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Fort Stewart facing soldiers mental health issues

Last month, officials at Fort Campbell, Ky., shut down the installation for three days so commanders could address the problems soldiers were having with combat-related stress.

The move came after 11 soldiers committed suicide on the post in less than three months, averaging about one a week.

While Fort Stewart officials have not had to deal with such large numbers of self-inflicted deaths, they have had their own issues linked to soldiers who seemed to be mentally-wounded from combat.

Take the recent case of Sgt. Adam M. Wenger, 27, a father of five. He was assigned to the 1st Battalion, 76th Field Artillery, 4th Heavy Brigade Combat Team, 3rd Infantry Division.

He had been in the Army eight years and completed four tours overseas, including tours to Iraq and Afghanistan.

On Nov. 5, Wenger took his own life while deployed to Tunnis, Iraq. He had two months until he was scheduled to return home.

Although 3rd ID health officials say soldiers are carefully screened to catch mental health issues, some do slip through, their issues going undetected until it is too late.

"The survey helps to decrease the stigma and increase the referrals for mental health treatments down range. It is not to catch every single problem," Cpt. Jacob Richardson said. "But it is to improve our chances."

Richardson, the 3rd ID psychologist and the clinical supervisor of Fort Stewart's Soldier Resiliency Center, said soldiers are screened multiple times in interviews with behavioral health providers or physician assistants.

The interviews usually occur weeks before deployment, while soldiers are deployed, weeks prior to redeploying and a week after they return stateside, and then again 90 days after redeployment.

Soldiers are asked questions such as: Do you find yourself feeling down, drinking more or sleeping more?

Besides that, Maj. Christopher Warner said, soldiers are offered resiliency training where they learn how to play on their strengths to overcome issues such as hyper-vigilance, which often occurs after being in high-stress environments.

Warner is chief of the department of behavioral medicine at Winn Army Community Hospital.

"It is a matter of helping them make that transition when they come home, to help them understand that these are common transitions they have to make," he said.

"The outcomes have shown that this has been very helpful," Richardson said.

"We have seen a 50 percent reduction (in stress-related incidents)," Warner said.

"And soldiers are 1.9 percent more likely to seek help."

Another useful thing, according to Richardson, is that under new Army mental health survey guidelines, soldiers who answer "yes" to having issues related to post traumatic stress disorder are no longer penalized.

"In the past, on security clearance question 21 if a you answered 'yes' it would disqualify you," he said. "But that is not true any longer. We want people to come forward. We want you to get help. We want you to know that it can be treated and you can get help."

Generally, the number one stressor that Richardson and his colleagues find is soldiers dealing with home-front or relationship issues.

Third ID surgeon Col. Edward Michaud said Maj. Gen. Tony Cucolo, division commander has been adamant about taking care of soldiers and their families. In February, the division kicked off a post-wide suicide prevention campaign.

However, Michaud believes more can be done.

"If there are any shortfalls [in the system], it might be taking better care of the children and adolescents," he said. "Across the country, there is a big demand for this. That is something that can help."

Richardson said the division offers 25 programs to soldiers to increase the probability they and their families can get help.

And Warner said he and his colleagues don't plan to stop there.

"If we ever think that we've got the code cracked, then we are going to be fooled," he said.

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