

110TH CONGRESS
1ST SESSION

S. 479

To reduce the incidence of suicide among veterans.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 1, 2007

Mr. HARKIN (for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, Ms. SNOWE, Mr. DURBIN, Mr. SMITH, Mr. LAUTENBERG, Mr. THUNE, Mr. KERRY, Mr. BROWNBACK, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To reduce the incidence of suicide among veterans.

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 “Joshua Omgig Vet-
5 erans Suicide Prevention Act”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

8 (1) suicide among veterans suffering from post-
9 traumatic stress disorder (PTSD) is a serious prob-
10 lem; and

1 (2) the Secretary of Veterans Affairs should
2 take into consideration the special needs of veterans
3 suffering from post-traumatic stress disorder in de-
4 veloping and implementing the comprehensive pro-
5 gram required by section 3(a).

6 **SEC. 3. COMPREHENSIVE PROGRAM FOR SUICIDE PREVEN-**
7 **TION AMONG VETERANS.**

8 (a) PROGRAM REQUIRED.—The Secretary of Vet-
9 erans Affairs shall develop and implement a comprehen-
10 sive program for reducing the incidence of suicide among
11 veterans.

12 (b) PROGRAM ELEMENTS.—

13 (1) DE-STIGMATIZING MENTAL HEALTH.—The
14 program required by subsection (a) shall include a
15 national mental health campaign to increase aware-
16 ness in the veteran community that mental health is
17 essential to overall health and that very effective
18 modern treatments can promote recovery from men-
19 tal illness. The campaign may include the following:

20 (A) Activities targeted at veterans of Oper-
21 ation Iraqi Freedom and Operation Enduring
22 Freedom and the families of such veterans.

23 (B) Monthly messages on the Internet
24 website of the Department of Veterans Affairs

1 that express the theme that mental health is es-
2 sential to overall health.

3 (C) Inclusion of the theme described in
4 subparagraph (B) in public addresses, speeches,
5 and veterans service organization convention
6 addresses by the Secretary of Veterans Affairs
7 and other senior officials of the Department.

8 (2) TRAINING OF EMPLOYEES AND OTHER PER-
9 SONNEL.—The program shall provide for mandatory
10 training on suicide and suicide prevention for appro-
11 priate employees and contractor personnel (including
12 all medical personnel) of the Department of Vet-
13 erans Affairs who interact with veterans. Such train-
14 ing shall include information pertinent to the job of
15 such employees and personnel, including information
16 on the following:

17 (A) Recognition of risk factors for suicide.

18 (B) Protocols for responding to crisis situ-
19 ations involving veterans who may be at high
20 risk for suicide.

21 (C) Best practices for suicide prevention.

22 (3) FAMILY EDUCATION AND OUTREACH.—The
23 program shall include programs of outreach to, and
24 education for, veterans and families of veterans (in-
25 cluding, in particular, veterans of Operation Iraqi

1 Freedom and Operation Enduring Freedom and the
2 families of such veterans) in order to assist the fam-
3 ily members of veterans in—

4 (A) eliminating or overcoming stigmas as-
5 sociated with mental illness;

6 (B) understanding issues that arise in the
7 readjustment of veterans to civilian life;

8 (C) identifying signs and symptoms of
9 mental health problems; and

10 (D) encouraging veterans to seek assist-
11 ance for such problems.

12 (4) PEER SUPPORT PROGRAM.—

13 (A) IN GENERAL.—The program shall pro-
14 vide support for the development of a program
15 to enable veterans to serve as peer counselors
16 to—

17 (i) assist other veterans with mental
18 health issues; and

19 (ii) conduct outreach to veterans and
20 families of veterans on mental health mat-
21 ters.

22 (B) TRAINING.—The program supported
23 by subparagraph (A) shall include appropriate
24 training for peer counselors under the program,

1 including training in the identification of risk
2 factors for suicide.

3 (C) PEER SUPPORT COUNSELING AS SUP-
4 PLEMENTAL SERVICE.—The program supported
5 by subparagraph (A) shall be offered in addi-
6 tion to other mental health services already of-
7 fered by the Department and services created
8 pursuant to this Act.

