

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. **2075**



Introduced by **Honorable Ma. Georgina P. De Venecia**

EXPLANATORY NOTE

Youth suicide has affected many of our youth and their families. The stigma of suicide prevents families, schools and communities from fully addressing and facing the problems which lead our youth to take their own lives. Many suicide-related deaths are often termed as “accidental deaths”. The silence and quiet indignity with which our society reacts to these deaths does not help in the prevention of youth suicide, which more often than not, could have been stopped by early intervention.

In the U.S., suicide is the leading cause of death among the youth aged 15-24 years old and is considered as a major public health problem. The reasons they give for attempting suicide are varied, namely: feeling overwhelmed, lonely, inadequate and depressed; using alcohol and drugs to deal with their emotions; and experiencing serious family fights. The picture is one of youth in pain. It often fails, however, to capture the extent to which the agony reverberates through their families, friends, school and the larger community.

According to a report of the World Health Organization in 2004, statistics will show that out of 848 deaths due to suicide, 344 or 40% of said suicides occurred in youth ages 15-24 years old. The suicide rate in that age group is the highest at 2.7%. Many parents have had to endure the sudden loss of their children due to suicide.

With these alarming incidences of youth suicide, there is an urgent need to establish a youth suicide prevention program, particularly in schools, in order to begin early, timely and effective intervention plans to abet suicidal tendencies in young adults. The youth are overwhelmed by their present realities and need help. They need to have access to services, facilities, and programs that can help them cope with their problems.

The guidance counselor offices presently established in our schools need to be tapped and trained in order to identify children who are at risk of committing suicide. Regular assessments and psychological testing within the school year must be done in order to detect factors contributing to high risk tendency for suicide. Suicide prevention takes different forms – from raising strong and capable youth who are well connected to their families, friends and communities, to training professionals to recognize early warning signs and providing physical and mental health treatments.

Section 2 of Republic Act No. 8044, or the Youth in Nation-Building Act enshrine the promotion and protection of the physical, moral, spiritual, intellectual and social well-being of youth to the end that youth realize their potential for improving the quality of life. In this light, the moral convictions of our youth must be strengthened and infuse in them faith in our Creator and belief in the sanctity of life and dignity of the human person.

The desire and hope to live must be communicated to our youth. We are all stakeholders in assisting and helping them in valuing the gift of life. Suicide is not simply a personal tragedy; it is also a community tragedy. Our society must combat youth suicide by reducing risks involved and by enhancing resiliency among our youth.


HON. MA. GEORGINA P. DE VENECIA
Fourth District, Pangasinan

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AN ACT
TO PROVIDE YOUTH SUICIDE INTERVENTION AND PREVENTION

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the “Youth Suicide Prevention Act”.

SEC. 2. *Declaration of Policy.* – Under Section 13, Article II of the 1987 Constitution, the State shall promote and protect the physical, moral, spiritual, intellectual, and social well-being of the youth. In view of this policy, the State shall promote youth programs that will shape their values and inculcate in them positive self-image, self respect, critical thinking and moral responsibility to enable them to become principle-centered and values-driven individuals.

SEC. 3. *Formulation of Life Planning Education.* – The Department of Education (DepED) is mandated to formulate and include in the elementary and secondary education curriculum a course on Life Planning. Life Planning Education (LPE) shall require lectures and discussions on self and identity; personal, family, community values; communication and interrelationship with others; sexuality and gender roles; community participation; health; psychological thinking and employment, among others. The DepED is mandated to ensure that Life Planning Education is integrated in all schools. Training shall be provided to school administrators, teachers, guidance counsellors and other school personnel responsible for delivering LPE.

The DepED is likewise mandated to formulate a mechanism for sustaining peer counselling and peer education programs.

