

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



Senate
Office of the Secretary

'16 SEP 20 P5:20

SENATE

RECEIVED BY: 

S. B. No. 1163

Introduced by SENATOR JOEL VILLANUEVA

**AN ACT
TO PROVIDE EARLY YOUTH SUICIDE INTERVENTION AND
PREVENTION EXPANSION**

Suicide among the youth is global problem that needs to be addressed. Across the globe, suicide is the second leading cause of death among people 15 to 29 years of age, according to the 2014 global report on preventing suicide by the World Health Organization (WHO). Nevertheless, the complexity of the issue hampers family members, school authorities, peers, and even the youth themselves, from effectively addressing the issue.

Poor understanding of dynamics of suicide, coupled with the stigma associated with the behavior and its risk factors (including mental health problems and substance abuse), further limit the capacity of families and communities in providing early intervention and in preventing suicide among the youth. These also hinder families and communities from extending appropriate response to adverse behaviors related to suicide.

In the Philippines, the same WHO report estimated that the number of suicides in 2012 was 2,558 (550 for female and 2,009 for male). While the statistics are reportedly low (especially in comparison to other Asian countries), the stigma associated with the behavior may have resulted in the underreporting of suicide incidences in the country, especially among low and middle income households. Currently, the Philippines needs more reliable data in order to better understand suicide behavior and establish effective prevention strategies in the country.

In view of this, this bill proposes to establish the National Youth Suicide Prevention Coordinating Council tasked to formulate strategies for youth suicide early intervention, prevention and response in the country. The council shall be composed of the following: representatives from various national government agencies mandated to implement health- and education-related youth suicide prevention programs in both schools and communities across the country; professional practitioners and experts in fields related to youth suicide; and civil society groups actively engaging projects, activities, and programs on youth suicide intervention, prevention, and response.

Among others, these strategies intend to help the Filipino youth understand, prevent, and/or overcome the adverse conditions that increase the risk of suicidal behavior. The strategies also seek to improve the public understanding of suicide and suicidal behavior among the youth, and therefore minimize the stigma attached to the behavior. They also aim to improve the capacity of parents, school authorities, and community leaders to extend effective and adequate intervention and response to suicidal behavior.

In recognition of the need for a broad, multi-stakeholder participation to address youth suicide, this bill also proposes to provide grants to eligible entities (from both public and private sectors) tasked to undertake the different strategies identified by the Council.

Additional features of the bill include the establishment of a standardized collection and management of data on youth suicide, promotion of research on youth suicide to support evidence-based youth suicide intervention, prevention and response strategies, and institutionalization of the 24/7 national hotline for suicide prevention.

To effectively address youth suicide in the Philippine, the passage of this bill is earnestly sought.


SENATOR JOEL VILLANUEVA



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

- 1 **SEC. 1. Short Title.** – This Act shall be known as the "Youth Suicide Prevention
2 Act."
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4 **SEC. 2. Definition of Terms.** –
5
6 (a) **Eligible entity** refers to State, political subdivision, public organization, or
7 private non-profit organization actively involved in youth suicide early
8 intervention and prevention activities and in the development and continuation
9 of nationwide youth suicide early intervention and prevention strategies;
10
11 (b) **Best evidence-based programs** refers to programs that have undergone
12 scientific evaluation and proven to be effective;
13
14 (c) **Educational institution** refers to institutions of basic, technical and higher
15 education;
16
17 (d) **Prevention** refers to a strategy or approach that reduces the likelihood or risk
18 of onset, or delays the onset, of adverse health problems, conditions, or
19 behaviors;
20
21 (e) **Response** refers to a strategy or approach that minimizes the harm resulting
22 from adverse conditions or actions, and/or reduces the likelihood or risk of
23 future undertaking of similar adverse behavior;
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25 (f) **Youth** refers to an individual between five (5) and twenty nine (29) years of
26 age; and

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(g) **Youth Suicide Program** refers to youth suicide intervention, prevention and response strategies.

SEC. 3. Statement of Policy. – The State shall formulate, promote and implement programs that aim to increase public awareness on the risk factors of youth suicide, prevent youth suicide and develop a support mechanism to young individuals displaying suicidal behavior and/or have previous history of suicidal behavior.

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: National Youth Commission (NYC), Department of Health (DOH), 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 recognized 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 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.

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

- 7
- 8 (a) Integration of mental health and personality development education into the
9 basic and higher education curricula;
- 10
- 11 (b) Development of mental health and personality development training modules
12 and public campaigns to be implemented in communities, juvenile justice
13 systems, foster care systems and other youth support organizations and
14 establishments;
- 15
- 16 (c) Formulation of parent education programs designed to increase family
17 support and capacity for household-based early detection, response and
18 prevention of youth suicide;
- 19
- 20 (d) Coordination and assistance of local government units in formulating local
21 programs on early intervention, prevention and response strategies;
- 22
- 23 (e) Development of targeted intervention strategies for high risk youth, including
24 those at risk of mental health problems, substance abuse disorder and other
25 associated risk factors of youth suicide;
- 26
- 27 (f) Formulation of a youth suicide rehabilitation program that aims to provide
28 assistance to youth with previous history of suicidal behavior; and
- 29
- 30 (g) Adoption of other best evidence-based programs for early intervention,
31 prevention and response strategies identified by the Council.
- 32

