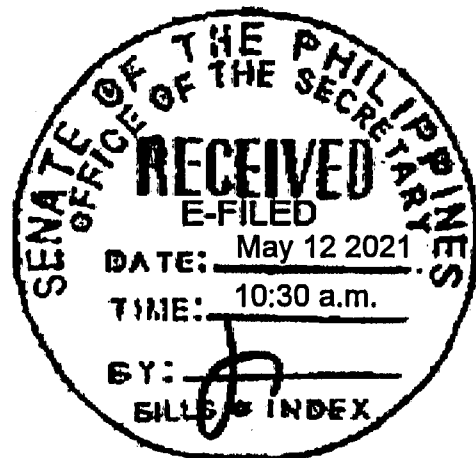


EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
Second Regular Session )



SENATE  
S. No. 2188

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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

**EXPLANATORY NOTE**

The number of suicide cases in the country surged as the pandemic raged and dragged on. In fact, the number of suicide deaths in 2020 was the highest in fourteen years, or since 2006 when the Philippine Statistics Authority (PSA) started collecting data for intentional self-harm<sup>1</sup>. Deaths due to suicide rose to 3,529 in 2020, which is 25.7% higher compared to the 2,808 deaths in 2019. With this number, suicide became the 27<sup>th</sup> leading cause of death in the country<sup>2</sup>.

Data from the World Health Organization (WHO) show that close to 800,000 people die to suicide every year, i.e. one person every 40 seconds. It is also the third leading cause of death in 15-19-year-olds. Moreover, WHO provides, "many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness." But WHO clarifies that suicides are preventable. Preventive measures include school-based interventions; early identification, treatment and care; training of health workers in the assessment and management of suicidal behavior, among others.

This bill builds on the provisions of the Republic Act No. 11036 or the "Mental Health Act" of 2018. Specifically, Section 21 of the landmark law provides that mental

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<sup>1</sup> "Number of suicides in 2020 highest in 14 years-PSA." March 17, 2021. <https://businessmirror.com.ph/2021/03/17/number-of-suicides-in-2020-highest-in-14-years-psa/>

<sup>2</sup> "Suicide deaths up 26 percent in pandemic year: PSA." March 17, 2021. <https://news.abs-cbn.com/news/03/17/21/suicide-deaths-up-26-percent-in-pandemic-year-psa>

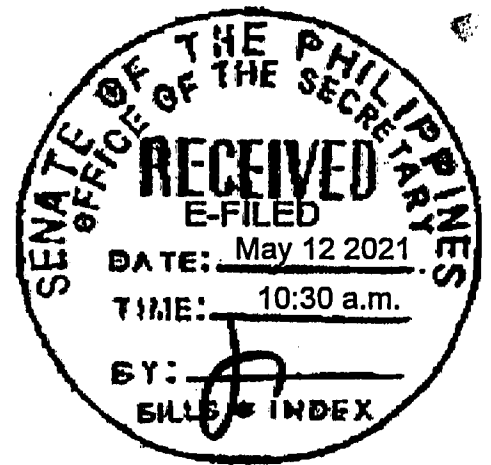
health services shall also include mechanisms for suicide intervention, prevention, and response strategies, with particular attention to the concerns of the youth.

This proposed measure lays out specific early mechanisms and programs in schools, specifically in elementary and secondary education curriculum; a public education campaign not only among the youth, but also to those in their immediate environment; and the employment of psychologists in every school and the conduct of regular counselling alignment sessions.

Considering the alarming rate of increase in suicide cases and the need to promote the wellbeing and health of the youth amid the ongoing pandemic, the immediate passage of this bill is recommended.

  
**RAMON BONG REVILLA, JR.**

EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*Second Regular Session* )



**SENATE**  
**S. No. 2188**

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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

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

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

3           Sec. 2. *Declaration of Policy.* – Under Section 13, Article II of the 1987  
4 Constitution, the State shall promote and protect the physical, moral, spiritual,  
5 intellectual and social well-being of the youth. In view of this policy, the State shall  
6 promote youth programs that will shape their values and inculcate in them positive  
7 self-image, self-respect, critical thinking and moral responsibility to enable them to  
8 become principle-centered and values-driven individuals.

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

12           Sec. 3. *Formulation of Life Planning Education.* – The Department of Education  
13 (DepEd), in coordination with the Department of Health (DOH), is mandated to  
14 formulate and include in the elementary and secondary education curriculum a course  
15 of Life Planning. Life Planning Education (LPE) shall require lectures and discussions  
16 on self and identity, family, community values, communication and interrelationship  
17 with others, sexuality and gender roles, community participation, health, psychological  
18 thinking and employment, among others. The DepEd is mandated to ensure that Life

1 Planning Education is integrated in all schools. Training shall be provided to school  
2 administrators, teachers, guidance counselors, and other school personnel responsible  
3 for delivering LPE.

4 The DepEd is likewise mandated to formulate a mechanism for sustaining peer  
5 counselling and peer education programs.

