

82

**AMENDMENT TO H.R. 5658, AS REPORTED
OFFERED BY MR. BOSWELL OF IOWA, MR. HAYES
OF NORTH CAROLINA, AND MR. SCHIFF OF
CALIFORNIA**

At the end of title VII, add the following new subtitle:

1 **Subtitle D—Armed Forces Suicide**
2 **Prevention**

3 **SEC. 741. SHORT TITLE.**

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

6 **SEC. 742. ENHANCEMENT OF SUICIDE PREVENTION PROGRAMS OF THE DEPARTMENT OF DEFENSE.**

8 (a) ENHANCEMENT OF SUICIDE PREVENTION PROGRAMS.—The Secretary of Defense shall take appropriate
9 actions to enhance the suicide prevention programs of the
10 Department of Defense.

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

15 (1) A review and evaluation of existing suicide
16 prevention efforts across the military departments,
17 including an assessment of the effectiveness of cur-

1 rent efforts and of how such efforts are addressing
2 issues related to combat stress.

3 (2) A requirement for suicide prevention train-
4 ing (as described in subsection (c)) on an annual
5 basis for all members of the Armed Forces (includ-
6 ing members of the National Guard and Reserve),
7 for all civilian health care community and family
8 support professionals of the Department of Defense,
9 and for such other service personnel of the Depart-
10 ment as the Secretary shall designate for purposes
11 of this paragraph.

12 (3) Enhancement of the basic lifesaving train-
13 ing course for members of the Armed Forces to in-
14 clude within such training matters relating to rec-
15 ognition of risk factors for suicide, identification of
16 signs and symptoms of mental health concerns and
17 combat stress, and protocols for responding to crisis
18 situations involving members of the Armed Forces
19 who may be at high risk for suicide.

20 (4) Enhancement of training for military med-
21 ics and medical personnel to include within such
22 training matters relating to recognition of risk fac-
23 tors for suicide, identification of signs and symptoms
24 of mental health concerns and combat stress, and
25 protocols for responding to crisis situations involving

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

3 (c) SUICIDE PREVENTION TRAINING.—For purposes
4 of this section, suicide prevention training is comprehen-
5 sive training on suicide prevention (including, at a min-
6 imum, education, training, peer-to-peer support methods,
7 outreach, and de-stigmatization on suicide) developed by
8 the Secretary of Defense for purposes of this section in
9 consultation with the Secretary of Veterans Affairs, the
10 National Institute of Mental Health, the Substance Abuse
11 and Mental Health Services Administration of the Depart-
12 ment of Health and Human Services, and the Centers for
13 Disease Control and Prevention.

14 (d) OUTREACH.—The actions taken under subsection
15 (a) shall include a campaign of outreach throughout the
16 Armed Forces and the military family communities in-
17 tended to—

18 (1) reduce the stigma among members of the
19 Armed Forces and their families, and in such com-
20 munities, associated with mental health concerns;

21 (2) encourage members of the Armed Forces
22 and individuals in such communities to seek help
23 with such concerns;

1 (3) increase awareness among members of the
2 Armed Forces and in such communities that mental
3 health is essential to overall health; and

4 (4) increase awareness among members of the
5 Armed Forces and in such communities regarding
6 substance abuse concerns, relationship and financial
7 difficulties, and legal and occupational difficulties.

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

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

15 (A) understanding issues that arise in the
16 readjustment of such members—

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

19 (ii) for members of the regular compo-
20 nents of the Armed Forces, to military life
21 in a non-combat environment;

22 (B) identifying signs and symptoms of sub-
23 stance abuse, mental health conditions, trau-
24 matic brain injury, and risk factors for suicide;
25 and

1 (C) encouraging such members and their
2 families in seeking assistance for such condi-
3 tions and in seeking assistance on relationship,
4 financial, legal, and occupational difficulties.

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

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

18 **SEC. 743. REPORT TO CONGRESS ON SUICIDE PREVENTION**
19 **PROGRAMS AND ACTIVITIES.**

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

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

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

10 (A) by calendar year quarter in which
11 death occurred;

12 (B) by military department of the mem-
13 bers concerned; and

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

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

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

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

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

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

13 (1) The Secretary of Veterans Affairs

14 (2) The National Institute of Mental Health.

15 (3) The Substance Abuse and Mental Health
16 Services Administration of the Department of
17 Health and Human Services.

18 (4) The Centers for Disease Control and Pre-
19 vention.

20 **SEC. 744. AUTHORIZATION OF APPROPRIATIONS.**

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