

110TH CONGRESS
2D SESSION

S. 2585

To provide for the enhancement of the suicide prevention programs of the Department of Defense, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 31, 2008

Mr. HARKIN (for himself, Mr. HAGEL, Mr. OBAMA, Mr. BAUCUS, Mr. DODD, Ms. KLOBUCHAR, Mr. CASEY, and Mr. WEBB) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To provide for the enhancement of the suicide prevention programs of the Department of Defense, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Armed Forces Suicide
5 Prevention Act of 2008”.

6 **SEC. 2. ENHANCEMENT OF SUICIDE PREVENTION PRO-**
7 **GRAMS OF THE DEPARTMENT OF DEFENSE.**

8 (a) ENHANCEMENT OF SUICIDE PREVENTION PRO-
9 GRAMS.—The Secretary of Defense shall take appropriate

1 actions to enhance the suicide prevention programs of the
2 Department of Defense.

3 (b) TRAINING AND ADDITIONAL REQUIREMENTS FOR
4 MEMBERS OF THE ARMED FORCES.—The actions taken
5 under subsection (a) shall include the following:

6 (1) A review and evaluation of existing suicide
7 prevention efforts across the military departments,
8 including an assessment of the effectiveness of cur-
9 rent efforts and of how such efforts are addressing
10 issues related to combat stress.

11 (2) A requirement for suicide prevention train-
12 ing (as described in subsection (c)) on an annual
13 basis for all members of the Armed Forces (includ-
14 ing members of the National Guard and Reserve),
15 for all civilian health care community and family
16 support professionals of the Department of Defense,
17 and for such other service personnel of the Depart-
18 ment as the Secretary shall designate for purposes
19 of this paragraph.

20 (3) Enhancement of the basic lifesaving train-
21 ing course for members of the Armed Forces to in-
22 clude within such training matters relating to rec-
23 ognition of risk factors for suicide, identification of
24 signs and symptoms of mental health concerns and
25 combat stress, and protocols for responding to crisis

1 situations involving members of the Armed Forces
2 who may be at high risk for suicide.

3 (4) Enhancement of training for military med-
4 ics and medical personnel to include within such
5 training matters relating to recognition of risk fac-
6 tors for suicide, identification of signs and symptoms
7 of mental health concerns and combat stress, and
8 protocols for responding to crisis situations involving
9 members of the Armed Forces who may be at high
10 risk for suicide.

11 (5) Review and enhancement of requirements
12 for access of units to crisis response teams to pre-
13 vent and respond to traumatic events, such as mem-
14 bers in crisis or loss of unit members, which teams
15 shall include qualified mental health professionals
16 and may include medical staff, chaplains, family
17 support staff, peers, and other appropriate per-
18 sonnel.

19 (c) SUICIDE PREVENTION TRAINING.—For purposes
20 of this section, suicide prevention training is comprehen-
21 sive training on suicide prevention (including, at a min-
22 imum, education, training, peer-to-peer support methods,
23 outreach, and de-stigmatization on suicide) developed by
24 the Secretary of Defense for purposes of this section in
25 consultation with the Secretary of Veterans Affairs, the

1 National Institute of Mental Health, the Substance Abuse
2 and Mental Health Services Administration of the Depart-
3 ment of Health and Human Services, and the Centers for
4 Disease Control and Prevention.

5 (d) OUTREACH.—

6 (1) IN GENERAL.—The actions taken under
7 subsection (a) shall include a campaign of outreach
8 throughout the Armed Forces and the military fam-
9 ily communities intended to—

10 (A) reduce the stigma among members of
11 the Armed Forces and their families, and in
12 such communities, associated with mental
13 health concerns;

14 (B) encourage members of the Armed
15 Forces and individuals in such communities to
16 seek help with such concerns;

17 (C) increase awareness among members of
18 the Armed Forces and in such communities
19 that mental health is essential to overall health;
20 and

21 (D) increase awareness among members of
22 the Armed Forces and in such communities re-
23 garding substance abuse concerns, relationship
24 and financial difficulties, and legal and occupa-
25 tional difficulties.

1 (2) PUBLIC ADDRESSES.—As part of the cam-
2 paign of outreach, the Secretary shall provide for the
3 inclusion in addresses to veterans service organiza-
4 tions and other public addresses, and in other public
5 speeches, by senior officials of the Department of
6 Defense of the themes of the importance of mental
7 health, and the importance of seeking help on men-
8 tal health concerns and stress on military family
9 members, for members of the Armed Forces, vet-
10 erans, and their families.

11 (e) POST-DEPLOYMENT ASSISTANCE FOR SPOUSES
12 AND PARENTS OF RETURNING MEMBERS.—

13 (1) IN GENERAL.—The Secretary shall provide
14 spouses and parents of members of the Armed
15 Forces, including members of the National Guard
16 and Reserve, who are returning from deployment as-
17 sistance in—

18 (A) understanding issues that arise in the
19 readjustment of such members—

20 (i) for members of the National Guard
21 and Reserve, to civilian life; and

22 (ii) for members of the regular compo-
23 nents of the Armed Forces, to military life
24 in a non-combat environment;

1 (B) identifying signs and symptoms of sub-
2 stance abuse, mental health conditions, trau-
3 matic brain injury, and risk factors for suicide;
4 and

5 (C) encouraging such members and their
6 families in seeking assistance for such condi-
7 tions and in seeking assistance on relationship,
8 financial, legal, and occupational difficulties.