6 *Sec. 4. Implementation of Public Education Campaign.* – The DOH, in  
7 consultation with the DepEd, is mandated to tap doctors, health specialists, medical  
8 experts, hospitals and other medical institutions to conduct a nationwide education  
9 campaign to help the youth, parents of youth, teachers, school personnel and the  
10 general public to:

- 11 a) Become aware of the increasing problem of youth suicide and suicidal  
12 behaviors;
- 13 b) Recognize common warning signs of suicidal thoughts and intent;
- 14 c) Learn how to respond to youth who exhibit such signs; and
- 15 d) Know when and where to go for accurate assessments and professional  
16 help.

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

21 *Sec. 5. Implementation of a Peer Counseling Group Program in Every School.*  
22 – The DepEd is mandated to require all schools to implement a Peer Counseling  
23 Program that will be conducted by the school psychologist or guidance counsellor and  
24 shall involve lessons on basic counselling skills and analyses for students. The school  
25 may also tap the help of health specialists through the abovementioned Public  
26 Education Campaign.

27 *Sec. 6. Employment of Psychologist for Monthly School Counseling Alignment*  
28 *Sessions.* – The DepEd, in cooperation with the DOH, is mandated to employ at least  
29 one (1) psychologist in every school. The psychologist shall be employed on a  
30 consultancy service position and shall be required to visit the school at least once a  
31 month to hold School Counseling Alignment Sessions. The school psychologist must  
32 also prepare a yearly School Counseling Program of Work in order to align the

1 guidance counselors with the campaigns and programs included in this Act. Said  
2 psychologist must be licensed to practice the profession in accordance with existing  
3 laws and rules and regulations. The duties and responsibilities of the school  
4 psychologist are, but not limited to, the following:

- 5 a) Gain up-to-date scientific knowledge about effective screening and crisis  
6 intervention strategies to identify symptoms of suicidal behavior;
- 7 b) Formulate and implement standardized and reliable screening procedures  
8 of suicidal intent and tendencies;
- 9 c) Provide consultation and assist students in seeking help from their parents,  
10 other adults in social networks, and health care system personnel;
- 11 d) Increase competencies in post suicide intervention to prevent further  
12 suicides;
- 13 e) Offer immediate support, information resources and appropriate services to  
14 families of youth who are at risk for emotional behavioral disorders which  
15 may lead to suicide attempts;
- 16 f) Provide timely referrals for appropriate community-based mental health  
17 care and treatment of youth in all child-serving settings and agencies who  
18 are at risk for suicide;
- 19 g) Work with interested families and advocacy organizations to conduct annual  
20 self-evaluation of outcomes and activities on the national level, according  
21 to established standards;
- 22 h) Other duties and responsibilities which DepEd and DOH may identify as  
23 necessary to fulfil the above mandate.

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

27 *Sec. 7. Provision of Technical Assistance and Data Management.* – The DOH is  
28 mandated to assist the DepEd in:

- 29 a) Identifying and promoting strategies to prevent suicide among the youth;
- 30 b) Ensuring the quality of screening and crisis intervention strategies and  
31 procedures; and

- 1 c) Studying the effectiveness of practices relating to the identification and  
2 treatment of youth who are at risk for committing suicide on the overall  
3 wellness and health promotion strategies related to suicide attempts;

4 The DOH shall conduct research and development programs on the  
5 effectiveness of new and existing youth suicide prevention strategies, techniques,  
6 technology, including clinical studies and evaluations of such strategies and related  
7 research aimed at reducing youth suicide and providing support for emotional and  
8 behavioral disorders which may lead to suicide attempts.

9 The DOH is likewise mandated to develop a suicide data collection system to  
10 provide reliable data about attempted suicides in the country. In developing the  
11 system, the DOH shall:

- 12 a) Include information on the incidence of suicide attempts;  
13 b) Include demographic information on the persons who attempt suicide; and  
14 c) Explore prevention strategies to reduce the number of attempted suicides  
15 and suicides.

16 *Sec. 8. Establishment of Youth Health Centers.* – The DOH may establish a  
17 linkage with national government agencies, local government units (LGUs), and non-  
18 governmental institutions to establish a network of health facilities and teen centers  
19 catering especially to young people in order to address their identified youth issues.

20 These health facilities and teen centers shall provide family services, peer  
21 counselling and other related services and may collaborate with parents, schools,  
22 religious groups, and youth-serving organizations to successfully implement youth  
23 suicide prevention strategies.

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

28 *Sec. 10. Appropriations.* – The amount necessary to carry out the provisions of  
29 this Act shall be included in the General Appropriations Act of the year following its  
30 enactment into law and thereafter. An initial amount of Fifty Million Pesos (Php  
31 50,000,000.00) shall be allocated for the first year of its implementation. Such sum  
32 shall be included in the special project allocation of the DepEd and DOH.

1           **Sec. 11. *Separability Clause.*** – If any provision or part hereof is held invalid or  
2 unconstitutional, the remainder of the law or the provision or part not otherwise  
3 affected shall remain valid and subsisting.

4           **Sec. 12. *Repealing Clause.*** – Any law, presidential decree or issuance, executive  
5 order, letter of instruction, administrative order, rule, or regulation contrary to or  
6 inconsistent with the provisions of this Act are hereby repealed, modified, or amended  
7 accordingly.

8           **Sec. 13. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
9 publication in the *Official Gazette* or in a newspaper of general circulation.

*Approved,*