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

OFFICE OF THE SECRETARY

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SENATE
S. No. 1592

RECEIVED BY:

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

Filipinos committing or attempting suicide are getting younger over the years. The 2001 World Health Report revealed that in 53 countries where complete data were available, "suicide [turned out to be] a leading cause of death for young adults."

Blame it mostly on the demands of rapid urbanization and economic hardships. Psychiatrists say that life has become more stressful than ever. What complicates the situation is the continued refusal of many families to encourage troubled members to seek the advice of mental health professionals, as if the act itself is an admission of insanity. Psychiatrists point out that children are prone to depression which sometimes leads to suicide. These are caused by the children's separation from their parents when the latter go elsewhere to work; the restrictive, abusive, punitive, or highly critical parenting style that their elders adopt; the breaking of close relationships, and the oppression of society. Findings also show that if these events do not drive children to take their own lives, these may still cause these children to grow up as emotionally weak adults.

In the US, suicide is the third leading cause of death for young people aged 15-24, and that more teenagers and young adults died from suicide than from a combination of cancer, heart disease, AIDS, birth defects, stroke, and chronic lung diseases taken together. In the Philippines, reports allegedly claimed that suicides among Metro Manila students, particularly those attending prestigious schools, are rising at alarming rate, and seem to be following a trend of youth suicides in the US and Japan.

The government, through the Department of Health (DOH) and Department of Education (DepEd), should take steps to raise awareness of youth suicide as a serious public health

program. Suicide is not a crime, as most media reports tend to portray it. It is a serious disease that should be prevented.[1]

MIRIAM DEFENSOR SANTIAGO

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[1] This bill was originally filed during the Thirteenth Congress, First Regular session.

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AN ACT
TO PROVIDE YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION EXPANSION

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."

SECTION 2.*Definition* of *Terms.* -As used in this Act, the following terms shall mean:

(A) "Eligible entity" means the State, political subdivision, public organization, or private non-profit organization actively involved 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" means programs that have undergone scientific evaluation and gave proven to be effective.

(C) "Educational institution" means high school, vocational school, or an institution of higher education.

(D) "Prevention" means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems or reduces the harm resulting from conditions or behaviors.

(E) "Youth" means an individual between *6* and 24 years of age.

(F) "DOH means the Department of Health.

(G)"DOH Secretary" means the Secretary of Health.

SECTION 3. *Statement* of *Policy.* - It is recognized 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.

SECTION 4. *Youth Suicide Early Intervention and Prevention Strategies.* -

(A) *In General.* - The DOH shall award grants or cooperative agreements to eligible entities to:

(1) Develop and implement nationwide youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

(2) Collect and analyze data on nationwide youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

(3) Assist provincial and municipal governments, through nationwide youth suicide early intervention and prevention strategies, in achieving their targets for youth suicide reductions.

(B) *Preference.* -The DOH Secretary shall give preference to eligible entities that -

(1) 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;

(2) Demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

(3) 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;

(4) Provide for the timely assessment of youth who are at risk for emotional disorders which may lead to suicide attempts;

(5) 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;

(6) Provide immediate support and information resources to families of youth who are at risk for emotional behavioral disorders which may lead to suicide attempts;

(7) Offer equal access to services and care to youth with diverse social and economic backgrounds;

(8) 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 completed suicide;

(9) 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;

(10) 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 and reach youth, families, schools, educational institutions, and youth organizations;

(11) 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;

(12) Provide continuous training activities for child care professionals and community care providers on the latest best evidence-based youth suicide early intervention and prevention services practices and strategies; and

(13) 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 DOH.

SECTION *5. Technical Assistance and Data Management.* -

(A) *Technical Assistance and Data Management.* -

(1) *In General.* - The DOH Secretary shall award technical assistance grants and cooperative agreements to government agencies to conduct assessments independently or in collaboration with educational institutions related to the development of statewide youth suicide early intervention and prevention strategies.

(2) *Authorized Activities.* - Grants awarded under Section 3, Paragraph (1) 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 and prevention 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 and prevention 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 and prevention, and nationwide youth suicide early intervention and prevention strategies for the purpose of identifying previously unknown mental health causes and associated risk-factors for suicide in youth.

(3) *Research.* -

(a) *In General.* - The DOH Secretary shall conduct 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.

(b) *Disseminating Research.* - The DOH Secretary shall promote the sharing of research and development data developed pursuant to the preceding paragraph with the national agencies involved in youth suicide early intervention and prevention, and entities involved in nationwide youth suicide early intervention and prevention strategies for the purpose of applying and integrating new techniques and technology into existing nationwide youth suicide early intervention and strategies systems.

SECTION 6. *Coordination and Collaboration.* -

(A) *In General.* - In carrying out this section, the DOH Secretary shall collaborate and consult with -

(1) National Center for Mental Health (NCMH);

(2) Department of Education PepEd);

(3) National Youth Commission (NYC);

(4) Other government agencies: national and local agencies;

(5) Local and national organizations that serve youth at risk for suicide and their families;

(6) Relevant national medical and other health and education specialty organizations;

(7) Youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

(8) Families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care !?om early intervention and prevention services, or who have completed suicide;

(9) Qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve youth at risk for suicide and their families; and

(10) Third-party payers, managed care organizations, and related commercial industries.

(B) *Policy Development.* - The DOH shall coordinate and collaborate on policy development with the following government and private entities enumerated in the preceding paragraph, including the medical, suicide prevention advocacy groups, and other health and education professional-based organizations, with respect to nationwide youth suicide early intervention and prevention strategies.

SECTION 7. *Rule of Construction; Religious Accommodation.* -Nothing in this Act shall be construed to preempt any statute that does not require the suicide early intervention for youth whose parents or legal guardians object to such early intervention based on the parents or legal guardians' religious beliefs.

SECTION 8. *Evaluation.* -

(A) *In General.* - The DOH Secretary shall conduct an evaluation to analyze the effectiveness and efficacy of the activities conducted with grants under this Section.

(B) *Report.* - Not later than two years after the date of enactment of this section, the Secretary shall submit to the appropriate committees of the Senate and House of Representatives a report concerning the results of the evaluation conducted under paragraph

SECTION *9. Guidelines and Measures.* - Not later than 90 days after the date of the enactment of this Act, the DOH shall promulgate and issue necessary guidelines and measures for the effective implementation of the provisions of this Act.

SECTION 10. *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.

SECTION 11. *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.

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

Approved.