9 (2) INFORMATION ON AVAILABLE RE-
10 SOURCES.—In providing assistance under paragraph
11 (1), the Secretary shall provide information on the
12 national suicide prevention hotline, local resources
13 for mental health services, family counseling serv-
14 ices, or other appropriate services, including services
15 available from both military providers of such serv-
16 ices and community-based providers of such services.

17 (3) TIMING.—The Secretary shall provide re-
18 sources under paragraph (1) with respect to a mem-
19 ber of the Armed Forces not later than six months
20 after the date of the return of such member from
21 deployment.

22 (f) ASSESSMENT OF ACTIONS.—

23 (1) IN GENERAL.—The Secretary shall provide
24 for an evaluation and assessment of the actions un-
25 dertaken under this section by an appropriate non-

1 Federal Government entity selected by the Secretary
2 for purposes of this subsection. The Secretary may
3 provide for the evaluation and assessment by con-
4 tract or other cooperative agreement with, or by
5 grant to, the entity so selected.

6 (2) ELEMENTS.—In conducting the evaluation
7 and assessment required under paragraph (1), the
8 entity selected under that paragraph shall evaluate
9 and assess the effectiveness of the actions taken
10 under this section in reducing the incidence of sui-
11 cide among members of the Armed Forces, includ-
12 ing—

13 (A) the extent to which the actions taken
14 under this section effectively targeted members
15 of the Armed Forces and their families; and

16 (B) the extent to which the actions taken
17 under this section increased awareness among
18 members of the Armed Forces and their fami-
19 lies on risk factors for suicide.

20 **SEC. 3. REPORT TO CONGRESS ON SUICIDE PREVENTION**
21 **PROGRAMS AND ACTIVITIES.**

22 (a) REPORT REQUIRED.—Not later than 180 days
23 after the date of the enactment of this Act and annually
24 thereafter, the Secretary of Defense shall submit to Con-
25 gress a report on the programs and activities of the Sec-

1 retary of Defense to reduce the incidence of suicide among
2 members of the Armed Forces.

3 (b) ELEMENTS.—Each report under this section shall
4 include the following:

5 (1) The total number of suicides among mem-
6 bers of the Armed Forces during the period begin-
7 ning on January 1, 2002, and ending at the end of
8 the most recent calendar year quarter preceding the
9 submittal of such report, including the number of
10 suicides confirmed and the number of deaths being
11 investigated as a suicide, set forth—

12 (A) by calendar year quarter in which
13 death occurred;

14 (B) by military department of the mem-
15 bers concerned; and

16 (C) by whether death occurred while the
17 members concerned were deployed or while as-
18 signed to permanent duty station or homeport.

19 (2) A description of the status of the program
20 required by section 2, including, for the first three
21 reports under this section, a current description of
22 the implementation of the program, including the
23 costs of implementation of the program.

1 (3) A description of the coordination of the pro-
2 gram with suicide prevention efforts of the Depart-
3 ment of Veterans Affairs.

4 (4) In the case of the first report under this
5 section, a plan for additional programs and activities
6 to reduce the incidence of suicide among current and
7 former members of the Armed Forces.

8 (5) Such recommendations for additional legis-
9 lative or administrative action as the Secretary con-
10 siders appropriate to improve and enhance the sui-
11 cide prevention programs and activities of the De-
12 partment of Defense.

13 (c) CONSULTATION.—In developing the plan required
14 by subsection (b)(4), the Secretary of Defense shall con-
15 sult with the following:

16 (1) The Secretary of Veterans Affairs.

17 (2) The National Institute of Mental Health.

18 (3) The Substance Abuse and Mental Health
19 Services Administration of the Department of
20 Health and Human Services.

21 (4) The Centers for Disease Control and Pre-
22 vention.

1 **SEC. 4. WORKFORCE DEVELOPMENT FOR UNIFORMED BE-**
2 **HAVIORAL HEALTH PROFESSIONALS FOR**
3 **THE DEPARTMENT OF DEFENSE.**

4 The Secretary of Defense may award grants to, and
5 enter into contracts and cooperative agreements with, such
6 entities as the Secretary considers appropriate to identify
7 and implement within the Department of Defense innova-
8 tive and effective strategies for the recruitment and reten-
9 tion of qualified uniformed behavioral health professionals
10 to provide mental health services, and substance abuse dis-
11 order prevention and treatment services, for members of
12 the Armed Forces.

13 **SEC. 5. REDUCING THE STIGMA ASSOCIATED WITH SEEK-**
14 **ING MENTAL HEALTH TREATMENT.**

15 The Secretary of Defense may award grants to, and
16 enter into contracts and cooperative agreements with, such
17 entities as the Secretary considers appropriate to identify
18 and implement within the Department of Defense innova-
19 tive and effective strategies for reducing the stigma associ-
20 ated with seeking mental health treatment.

21 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

22 There is hereby authorized to be appropriated for fis-
23 cal year 2009 for the Department of Defense \$6,000,000
24 to carry out this Act.

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