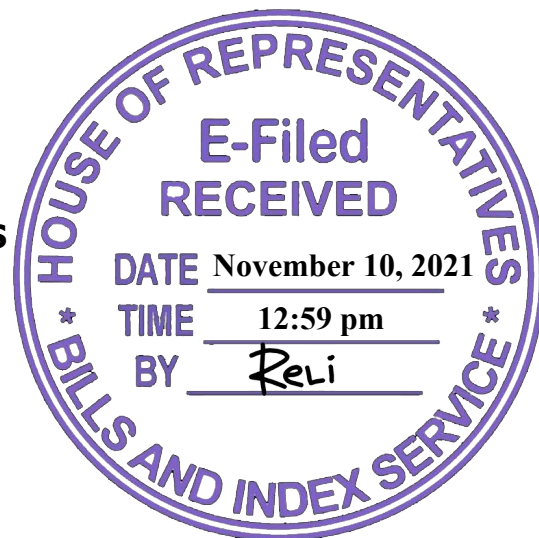


REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Third Regular Session

House Bill No. 10468



Introduced by **MAGDALO Party-List Representative**
HON. MANUEL DG. CABOCHAN III

EXPLANATORY NOTE

Suicide is the second leading cause of death among youth ages 15 to 24.¹ The youth, especially in their teen years, have difficulty in coping with challenges while undergoing transition. This may range from physical changes, mental stress, complex feelings, to peer pressure.

As the COVID-19 pandemic continues, most youth stay at home and spend their idle time on social media. They become more vulnerable to cyberbullying and cyber-harassment. Many mental health problems arise from excessive exposure to social media leading to lower self-esteem, changes in lifestyle, and lesser social interactions.

According to a 2012 study conducted by the United States American Journal of Public Health, there is increasing evidence that the internet and social media can influence suicide-related behavior among the youth.² Likewise, a 2017 study published by the Association for Psychological Science found out that adolescents

¹ Stanford Children's Health. Teen Suicides. Information retrieved from <https://www.stanfordchildrens.org/en/topic/default?id=teen-suicide-90-P02584>

² NCBI. U.S. National Library of Medicine. Information retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477910/>. Dated May 2012

who spend more time online, such as social media, were more likely to experience mental health issues.

The World Health Organization (WHO) reported the suicide rate per 100,000 population among Filipino males rose from 4.5 to 5.2 between 2000 and 2016, while that among Filipino females increased from 1.8 to 2.3.³ In 2015, a survey conducted among Filipino high school students ages 13 to 17 revealed that 17 percent had attempted suicide in the previous year, with another 12 percent having thought about it.

Article II, Section 13 of the 1987 Constitution provides that the State shall promote and protect the physical, moral, spiritual, intellectual, and social well-being of the youth. It is imperative, therefore, to fervently protect the mental health of the youth. This proposed measure intends to provide mechanisms that will prevent suicide among the youth. Among the salient features of this measure is the establishment of a Life Planning Education (LPE). It shall mandate the Department of Education and Department of Health to include it in the elementary and secondary education curriculum. It shall inculcate positive values to the youth such as self-respect, spirituality, moral responsibility, and critical thinking. It shall also include a public education campaign to raise awareness about suicide.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



MANUEL DG. CABOCHAN III

Representative

Magdalo Para Sa Pilipino Party-List

³ Ibid.

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HON. MANUEL DG. CABOCHAN III

AN ACT
TO PROVIDE YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION

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

1 SECTION 1. *Short Title.*— This Act shall be known as the "Youth Suicide
2 Prevention Act".

3
4 Sec. 2. Declaration of Policy.— The State shall promote and protect the
5 physical, moral, spiritual, intellectual and social well-being of the youth. In view of
6 this, the State shall promote youth programs that will shape their values and
7 inculcate in them positive self-image, self-respect, critical thinking and moral
8 responsibility to enable them to become principle-centered and values-driven
9 individuals. It is recognized by the State that youth suicide is a public health tragedy
10 linked to underlying mental health problems, and that youth suicide early
11 intervention and prevention activities are national priorities.

12
13 Sec. 3. *Formulation of Life Planning Education.*— The Department of
14 Education (DepEd), in coordination with the Department of Health (DOH), is

1 mandated to formulate and include in the elementary and secondary education
2 curriculum a course of Life Planning. Life Planning Education (LPE) shall require
3 lectures and discussions on self and identity, family, community values,
4 communication and interrelationship with others, sexuality and gender roles,
5 community participation, health, psychological thinking and employment, among
6 others. The DepEd is mandated to ensure that Life Planning Education is integrated
7 in all schools. Training shall be provided to school administrators, teachers, guidance
8 counselors, and other school personnel responsible for delivering LPE.

9
10 The DepEd is likewise mandated to formulate a mechanism for sustaining
11 peer counselling and peer education programs.