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

- 38
- 39 (a) provide early intervention services to youth in, and that are integrated with,
40 school systems, educational institutions, juvenile justice systems, substance
41 abuse programs, mental health programs, foster care systems and other child
42 and youth support organizations;
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- 44 (b) demonstrate collaboration among early intervention and prevention services
45 or certify that entities will engage in future collaboration;
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- 47 (c) employ or include in their applications a commitment to engage in an
48 evaluative process the best evidence-based or promising youth suicide early
49 intervention and prevention practices and strategies adapted to the local
50 community;

- 1 (d) provide for the timely assessment of youth who are at risk for emotional
2 disorders which may lead to suicide attempts;
3
- 4 (e) provide timely referrals for appropriate community-based mental health care
5 and treatment of youth in all child-serving settings and agencies who are at
6 risk for suicide;
7
- 8 (f) provide immediate support and information resources to families of youth who
9 are at risk for emotional behavioral disorders which may lead to suicide
10 attempts;
11
- 12 (g) offer equal access to services and care to youth with diverse social and
13 economic backgrounds;
14
- 15 (h) offer appropriate services, care, and information to families, friends, schools,
16 educational institutions, juvenile justice systems, substance abuse programs,
17 mental health programs, foster care systems and other child and youth
18 support organizations of youth who recently attempted suicide;
19
- 20 (i) provide continuous and up-to-date information and awareness campaigns that
21 target parents, family members, child care professionals, community care
22 providers and the general public and highlight the risk factors associated with
23 youth suicide and the lifesaving health and care available from early
24 intervention and prevention services;
25
- 26 (j) ensure that information and awareness campaigns on youth suicide risk
27 factors, and early intervention and prevention services use effective
28 communication mechanisms that are targeted to reach youth, families,
29 schools, educational institutions and youth organizations;
30
- 31 (k) provide a timely response system to ensure that child-serving professionals
32 and providers are properly trained in youth suicide early intervention and
33 prevention strategies and that child-serving professionals and providers
34 involved in early intervention and prevention services are properly trained in
35 effectively identifying youth who are at a risk for suicide;
36
- 37 (l) provide continuous training activities for child care professionals and
38 community care providers on the latest best evidence-based program for
39 youth suicide early intervention and prevention services practices and
40 strategies; and
41
- 42 (m) work with interested families and advocacy organizations to conduct annual
43 self-evaluation of outcomes and activities on the national level according to
44 standards established by the Council.
45

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

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

- 3
- 4 (a) ensuring the quality of youth suicide early intervention and prevention
5 strategies;
 - 6
 - 7 (b) providing technical assistance on data collection and management;
8
 - 9 (c) studying the costs and effectiveness of nationwide youth suicide early
10 intervention, prevention and response strategies in order to answer relevant
11 issues of importance to national policymakers;
12
 - 13 (d) identifying and understanding further the causes of and associated risk factors
14 for youth suicide;
 - 15
 - 16 (e) ensuring the quality surveillance of suicidal behaviors and nonfatal suicidal
17 attempts;
18
 - 19 (f) studying the effectiveness of nationwide youth suicide early intervention,
20 prevention and response strategies on the overall wellness and health
21 promotion strategies related to suicide attempts; and
22
 - 23 (g) promoting the sharing of data regarding youth suicide with government
24 agencies involved with youth suicide early intervention, prevention, and
25 response, and nationwide youth suicide early intervention, prevention and
26 response strategies for the purpose of identifying previously unknown mental
27 health causes and associated risk-factors for suicide in youth.
28

29 **SEC. 10. Research.** – The Council shall coordinate with concerned national
30 agencies in conducting a program of research and development on the efficacy of
31 new and existing youth suicide early intervention techniques and technology,
32 including clinical studies and evaluations of early intervention methods, and related
33 research aimed at reducing youth suicide and offering support for emotional and
34 behavioral disorders which may lead to suicide attempts.
35

36 The concerned government agencies shall promote the sharing of research and
37 development data developed pursuant to the preceding paragraph with the national
38 agencies involved in Youth Suicide Programs and entities involved in nationwide
39 Youth Suicide Programs for the purpose of applying and integrating new techniques
40 and technology into existing nationwide Youth Suicide Programs.
41

42 **SEC. 11. Suicide Hotline.** The DOH shall establish a 24/7 hotline to provide
43 assistance to affected youth. The existing suicide prevention hotline of the DOH shall
44 be strengthened to ensure that the suicide intervention, prevention and responses
45 are appropriate for the youth.
46

47 **SEC. 12. Funding.** The Congress shall allocate adequate funding for the
48 implementation of the Youth Suicide Program, including grants to be awarded to
49 eligible entities, in the General Appropriations Act.
50

1 **SEC. 13. *Guidelines and Measures.*** – Not later than ninety (90) days after the date
2 of the enactment of this Act, the Council shall assign the appropriate government
3 agencies to promulgate and issue necessary guidelines and measures for the
4 effective implementation of the provisions of this Act.
5

6 **SEC. 14. *Separability Clause.*** – If any provision, or part hereof, is held invalid or
7 unconstitutional, the remainder of the law or the provision not otherwise affected
8 shall remain valid and subsisting.
9

10 **SEC. 15. *Repealing Clause.*** – Any law, presidential decree or issuance, executive
11 order, letter of instruction, administrative order, rule or regulation or part thereof,
12 contrary to, or inconsistent with, the provision of this Act is hereby repealed, modified
13 or amended accordingly.
14

15 **SEC. 16. *Effectivity Clause.*** – This Act shall take effect fifteen (15) days from its
16 publication in at least two (2) newspapers of general circulation.
17

18 Approved,