9 (5) HEALTH ASSESSMENTS OF VETERANS.—
10 The program shall encourage all veterans, when they
11 apply for benefits provided by the Department, to
12 undergo a mental health assessment at a Depart-
13 ment of Veterans Affairs medical facility (including
14 a center established under section 1712A of title 38,
15 United States Code).

16 (6) COUNSELING AND TREATMENT OF VET-
17 ERANS.—The program shall provide for referrals to
18 appropriate counseling and treatment programs for
19 veterans who show signs or symptoms of mental
20 health problems.

21 (7) SUICIDE PREVENTION COUNSELORS.—The
22 program shall provide for the designation of a sui-
23 cide prevention counselor at each Department of
24 Veterans Affairs medical facility other than centers
25 established under section 1712A of title 38, United

1 States Code. Each counselor shall work with local
2 emergency rooms, law enforcement agencies, local
3 mental health organizations, and veterans service or-
4 ganizations to engage in outreach to veterans to in-
5 form them of mental health services that are avail-
6 able to them and to improve the coordination of
7 mental health care to veterans at the local level.

8 (8) RESEARCH ON BEST PRACTICES.—

9 (A) IN GENERAL.—The program shall pro-
10 vide for research on best practices for suicide
11 prevention among veterans.

12 (B) STEERING COMMITTEE.—The Sec-
13 retary of Veterans Affairs shall develop a steer-
14 ing committee to advise the Secretary of Vet-
15 erans Affairs on the research described in sub-
16 paragraph (A). Such steering committee shall
17 be comprised of representatives from the fol-
18 lowing:

19 (i) National Institute of Mental
20 Health.

21 (ii) Substance Abuse and Mental
22 Health Services Administration.

23 (iii) Centers for Disease Control and
24 Prevention.

1 (9) SUBSTANCE ABUSE TREATMENT.—The pro-
2 gram shall provide for referrals to appropriate coun-
3 seling and treatment programs of veterans who show
4 signs or symptoms of substance abuse.

5 (10) 24-HOUR MENTAL HEALTH CARE.—The
6 program shall include mechanisms to ensure the
7 availability of services for mental health care for vet-
8 erans on a 24-hour basis.

9 (11) TELEPHONE HOTLINE.—The program
10 may include a toll-free telephone number (commonly
11 referred to as an “800 number”) through which vet-
12 erans may obtain information on and referrals to ap-
13 propriate mental health services. The telephone
14 number shall be serviced by personnel with appro-
15 priate mental health training, and shall be oper-
16 ational at all times.

17 (12) OTHER ELEMENTS.—The program may
18 provide for such other activities and programs to re-
19 duce the incidence of suicide among veterans as the
20 Secretary of Veterans Affairs considers appropriate.

21 **SEC. 4. REPORT TO CONGRESS ON SUICIDE PREVENTION**

22 **PROGRAMS AND ACTIVITIES.**

23 (a) REPORT REQUIRED.—Not later than 90 days
24 after the date of the enactment of this Act, the Secretary
25 of Veterans Affairs shall submit to Congress a report on

1 the programs and activities of the Department of Veterans
2 Affairs to reduce the incidence of suicide among veterans.

3 (b) ELEMENTS.—The report shall include the fol-
4 lowing:

5 (1) A description of the status of the implemen-
6 tation of the program required by section 3(a).

7 (2) A description of the scheduled implementa-
8 tion of the program during the two-year period be-
9 ginning on the date of the enactment of this Act, in-
10 cluding the costs of implementation of the program
11 over that period.

12 (3) A plan for additional programs and activi-
13 ties to reduce the incidence of suicide among vet-
14 erans.

15 (4) Such recommendations for additional legis-
16 lative or administrative action as the Secretary con-
17 siders appropriate to improve and enhance the sui-
18 cide prevention programs and activities of the De-
19 partment.

20 (c) CONSULTATION.—In developing the plan required
21 by subsection (b)(3), the Secretary shall consult with the
22 following:

23 (1) The National Institute of Mental Health.

24 (2) The Substance Abuse and Mental Health
25 Services Administration.

1 (3) Centers for Disease Control and Prevention.

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