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[Home](#) / [news](#) / [local](#) /

Winn Behavioral Health Experts Discuss Efforts To Help Soldiers With PTSD

By Sheila Parker



News Three brought you the story of a Fort Stewart soldier who spent two years trying to get counseling for his post traumatic stress disorder. His wife Jennifer describes the frustration, "It's everybody else's issue - it's not mine you know? Mental health put him to his unit - his unit put him to mental health - mental health put him to Winn, you know? Everybody just kept shuffling - put him in another facility - it was, nobody ever said he's got a problem - let's fix it." Carl Stewart is now getting the inpatient counseling treatment he needed, but his is far from the only story you hear about soldiers struggling for help.

News three is digging deeper-- and getting answers about how the system is supposed to work. How do soldiers in need of help go about getting it? And why do breakdowns sometimes occur? News Three spoke with the Chief of the Warrior Restoration Center and the Chief of the Department of Behavioral Health at Winn. Unfortunately they couldn't discuss any individual soldier's case due to privacy restrictions -- but did explain the process for getting soldiers help, as well as the stress such a long war has placed on the system.

Despite some recent stories pointing out failures in the system, Captain Philip McRae says it's not true that a soldier won't get help if he needs it. In fact, he says the military has certain systems in place to make sure that need is recognized and addressed, "Typically what happens - within generally 60 days prior to redeployment - coming back to Fort Stewart - soldiers will undergo a screening survey. It's an independent self-administered survey." Those surveys are accompanied by a separate one given to commanders who can use them to identify problems they've noticed with a soldier, even if that soldier is not forthcoming on their own survey. Captain McRae says generally 20-percent may identify a problem that needs follow-up, "It may be just a soldier who is having difficulty sleeping, or a soldier who has some excessive amount of anxiety, not to the point it would be P.T.S.D. because that's going to be a much smaller percentage." Somewhere around 3 to 5-percent, according to Captain McRae.

The survey responses are color-coded to identify those soldiers who need follow-up upon return. The colors used are green, amber, and red -- with red being the most high-risk -- calling for immediate intervention, sometimes as soon as the plane lands at

Hunter. "The military has caught a lot of press, certainly in recent months and over the last couple of years, of the suicide rate being escalated. If we identify a soldier, for example, who perhaps may be suicidal, safety concerns for that soldier individually or concerns that perhaps he could be a threat to someone else, that's a clear example of a high-risk soldier that we'll want to intervene with immediately," says Captain McRae. Sometimes problems aren't identified until after a soldier returns from combat. Officers have received extra training on how to identify challenges facing those under their command and how to help. Dr. Maria Aviles explains, "If there is somebody who is, you know, they were top at their job and now they're just not showing up for work, typically that's the kind of soldier that a commander will talk to." If that talk turns up reason for concern, or if a family member has noticed a problem and suggests help, a soldier can visit Behavioral Health on his own. If the soldier is reluctant to go, a commander can make a formal referral.

A screening at that first visit helps determine an appropriate provider and a treatment plan, which varies with each case depending on severity and accompanying symptoms. The two Winn experts say recovery is possible in the majority of cases, but isn't easy. "The treatment for P.T.S.D. is very hard. It's probably one of the hardest treatments to put in place to have the patient follow through. There's an inherent avoidance that's part of the P.T.S.D. diagnosis," says Dr. Aviles. But they say the goal is always to make the soldier whole and combat ready again. According to Captain McRae, "I realize sometimes that the perception is there on the part of some soldiers that we only want to end up pushing them out of the military. That is not something we want to do, especially with good soldiers that want to stay in the military." Dr. Aviles agrees, "If we didn't know that treatment worked, why would we keep hiring people to do treatment instead of hiring people to do triage and getting people out?"

The experts News Three spoke with both acknowledge that the system has been stretched thin not only by the length of the war and numbers of soldiers enduring multiple deployments, but also by today's soldiers being more willing to step forward and seek treatment than many in the past. But they say the Army is working to bridge the gap -- more than doubling the Behavioral Health staff at Fort Stewart over the last three years. Though they say there's always more that could be done.

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