

113TH CONGRESS
1ST SESSION

S. 810

To require a pilot program on an online computerized assessment to enhance detection of behaviors indicating a risk of suicide and other mental health conditions in members of the Armed Forces, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2013

Mr. DONNELLY introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require a pilot program on an online computerized assessment to enhance detection of behaviors indicating a risk of suicide and other mental health conditions in members of the Armed Forces, 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 “Jacob Sexton Military
5 Suicide Prevention Act of 2013”.

1 **SEC. 2. PILOT PROGRAM ON ONLINE COMPUTERIZED AS-**
2 **SESSMENT TO ENHANCE DETECTION OF BE-**
3 **HAVIORS INDICATING A RISK OF SUICIDE**
4 **AND OTHER MENTAL HEALTH CONDITIONS**
5 **IN MEMBERS OF THE ARMED FORCES.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) According to the Department of Veterans
9 Affairs and the Centers for Disease Control and
10 Prevention, at least 30,137 members of the Armed
11 Forces and veterans have committed suicide since
12 the Department of Defense began closely tracking
13 these incidents in 2009.

14 (2) In 2012 alone, approximately 349 members
15 of the Armed Forces, including the National Guard
16 and Reserve, committed suicide, which is more than
17 the total number of members who died in combat
18 operations in 2012. This number does not include
19 the more than 6,000 veterans who committed suicide
20 in 2012.

21 (3) During a March 21, 2013, hearing of the
22 Committee on Armed Services of the House of Rep-
23 resentatives, Jacqueline Garrick, acting director of
24 the Defense Suicide Prevention Office of the Depart-
25 ment of Defense (DPSO), stated that “[l]ess than
26 half [of the suicide victims] had deployed, and few

1 were involved in combat”. This statement is con-
2 sistent with current research, which has shown other
3 risk factors, such as relationships, legal or financial
4 issues and alcohol or drug usage play a larger role
5 than a member’s deployment history. Garrick also
6 told the Committee that many of these suicidal vic-
7 tims did not communicate their intent, nor did they
8 have known behavioral health histories.

9 (b) SENSE OF CONGRESS.—It is the sense of Con-
10 gress that, as the United States draws down combat oper-
11 ations in Afghanistan, the Department of Defense should
12 continue to seek to identify tools to assist in the identifica-
13 tion of behavior indicating a risk suicide in members of
14 the Armed Forces.

15 (c) PILOT PROGRAM REQUIRED.—The Secretary of
16 Defense shall carry out a pilot program to assess the feasi-
17 bility and advisability of using an online computerized as-
18 sessment to assist the Department of Defense in detecting
19 behaviors in members of the Armed Force that indicate
20 a risk of suicide or other mental health conditions.

21 (d) PARTICIPATING MEMBERS.—The Secretary shall
22 carry out the pilot program using the following, as selected
23 by the Secretary at random for purposes of the pilot pro-
24 gram:

1 (1) 1,000 members of the regular component of
2 the Army.

3 (2) 1,000 members of the regular component of
4 the Navy.

5 (3) 1,000 members of the regular component of
6 the Air Force.

7 (4) 1,000 members of the regular component of
8 the Marine Corps.

9 (5) 500 members of the Army Reserve.

10 (6) 500 members of the Army National Guard
11 of the United States.

12 (7) 500 members of the Navy Reserve.

13 (8) 500 members of the Air Force Reserve.

14 (9) 500 members of the Air National Guard of
15 the United States.

16 (10) 500 members of Marine Corps Reserve.

17 (e) ONLINE COMPUTERIZED ASSESSMENTS.—

18 (1) IN GENERAL.—In carrying out the pilot
19 program, the Secretary shall require each member of
20 the Armed Forces selected to participate in the pilot
21 program to undertake two online computerized as-
22 sessments.

23 (2) ELEMENTS.—The assessments under this
24 subsection shall be designed to obtain such informa-
25 tion on behaviors that indicate a risk of suicide or

1 other mental health conditions as the Secretary shall
2 include in the assessments for purposes of the pilot
3 program, including, but not limited to, work per-
4 formance, use and abuse of alcohol and other sub-
5 stances, financial matters, and relationship and so-
6 cial matters.

