

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

HOUSE OF REPRESENTATIVES

HOUSE BILL No. 3726



Introduced by REPRESENTATIVE CLAUDINE DIANA D. BAUTISTA-LIM

AN ACT
PROTECTING THE MENTAL WELL-BEING OF THE YOUTH BY PROVIDING
POLICIES FOR EARLY INTERVENTION AND PREVENTION OF SUICIDE

EXPLANATORY NOTE

In its 2023 report, the World Health Organization disclosed that every year, 703,000 people take their own life and there are many more people who attempt suicide. Suicide occurs throughout a person's lifespan and was, in fact, the fourth leading cause of death among 15–29-year-olds globally in 2019.¹

In the country, almost one in five Filipino youth aged 15-24 have ever considered ending their life. It was found out that in 2013, more than 574,000 or 3% of Filipino youth attempted ending their life. In 2021, the percentage increased to 7.5% which is equivalent to almost 1.5 million youth who had suicidal thoughts.²

Regretfully, 6 out of 10 people who had considered suicide never talked to someone about it. Of the few who did, the majority (25% of suicidal ideators) sought assistance from close friends or peers, then parents/guardians (7%) and other relatives (5%). Getting professional help was quite unpopular, even among those who took action on their suicide thoughts (4%). Just one out of every ten young adults is aware of any suicide prevention services or programs.³

These distressing findings show that Filipino youth have worse mental health than they did a few decades ago. This may be due to a number of reasons confronting the mental healthcare of the country including severe understaffing, high expense of consultation and treatment, and the stigma associated with mental health issues.⁴

¹ *Suicide*. (2023, August 28). <https://www.who.int/news-room/fact-sheets/detail/suicide>

² *Pinoy youth in worse mental shape today, nationwide survey indicates*. (2022, October 10). UP Population Institute. <https://www.uppi.upd.edu.ph/news/2022/pinoy-youth-in-worse-mental-health-shape-today>

³ Ibid

⁴ Ibid

It is imperative for the government to scale up its efforts in suicide prevention among the youth. There is a need for the government to adopt comprehensive suicide prevention strategies that involve a multisectoral public health approach.

This measure aims to strengthen the collaboration between the Department of Health (DOH) and the Department of Education (DepEd) in preventing suicide among our youth by involving the DOH in developing the Life Planning Education for the elementary and secondary education curriculum. The inclusion of Life Planning Education intends to facilitate open discussions on self and identity, family, community values, communication and interrelationship with others, sexuality and gender roles, community participation, health, psychological thinking and employment, among others.

This measure further seeks to implement peer counselling group program in every school, promote public education campaign by tapping health specialists and employ psychologists for monthly school counselling alignment sessions.

Every suicide is a tragedy that has a lasting impact on the people left behind and ripples across communities, families, and sometimes entire nations. Suicide is a serious public health concern but it is also preventable with timely, evidenced-based and often low-cost interventions.⁵

Immediate approval of this measure is earnestly sought.


REP. CLAUDINE DIANA D. BAUTISTA-LIM
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⁵ *Suicide*. (2023, August 28). <https://www.who.int/news-room/fact-sheets/detail/suicide>

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AN ACT

**PROTECTING THE MENTAL WELL-BEING OF THE YOUTH BY PROVIDING
POLICIES FOR EARLY INTERVENTION AND PREVENTION OF SUICIDE**

*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 and Resilience 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.

It is recognized by the State that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

Sec. 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 of Life Planning. Life Planning Education (LPE) shall require lectures and discussions on self and identity, 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 counselling and peer education programs.

Sec. 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.

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

Sec. 5. Implementation of a Peer Counselling Group Program in Every School. – The DepEd is mandated to require all schools to implement a Peer Counselling Program that will be conducted by the school psychologist or guidance counselor 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. 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; and
- 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.

Sec. 7. Establishment of Youth Health Centers. – The DOH may establish linkages 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 counselling and other related services and may collaborate with parents, schools, religious groups, and youth-serving organizations to successfully implement youth suicide prevention strategies.

Sec. 9. Implementing Rules and Regulations (IRR). – The DepEd and DOH, in consultation with the National Center for Mental Health, National Youth Commission, local and national organizations that serve youth, shall issue the IRR within ninety (90) days from the effectivity of this Act.

Sec. 10. Appropriations. – The amount necessary to carry out the provisions of this Act shall be included in the respective budgets of DepEd and DOH in the General Appropriations Act.

Sec. 11. Separability Clause. – If, for any reason, any section or provision of this Act is declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

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

Sec. 13. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation in the Philippines.

Approved,