

“(4) The Secretary shall ensure that information about the availability of the telephone assistance service is visibly posted in Department medical facilities and is advertised through public service announcements, pamphlets, and other means.

“(5) Not later than 18 months after the date of the enactment of this Act [Nov. 2, 1994], the Secretary shall submit to Congress a report on the operation of the telephone assistance service required under section 1720D(c)(1) of title 38, United States Code (as amended by paragraph (1)). The report shall set forth the following:

“(A) The number of persons who sought information during the period covered by the report through a toll-free telephone number regarding services available to veterans relating to sexual trauma, with a separate display of the number of such persons arrayed by State (as such term is defined in section 101(20) of title 38, United States Code).

“(B) A description of the training provided to the personnel who provide such assistance.

“(C) The recommendations and plans of the Secretary for the improvement of the service.”

TRANSITION PERIOD FOR ELIGIBILITY FOR COUNSELING

Pub. L. 102-585, title I, §102(b), Nov. 4, 1992, 106 Stat. 4946, as amended by Pub. L. 103-210, §2(b), Dec. 20, 1993, 107 Stat. 2497, provided that in the case of a veteran who was discharged or released from active military, naval, or air service before Dec. 31, 1992, the two-year period specified in 38 U.S.C. 1720D(a)(2) was to be treated as ending on Dec. 31, 1994, prior to repeal by Pub. L. 103-452, title I, §101(h), Nov. 2, 1994, 108 Stat. 4735.

COMMENCEMENT OF PROVISION OF INFORMATION ON SERVICES

Pub. L. 102-585, title I, §104, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than 90 days after Nov. 4, 1992, to commence the provision of information on the counseling relating to sexual trauma that is available to women veterans under 38 U.S.C. 1720D.

REPORT ON IMPLEMENTATION OF SEXUAL TRAUMA COUNSELING PROGRAM

Pub. L. 102-585, title I, §105, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than Mar. 31, 1994, to submit to Congress a comprehensive report on the Secretary's actions under 38 U.S.C. 1720D.

§ 1720E. Nasopharyngeal radium irradiation

(a) The Secretary may provide any veteran a medical examination, and hospital care, medical services, and nursing home care, which the Secretary determines is needed for the treatment of any cancer of the head or neck which the Secretary finds may be associated with the veteran's receipt of nasopharyngeal radium irradiation treatments in active military, naval, or air service.

(b) The Secretary shall provide care and services to a veteran under subsection (a) only on the basis of evidence in the service records of the veteran which document nasopharyngeal radium irradiation treatment in service, except that, notwithstanding the absence of such documentation, the Secretary may provide such care to a veteran who—

(1) served as an aviator in the active military, naval, or air service before the end of the Korean conflict; or

(2) underwent submarine training in active naval service before January 1, 1965.

(Added Pub. L. 105-368, title IX, §901(a), Nov. 11, 1998, 112 Stat. 3360.)

§ 1720F. Comprehensive program for suicide prevention among veterans

(a) ESTABLISHMENT.—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans incorporating the components described in this section.

(b) STAFF EDUCATION.—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with veterans. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

(1) recognizing risk factors for suicide;

(2) proper protocols for responding to crisis situations involving veterans who may be at high risk for suicide; and

(3) best practices for suicide prevention.

(c) HEALTH ASSESSMENTS OF VETERANS.—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the veteran concerned, to appropriate counseling and treatment programs for veterans who show signs or symptoms of mental health problems.

(d) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to veterans and improve the coordination of mental health care to veterans.

(e) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among veterans. Research shall be conducted under this subsection in consultation with the heads of the following entities:

(1) The Department of Health and Human Services.

(2) The National Institute of Mental Health.

(3) The Substance Abuse and Mental Health Services Administration.

(4) The Centers for Disease Control and Prevention.

(f) SEXUAL TRAUMA RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for veterans who have experienced sexual trauma while in military service. The research design shall include consideration of veterans of a reserve component.

(g) 24-HOUR MENTAL HEALTH CARE.—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to veterans on a 24-hour basis.

(h) HOTLINE.—In carrying out the comprehensive program, the Secretary may provide for a

toll-free hotline for veterans to be staffed by appropriately trained mental health personnel and available at all times.

(i) **OUTREACH AND EDUCATION FOR VETERANS AND FAMILIES.**—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for veterans and the families of veterans, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

- (1) remove the stigma associated with mental illness;
- (2) encourage veterans to seek treatment and assistance for mental illness;
- (3) promote skills for coping with mental illness; and
- (4) help families of veterans with—
 - (A) understanding issues arising from the readjustment of veterans to civilian life;
 - (B) identifying signs and symptoms of mental illness; and
 - (C) encouraging veterans to seek assistance for mental illness.

(j) **PEER SUPPORT COUNSELING PROGRAM.**—(1) In carrying out the comprehensive program, the Secretary shall establish and carry out a peer support counseling program, under which veterans shall be permitted to volunteer as peer counselors—

- (A) to assist other veterans with issues related to mental health and readjustment; and
- (B) to conduct outreach to veterans and the families of veterans.

(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(3) In addition to other locations the Secretary considers appropriate, the Secretary shall carry out the peer support program under this subsection at each Department medical center.

(k) **OTHER COMPONENTS.**—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among veterans that the Secretary considers appropriate.

(Added Pub. L. 110–110, §3(a)(1), Nov. 5, 2007, 121 Stat. 1031; amended Pub. L. 112–239, div. A, title VII, §730(a)(1)–(3), Jan. 2, 2013, 126 Stat. 1814.)

REFERENCES IN TEXT

Section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, referred to in subsec. (j)(2), is section 304(c) of Pub. L. 111–163, which is set out as a note under section 1712A of this title.

CODIFICATION

Section 3(a)(1) of Pub. L. 110–110, which directed that this section be added at the end of this chapter, was executed by adding this section at the end of this chapter, to reflect the probable intent of Congress.

AMENDMENTS

2013—Subsec. (j)(1). Pub. L. 112–239, §730(a)(1), substituted “shall establish” for “may establish” in introductory provisions.

Subsec. (j)(2). Pub. L. 112–239, §730(a)(2), inserted “, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note)” after “peer counselors”.

Subsec. (j)(3). Pub. L. 112–239, §730(a)(3), added par. (3).

DEADLINE FOR COMMENCEMENT OF PROGRAM

Pub. L. 112–239, div. A, title VII, §730(a)(4), Jan. 2, 2013, 126 Stat. 1814, provided that: “The Secretary of Veterans Affairs shall ensure that the peer support counseling program required by section 1720F(j) of title 38, United States Code, as amended by this subsection, commences at each Department of Veterans Affairs medical center not later than 270 days after the date of the enactment of this Act [Jan. 2, 2013].”

SENSE OF CONGRESS

Pub. L. 110–110, §2, Nov. 5, 2007, 121 Stat. 1031, provided that: “It is the sense of Congress that—

“(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as ‘PTSD’) is a serious problem; and

“(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act [enacting this section and provisions set out as a note under section 101 of this title].”

§ 1720G. Assistance and support services for caregivers

(a) **PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.**—(1)(A) The Secretary shall establish a program of comprehensive assistance for family caregivers of eligible veterans.

(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

(2) For purposes of this subsection, an eligible veteran is any individual who—

(A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

(B) has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and

(C) is in need of personal care services because of—

(i) an inability to perform one or more activities of daily living;

(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

(iii) such other matters as the Secretary considers appropriate.

(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible veterans the following assistance:

(i) To each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6)—