7 (3) TIMING.—The assessments under this sub-
8 section shall be undertaken by a member at the
9 same time the member undertakes each of the first
10 two annual periodic health assessments (PHAs) in
11 connection with service in the Armed Forces that
12 are required of the member by the Department after
13 the selection of the member for participation in the
14 pilot program.

15 (f) COMMAND QUESTIONNAIRES.—

16 (1) IN GENERAL.—At the same time a member
17 of the Armed Forces undertakes an online computer-
18 ized assessment under subsection (e), the member of
19 the Armed Forces first superior to such member in
20 the chain of command shall undertake a question-
21 naire on the behavior of such member, including, but
22 not limited to, behavior that indicates a risk of sui-
23 cide or other mental health conditions.

24 (2) ELEMENTS.—The questionnaires under this
25 subsection shall be designed to obtain information

1 on the members covered by the questionnaires so as
2 to verify the accuracy of the information provided by
3 such members in undertaking assessments under
4 subsection (e).

5 (g) REFERRAL.—As part of pilot program, the Sec-
6 retary shall ensure that any member of the Armed Forces
7 determined to have behavior indicating a risk of suicide
8 or another mental health condition is referred to an appro-
9 priate mental health care provider for further assessment,
10 care, and services in accordance with applicable proce-
11 dures.

12 (h) CONTROL GROUPS.—In carrying out the pilot
13 program, the Secretary shall establish one or more control
14 groups whose behavior and experiences during the course
15 of the pilot program permit comparison with the behavior
16 and experiences of members participating in the pilot pro-
17 gram. Each control group shall consist of such members
18 of the Armed Forces as the Secretary shall identify for
19 purposes of the pilot program.

20 (i) PRIVACY MATTERS.—

21 (1) IN GENERAL.—The privacy of any medical
22 or other information obtained on members of the
23 Armed Forces under this section shall be protected
24 in accordance with the laws on privacy applicable to
25 such information.

1 (2) PROHIBITION ON CERTAIN USES.—No infor-
2 mation obtained on a member under this section
3 may be used in determining the promotion or ad-
4 vancement of the member or any other benefit for
5 which the member may be eligible.

6 (3) EXCLUSION OF PERSONALLY IDENTIFIABLE
7 INFORMATION FROM REPORTS.—No personally iden-
8 tifiable information on members may be included in
9 any report under subsection (j).

10 (j) REPORT.—

11 (1) REPORT REQUIRED.—Not later than 180
12 days after the date on which all the members of the
13 Armed Forces participating in the pilot program
14 have completed both of the online computerized as-
15 sessments required by subsection (e) for purposes of
16 the pilot program, the Secretary shall submit to the
17 appropriate committees of Congress a report on the
18 pilot program.

19 (2) ELEMENTS.—The report under paragraph
20 (1) shall include the following:

21 (A) A description of the pilot program, in-
22 cluding a detailed description of the assess-
23 ments used for purposes of subsection (e) and
24 the questionnaires used for purposes of sub-
25 section (f).

1 (B) A summary of the various behaviors
2 detected through the assessments and question-
3 naires.

4 (C) A description of the number of mem-
5 bers identified as being at risk of suicide or
6 other mental health conditions, and an assess-
7 ment of the correlation between the risks identi-
8 fied and the various behaviors detected.

9 (D) If care and services were provided to
10 members pursuant to subsection (g), a descrip-
11 tion of such care and services and an assess-
12 ment of the effectiveness of such care and serv-
13 ices.

14 (E) A description of the number of mem-
15 bers participating in the pilot program who
16 committed suicide.

17 (F) A description of the control groups es-
18 tablished pursuant to subsection (h), and a
19 comparative analysis of the behavior and experi-
20 ences of members of such control groups during
21 the pilot program with the behavior and experi-
22 ences of members participating in the pilot pro-
23 gram, including on matters relating to suicidal
24 ideations, suicides attempted, and suicides com-
25 mitted.

(G) A comparative analysis of the rate of suicide among members participating in the pilot program, members of the control groups established pursuant to subsection (h), and the general population of each of the Armed Forces.

(H) Such recommendations for extension or expansion of the pilot program as the Secretary considers appropriate in light of the pilot program, including recommendations on the feasibility and advisability of incorporating the online computerized assessments under the pilot program in the online questionnaire of the annual periodic health assessments (PHA) in connection with service in the Armed Forces that are required by the Department.

(k) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” means—

(1) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate; and

(2) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives.

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