

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5354



Introduced by **CONGRESSMAN ALFRED VARGAS**

EXPLANATORY NOTE

According to the World Health Organization, suicide is the second leading cause of death among people 15 to 29 years of age¹. The Philippines documented 2,053 cases of suicide in 2013. Among these, the 20 to 24 age bracket records the highest number of suicide cases with 342.²

These figures are lower than the annual global age-standardized suicide rate of 11.4 per 100,000 population. However, it is likely that suicide cases are underreported due to competing health problems and the associated negative stigma against people with suicidal tendencies and their family.³

While suicide rates are low in the Philippines, the relatively high rates in adolescents and young adults highlight the importance of focused suicide prevention programs.

This bill takes the initial steps in preventing suicide among the youth. It proposes to create the National Youth Prevention Coordinating Council which will formulate programs and strategies for youth suicide early intervention, prevention, and response. It also seeks to standardize technical assistance and data management in order to evaluate prevention measures effectively.

For these reasons, the approval of this bill is earnestly sought.


ALFRED VARGAS

¹ Lapena, Carmela. (2015). "Special Report: Suicide and the Pinoy Youth." *GMA News Online*. Available at: <http://www.gmanetwork.com/news/story/524070/lifestyle/healthandwellness/special-report-suicide-and-the-pinoy-youth> [Accessed 17 March 2017].

² Philippine Daily Inquirer. (2016). "In the Know: Suicide Cases in the Philippines." [online] Available at: <http://newsinfo.inquirer.net/843701/in-the-know-suicide-cases-in-the-philippines> [Accessed 20 March 2017]

³ Redaniel, M.T., et al. (2011). "Suicide the Philippines: Time Trend Analysis (1974-2005) and Literature Review." *BMC Public Health* 2011, 11:536.

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AN ACT
TO PROVIDE EARLY YOUTH SUICIDE INTERVENTION AND PREVENTION
EXPANSION

Be it enacted by the Senate and House of the 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 Article II Section 13 of the 1987 Constitution, the State shall promote and protect the holistic well-being of the youth. In view of this policy, the State shall promote programs that aim to increase public awareness on the risk factors of suicide, prevention of suicide among the youth, and develop a support mechanism to young individuals with suicidal tendencies.

SEC. 3. Definition of Terms. -

- (a) **Eligible entity** refers to State, political subdivision, public organization, or private non-profit organization involved actively in youth suicide early intervention and prevention activities and in the development and continuation of nationwide youth suicide early intervention and prevention strategies;
- (b) **Best evidence-based programs** refer to programs that have undergone scientific evaluation and proven to be effective;
- (c) **Educational Institution** refers to institution of basic, technical and higher education;
- (d) **Prevention** refers to a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems conditions, or behaviors;

- (e) **Response** refers to a strategy or approach that minimizes the harm resulting from adverse conditions or actions, and/or reduces the likelihood or risk of future undertaking or similar adverse behavior;
- (f) **Youth** refers to an individual between fifteen (15) and twenty nine (29) years of age; and
- (g) **Youth Suicide Program** refers to youth suicide intervention, prevention and response strategies;

SEC. 4. National Youth Suicide Prevention Coordinating Council.- There is hereby created a Youth Suicide Prevention Coordinating Council (hereinafter referred to as the Council).

SEC. 5. Composition. - The Council shall be composed of representatives from the following sectors:

- (a) Government - Senior government officials from each of the following national government agencies: Department of Health (DOH), National Youth Commission (NYC), Department of Education (DepEd), Commission on Higher Education (CHED) and Department of Social Work and Development (DSWD);
- (b) Academe - Experts, scholars, and professionals officially affiliated with duly recognized academic institutions, and are actively involved in the research and practice of fields concerning mental health, counseling, personality development and substance abuse;
- (c) Civil Society - Representatives from duly organized non-profit organizations including, but not limited to, community-based organizations, independent research institutions, medical and educational associations and faith-based organizations actively involved in projects, activities, and programs related to youth suicide intervention, prevention and response.

The Council shall be headed by a Chairperson who must be selected by the Secretary of Health and the Chairperson of the NYC.

SEC. 6. Functions. - The Council shall be tasked to perform the following functions:

- (a) Identify specific youth suicide early intervention, prevention, and response strategies which shall serve as the guideline for reducing the risk of youth suicide in the country;
- (b) Conduct regular monitoring and review of the implementation of the said strategies; and
- (c) Ensure adequate funding and efficient spending for the programs concerning youth suicide.

SEC. 7. Youth Suicide Program – The Council shall formulate specific projects, activities and programs (PAPs) designed to develop capacity of school authorities community and household members for early detection of suicidal behavior, prevention of youth suicide risk factors and provide proper support and response to youth displaying suicidal behavior. These may include, but are not limited to, the following strategies:

- (a) Integration of mental health and personality development education into the basic and higher education curricula;
- (b) Development of mental health and personality development training modules and public campaigns to be implemented in communities, juvenile justice systems, foster care systems and other youth support organizations and establishments;
- (c) Formulation of parent education programs designed to increase family support and capacity for household-based early detection, response and prevention of youth suicide;
- (d) Coordination and assistance of local government units in formulating local programs on early intervention, prevention and response strategies;
- (e) Development of targeted intervention strategies for high risk youth, including those at risk of mental health problems, substance abuse disorder and other associated risk factors of youth suicide;
- (f) Formulation of a youth suicide rehabilitation program that aims to provide assistance to youth with previous history of suicidal behavior; and
- (g) Adoption of other best evidence-based programs for early intervention, prevention and response strategies identified by the Council.

