

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 7858



Introduced by **HON. LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.**

EXPLANATORY NOTE

There has been a significant increase in the awareness of the mental health situation in the country. The Philippine Mental Health bill, which has passed both House and Senate approval, is now pending the President's signature and aims to respond to the mental health needs of Filipinos by integrating mental health into the general health care system. While the Comprehensive Mental Health Act will ensure that Filipinos are provided access to a mental care system, there is still a room for a preventive system in the case of youth suicide in the country.

In 2016, youth suicide came into public light during a Senate Committee on Youth hearing on the National Poison Management and Control Center's report. The said report stated that Filipino kids as young as 10 years old have committed suicide because of depression—16 percent of the total suicide cases recorded are from the youth, teens aged 10 to 19 years old. In a study on the prevalence of suicide attempts among Filipino youth¹, the author found that roughly 1 in 10 Filipino youth aged 15 to 27 have considered suicide an option.

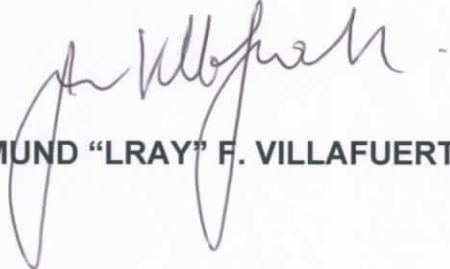
This bill intends to require all schools to implement a Peer Counseling Program to encourage positive mental health for students. The program includes a peer counseling training course that teaches basic counseling skills as well as a Mentor-

¹ Quintos, Mark Anthony M. (2017). Prevalence of Suicide Ideation and Suicide Attempts among the Filipino Youth and its Relationship with the Family Unit. *Asia Pacific Journal of Multidisciplinary Research*, Vol. 5, No. 2, May 2017. Accessed from <http://www.apjmr.com/wp-content/uploads/2017/05/APJMR-2017.5.2.2.02.pdf>

Mentee program to stimulate relationship and confidence building and skill and academic motivation. The schools are also encouraged to employ at least one psychologist, as far as practicable, in every school guidance counselor's office in order to respond to the mental health care needs of the students and create suicide prevention programs. It also intends to establish Youth Health Centers to address the stigma of mental health and identify youth issues.

Institutionalizing the Youth Suicide Prevention program means ensuring that the mental health needs of our youth are taken cared for. This entails the collaboration of both the DepEd and the DOH to formulate a program that not only promotes awareness, but also mechanisms to prevent the problems. The bill proposed defers to the wisdom and expertise of the two government agencies that cares for the well-being of its citizens.

The approval of this bill is earnestly sought.



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

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Introduced by HON. LUIS RAYMUND “LRAY” F. VILLAFUERTE, JR.

AN ACT
TO PROVIDE YOUTH SUICIDE INTERVENTION AND PREVENTION

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

SECTION 1. *Short Title.* – This Act shall be known as the “Youth Suicide Prevention Act of 2018”.

SECTION 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.

SECTION 3. *Formulation of Life Planning Education.* – The Department of Education (DepEd), in coordination with the Department of Health (DOH), 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 counselors and other school personnel responsible for delivering LPE.

The DepEd is likewise mandated to formulate a mechanism for sustaining peer counseling and peer education programs.

SECTION 4. *Implementation of Public Education Campaign.* – The DOH, in consultation 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 behaviors;
- 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.

SECTION 5. *Implementation of a Peer Counseling Group Program in Every School.* – The DepEd is mandated to require all schools to implement a Peer Counseling Program that includes the following:

- a. Peer Counseling Training Course – credited training program to be conducted by the school psychologist or guidance counselor and shall involve lessons on basic counseling skills and analyses for students. The school may also tap the help of health specialists through the abovementioned Public Education Campaign;
- b. Mentor-Mentee Program – the school psychologist or guidance counselor shall oversee the conduct of the Mentor-Mentee program and be responsible for the matching of students based on mentee developmental focus and mentor capabilities.

SECTION 6. *Employment of Psychologist for Monthly School Counseling Alignment Sessions.* – The DepEd, in cooperation with the DOH, is mandated to

employ at least one (1) psychologist in every school. The psychologist shall be employed on a consultancy service position and shall be required to visit the school at least once (1) a month to hold School Counseling Alignment Sessions. The school psychologist must also prepare a yearly School Counseling Program of Work in order to align the guidance counselors with the campaigns and programs included in this Act. 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 behavior;
- 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 Senior High School;
- f. Other duties and responsibilities which DepEd and DOH may identify as necessary to fulfill the above mandate.

The 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.

SECTION 7. *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 attempt suicide; and
- c. Explore prevention strategies to reduce the number of attempted suicides and suicides.

SECTION 8. *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.

SECTION 9. *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.

SECTION 10. *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 (Php 50,000,000.00) shall be allocated for the first year of its implementation. Such sum shall be included in the special project allocation of DepEd and DOH.

SECTION 11. *Separability Clause.* – Should any provision herein be declared unconstitutional, the same shall not affect the validity of the other provisions of this Act.

SECTION 12. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations or other issuances or parts inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 13. *Effectivity Clause.* – This Act shall take effect in fifteen (15) days after publication in the Official Gazette or in one (1) newspaper of general circulation in the Philippines.

Approved,