstorm new ways to combine popular media and student voice and continue conversation about mental health

1

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2

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2019-20 Research Agenda



Improving Young Students' Academic Outcomes and Emotional Well-Being

Responding to the Adolescent Mental Health Crisis



- **Reducing** the number and severity of students in crisis
- **Improving** coordination between various school support services to reduce strain on resources
- **Partnering** with local community resources to provide timely and cost-effective mental health care

Best In Class School Leadership: Developing, Scaling and Sustaining the Impact of Principals



- **Identifying** leadership skills and behaviors that improve teaching and learning
- **Integrating** ongoing development support for principals into existing school systems
- **Maximizing** principal capacity to focus on essential leadership skills and behaviors

Executive Roundtables

November 7–8, 2019

EAB Office
Washington, DC

January 16-17, 2020

EAB Office
Washington, DC

April 28-29, 2020

EAB Office
Washington, DC

District Leadership Team Meetings

December 9-10, 2019

UCLA Luskin
Los Angeles, CA

February 25-26, 2020

AT&T Center at UT Austin
Austin, TX

March 23-24, 2020

EAB Office
Washington, DC

May 4-5, 2020

EAB Office
Washington, DC



Q&A



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