SEC. 8. Eligible Entities. – The Council shall identify eligible entities to be awarded grants and other agreements to implement the youth suicide early intervention, prevention and response strategies enumerated in Section 6 of this Act. In awarding grants or other agreements, the Council shall give preference to eligible entities that:

- (a) provide early intervention services to youth in, and that are integrated with, school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems and other child and youth support organizations;
- (b) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;
- (c) employ or include in their applications a commitment to engage in an evaluative process the best evidence-based or promising youth suicide early intervention and prevention practices and strategies adapted to the local community;

- (d) provide for the timely assessment of youth who are at risk for emotional disorders which may lead to suicide attempts;
- (e) provide timely referrals for appropriate community-based mental health care and treatment of youth in all child-serving settings and agencies who are at risk for suicide;
- (f) provide immediate support and information resources to families of youth who are at risk for emotional behavioral disorders which may lead to suicide attempts;
- (g) offer equal access to services and care to youth with diverse social and economic backgrounds;
- (h) offer appropriate services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems and other child and youth support organizations of youth who recently attempted suicide;
- (i) provide continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers and the general public and highlight the risk factors associated with youth suicide and the lifesaving health and care available from early intervention and prevention services;
- (j) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services use effective communication mechanisms that are targeted to reach youth, families, schools, educational institutions and youth organizations;
- (k) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early intervention and prevention services are properly trained in effectively identifying youth who are at a risk for suicide;
- (l) provide continuous training activities for child care professionals and community care providers on the latest best evidence-based program for youth suicide early intervention and prevention services practices and strategies; and
- (m) work with interested families and advocacy organizations to conduct annual self-evaluation of outcomes and activities on the national level according to standards established by the Council.

SEC. 9. Technical Assistance and Data Management. – The Council shall identify recipients of technical assistance grants and other agreements with government agencies to conduct assessments independently or in collaboration with educational institutions related to the development of nationwide Youth Suicide Programs. Grants

awarded under this section shall be used to establish programs for the development of standardized procedures for data management, such as:

- (a) ensuring the quality of youth suicide early intervention and prevention strategies;
- (b) providing technical assistance on data collection and management;
- (c) studying the costs and effectiveness of nationwide youth suicide early intervention, prevention and response strategies in order to answer relevant issues of importance to national policymakers;
- (d) identifying and understanding further the causes of and associated risk factors for youth suicide;
- (e) ensuring the quality surveillance of suicidal behaviors and nonfatal suicidal attempts;
- (f) studying the effectiveness of nationwide youth suicide early intervention, prevention and response strategies on the overall wellness and health promotion strategies related to suicide attempts; and
- (g) promoting the sharing of data regarding youth suicide with government agencies involved with youth suicide early intervention, prevention, and response, and nationwide youth suicide early intervention, prevention and response strategies for the purpose of identifying previously unknown mental health causes and associated risk-factors for suicide in youth.

SEC. 10. Research. - The Council shall coordinate with concerned national agencies in conducting a program of research and development on the efficacy of new and existing youth suicide early intervention techniques and technology, including clinical studies and evaluations of early intervention methods, and related research aimed at reducing youth suicide and offering support for emotional and behavioral disorders which may lead to suicide attempts.

The concerned government agencies shall promote the sharing of research and development data developed pursuant to the preceding paragraph with the national agencies involved in Youth Suicide Programs and entities involved in nationwide Youth Suicide Programs for the purpose of applying and integrating new techniques and technology into existing nationwide Youth Suicide Programs.

SEC. 11. Suicide Hotline. The DOH shall establish a 24/7 hotline to provide assistance to affected youth. The existing suicide prevention hotline of the DOH shall be strengthened to ensure that the suicide intervention, prevention and responses are appropriate for the youth.

SEC. 12. Funding. The Congress shall allocate adequate funding for the implementation of the Youth Suicide Program, including grants to be awarded to eligible entities, in the General Appropriations Act.

SEC. 13. Guidelines and Measures. – Not later than ninety (90) days after the date of the enactment of this Act, the Council shall assign the appropriate government agencies to promulgate and issue necessary guidelines and measures for the effective implementation of the provisions of this Act.

SEC. 14. Separability Clause. – If any provision, or part hereof, is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SEC. 15. Repealing Clause. – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation or part thereof, contrary to, or inconsistent with the provision of this Act is hereby repealed, modified or amended accordingly.

SEC. 16. Effectivity Clause. – This Act shall take effect fifteen (15) days from its publication in at least two (2) newspapers of general circulation.

Approved,