12
13 SEC. 4. *Implementation of Public Education Campaign.*— The DOH, in
14 consultation with the DepEd, is mandated to request doctors, health specialists,
15 medical experts, hospitals and other medical institutions to conduct a nationwide
16 education campaign to help the youth, parents of youth, teachers, school personnel
17 and the general public to:

- 18 (a) Become aware of the increasing problem of youth suicide and suicidal
19 behaviors;
20 (b) Recognize common warning signs of suicidal thoughts and intent;
21 (c) Learn how to respond to youth who exhibit such signs; and
22 (d) Know when and where to go for accurate assessments and professional.

23
24 The DOH shall also develop and implement nationwide youth suicide early
25 intervention and prevention strategies and education campaign in schools,
26 educational institutions, juvenile justice systems, substance abuse programs, mental
27 health programs, foster care systems, and other child and youth support
28 organizations.

29
30 Sec. 5. *Implementation of a Peer Counseling Group Program in Every*
31 *School.*— The DepEd is mandated to require all schools to implement a Peer
32 Counseling Program that will be conducted by the school psychologist or guidance

counsellor and shall involve lessons on basic counselling skills and analyses for students. The school may also tap the help of health specialists through the abovementioned Public Education Campaign.

Sec. 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 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 social networks, and health care system personnel;
- (d) Increase competencies in post suicide intervention to prevent further suicides;
- (e) Offer immediate support, information resources and appropriate services to families of youth who are at risk for emotional behavioral disorders which may lead to suicide attempts;
- (f) Provide timely referrals for appropriate community-based mental healthcare and treatment of youth in all child-serving settings and agencies who are at risk for suicide;
- (g) Work with interested families and advocacy organizations to conduct annual self-evaluation of outcomes and activities on the national level, according to established standards; and

1 (h) Other duties and responsibilities which DepEd and DOH may identify as
2 necessary to fulfil the above mandate.

3
4 The DOH is hereby mandated to provide technical assistance to schools with respect
5 to training psychologists in schools. It shall implement the best practices in the
6 identification and treatment of youth who are at risk for committing suicide.

7
8 *Sec. 7. Provision of Technical Assistance and Data Management.*— The DOH
9 is mandated to assist the DepEd in:

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

16
17 The DOH shall conduct research and development programs on the
18 effectiveness of new and existing youth suicide prevention strategies, techniques,
19 technology, including clinical studies and evaluations of such strategies and related
20 research aimed at reducing youth suicide and providing support for emotional and
21 behavioral disorders which may lead to suicide attempts.

22
23 The DOH is likewise mandated to develop a suicide data collection system to
24 provide reliable data about attempted suicides in the country. In developing the
25 system, the DOH shall:

- 26 (a) Include information on the incidence of suicide attempts Include
27 demographic information on the persons who attempt suicide; and
28 (b) Explore prevention strategies to reduce the number of attempted suicides
29 and suicides.

30
31 *Sec. 8. Establishment of Youth Health Centers.*— The DOH may establish a
32 linkage with national government agencies, local government units (LGUs), and non-

1 governmental institutions to establish a network of health facilities and teen centers
2 catering especially to young people in order to address their identified youth issues.

3
4 These health facilities and teen centers shall provide family services, peer
5 counselling and other related services and may collaborate with parents, schools,
6 religious groups, and youth-serving organizations to successfully implement youth
7 suicide prevention strategies.

8
9 *Sec. 9. Implementing Rules and Regulations.*— The DepEd and DOH, in
10 consultation with the National Center for Mental Health, National Youth Commission,
11 local and national organizations that serve youth, shall within ninety (90) days from
12 the effectivity of this Act, promulgate the rules and regulations to effectively
13 implement the provisions of this Act.

14
15 *Sec. 10. Appropriations.*— The amount needed for the initial implementation
16 of this Act shall be taken from the current year's appropriations. An initial amount of
17 Fifty Million Pesos (PhP 50,000,000.00) shall be allocated for the first year of its
18 implementation. Such sum shall be included in the special project allocation of the
19 DepEd and DOH. Thereafter, such sums as may be necessary for its continued
20 implementation shall be included in the annual General Appropriations Act.

21
22 *Sec. 11. Separability Clause.*— If any portion or provision of this Act is
23 declared unconstitutional, the remainder of this Act or any provisions not affected
24 thereby shall remain in force and effect.

25
26 *Sec. 12. Repealing Clause.*— Any law, presidential decree or issuance,
27 executive order, letter of instruction, rule or regulation inconsistent with the
28 provisions of this Act is hereby repealed, modified, or amended accordingly.

29
30 *Sec. 13. Effectivity.*— This Act shall take effect fifteen (15) days after its
31 complete publication in the Official Gazette or a newspaper of general circulation.

Approved,