SEC. 4. *Employment of Psychologist in Every School Guidance Counsellor's Office.* – The DepED is mandated to require all schools to employ at least one (1) psychologist in every guidance counsellor's office. Said psychologist must be licensed to practice the profession in accordance with existing laws and rules and regulations. The duties and responsibilities of the school psychologist are, but not limited to, the following:

- a. Gain up-to-date scientific knowledge about effective screening and crisis intervention strategies to identify symptoms of suicidal behaviour;
- b. Formulate and implement standardized and reliable screening procedures of suicidal intent and tendencies;
- c. Provide consultation and assist students in seeking help from their parents, other adults in their social networks, and health care system personnel;
- d. Increase competencies in post suicide intervention to prevent further suicides;
- e. Conduct screening procedures or assessments twice in each school year for every grade level starting from Grade 3 until fourth year high school;
- f. Other duties and responsibilities which DEPED may identify as necessary to fulfil the above mandate.

The Department of Health (DOH) is hereby mandated to provide technical assistance to schools with respect to training psychologists in schools. It shall implement the best practices in the identification and treatment of youth who are at risk for committing suicide.

SEC. 5. *Implementation of Public Education Campaign.* – The DOH, in coordination with the DepED, is mandated to tap doctors, health specialists, medical experts, hospitals and other medical institutions to conduct a nationwide education campaign to help the youth, parents of youth, teachers, school personnel and the general public to:

- a. Become aware of the increasing problem of youth suicide and suicidal behaviours;
- b. Recognize common warning signs of suicidal thoughts and intent;
- c. Learn how to respond to youth who exhibit such signs; and
- d. Know when and where to go for accurate assessments and professional help.

SEC. 6. *Provision of Technical Assistance and Data Management.* – The DOH is mandated to assist the DepED in:

- a. Identifying and promoting strategies to prevent suicide among the youth;
- b. Ensuring the quality of screening and crisis intervention strategies and procedures;
- c. Studying the effectiveness of practices relating to the identification and treatment of youth who are at risk for committing suicide on the overall wellness and health promotion strategies related to suicide attempts.

The DOH shall conduct research and development programs on the effectiveness of new and existing youth suicide prevention strategies, techniques, technology, including clinical studies and evaluations of such strategies and related research aimed at reducing youth suicide and providing support for emotional and behavioral disorders which may lead to suicide attempts.

The DOH is likewise mandated to develop a suicide data collection system to provide reliable data about attempted suicides in the country. In developing the system, the DOH shall:

- a. Include information on the incidence of suicide attempts;
- b. Include demographic information on the persons who attempted suicide; and
- c. Explore prevention strategies to reduce the number of attempted suicides and suicides.

SEC. 7. *Establishment of Youth Health Centers.* – The DOH may establish a linkage with national government agencies, Local Government Units (LGUs) and non-governmental institutions to establish a network of health facilities and teen centers catering especially to young people in order to address their identified youth issues.

These health facilities and teen centers shall provide family services, peer counseling and other related services and may collaborate with parents, schools, religious groups and youth-serving organizations to successfully implement youth suicide prevention strategies.

SEC. 8. *Implementing Rules and Regulations.* – The DepED and DOH, in consultation with the National Center for Mental Health, National Youth Commission, local and national organizations that serve youth who are at risk for suicide, shall issue the Implementing Rules and Regulations within 90 days from the effectivity of this Act.

SEC. 9. *Appropriations.* – The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act of the year following its enactment into law and thereafter. An initial amount of Fifty Million Pesos (P50,000,000.00) shall be allocated for the first year of its implementation. Such sum shall be included in the special project allocation of DepED and DOH.

SEC. 10. *Repealing Clause.* – Any law, presidential decree, issuance, executive order, letter of instruction, administrative order, rules and regulations contrary to or inconsistent with the provisions of this Act is hereby repealed, amended or modified accordingly.

SEC. 11. *Separability Clause.* – If any provision of this Act is held invalid or unconstitutional, the other provisions not affected hereby shall remain valid and subsisting.

SEC. 12. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,