

CLOSER LOOK

# Mental health a focus in shooting

Local Army Reserve psychologist says bases need more providers.

By **Barrie Barber**

**Staff Writer**

The Fort Hood shooting that killed four people, including a gunman, and injured 16 others at the Army's massive post in Texas was a painful reminder to Kathy Platoni.

Platoni, 61, a Centerville clinical psychologist and retired Army Reserve psychologist, survived the first massacre at Fort Hood in 2009. The latest killings were an unwelcome return of another tragedy.

"It just shook me to the core," she said. "There's that feeling of such powerlessness and I can't do a thing about this except reach out to my friends who survived the massacre."

The April 2 shooting was the latest at a military base after a contractor employee gunned down 12 people at the Washington Navy Yard in September before he was killed. In 2009, a gunman killed 13 and wounded 30 at Fort Hood while Platoni prepared to deploy. Army Maj. Nidal Hasan was convicted and sentenced to death for the attack.

Platoni has lobbied to have the mass shooting classified as a terrorist attack to fully compensate those killed or injured because of Hasan's reported motives. A bill in Congress would award Purple Hearts to service members targeted in the attack and award the Secretary of Defense Medal for the Defense of Freedom to civilian victims.

In the latest shooting, a Fort Hood soldier, who had met with a psychiatrist and was under evaluation for possible post-traumatic disorder killed himself after killing three people and wounding 16 others, authorities said. The suspect, Spc. Ivan Lopez, 34, spent four months in Iraq in 2011, but had not served in combat and had shown no risk toward violence, according to the military. He reportedly suffered from depression and anxiety, but officials have said it's not clear if those contributed to the shooter's apparent actions. The soldier recently bought a .45 caliber semi-automatic pistol authorities believe was used in the shootings, media reports said.

Lt. Gen. Mark Milley, senior officer at Fort Hood, said Friday an escalating argument, and not the soldier's mental condition, precipitated the attack, according to the Associated Press. Authorities said an investigation found Lopez had an altercation with fellow soldiers in his unit that promoted the shooting, the wire service reported. Milley had said the day before the soldier's mental health condition appeared to be a factor in the shooting, the AP reported.

Staying vigilant

Wright-Patterson Air Force Base, Ohio's largest single site employer with a workforce of more than 27,000 military and civilian employees, has training twice a year on "active shooter" scenarios to deal with the potential for violence. Some buildings may have "localized" active shooter drills on a random basis, officials said.

"These types of events are always a concern which is why we prepare and which is why we do active shooter training and active shooter exercises regularly," Col. Cassie B. Barlow, 88th Air Base Wing commander, told reporters after the latest Fort Hood shooting.

The shooting did not cause Wright-Patterson security forces to raise the threat level nor change procedures, officials said.

"We believe those procedures lead to a very safe and secure environment for our workforce so no change is required," Barlow told reporters.

Security forces are the only authorized personnel on the base to carry firearms, Barlow said.

Individuals can purchase weapons at the base exchange in the Kitty Hawk area and take them off base or to a security forces armory for storage, according to Wright-Patterson spokesman Daryl Mayer. A gate guard must be notified when someone is transporting a weapon to the armory, base officials said.

Dormitory residents must store weapons at the armory, but those in brick house quarters or privatized housing may keep a privately owned firearm if it is registered with security forces and kept in an approved locked container, base officials said.

Employees are prohibited from carrying privately owned weapons on base, even if they have a permit to carry a concealed weapon, officials said.

The Air Force emphasizes resilient behavior in airmen and the importance of looking out for troubled colleagues who may need help, Barlow said.

"We encourage airmen to reach out to friends and coworkers who can help them, who can get them to the right help," she said. "That's what we try to encourage airmen to do so we don't get into an emergency situation."

Airmen back from deployment "downrange," such as Afghanistan, are screened when they return to check on their well-being, she said.

"We are focused on helping people that are in need and after 10 years of doing this, we know what to look for," she said.

#### Precautions and safeguards

Larry C. James, a retired Army psychologist and Wright State University associate vice president of military affairs, said the military should take several actions to prevent the possibility of violence on bases.

"I've never seen a case where there were no warning signs, but you've got to know what to look for," he said. "That's the key."

Entrance standards to the military should be tightened. At times, the military has lowered the threshold to enlist to meet recruiting goals, he said.

The military should do a better job of tracking soldiers at high risk of harming themselves or others, he said. "There still needs to be a better way of tracking soldiers who are emotionally very, very vulnerable and on the edge," he said. "Oftentimes, they slip through the cracks."

The National Institute of Mental Health reported in March a rise in suicides among Army soldiers between 2004 to 2009 occurred among both those who had deployed and those who had not. While Army suicide rates historically have been lower than those of civilians, that began to change in the 2000s when multiple deployments became the norm with wars in Iraq and Afghanistan.

In 2008, the suicide rate was 20 soldier suicide deaths per 100,000 people compared to 19 among a similar civilian demographic, the National Institute of Mental Health reported.

Twenty-two veterans a day reportedly take their own lives, figures show.

Platoni said it's not known at this point what prompted the latest Fort Hood gunman to attack.

"I think the lesson we can take from this is the Army does an excellent job with their training and diagnoses of mental health disorders, but we don't have enough mental health (professionals) to go around," she said.

Veterans advocates have said most veterans with PTSD, one of the signature wounds of war and a condition which can also strike someone after a traumatic event, aren't prone to violence.

But more mental health care providers, especially psychiatrists, are needed not only in the military and at Department of Veterans Affairs medical centers, but across the country, James said. Months-long waits for appointments to see a psychiatrist are common, he said.

"We need more comprehensive mental health care not only in the Department of Defense but in the VA," he said. "The wait lists are simply too long."

Military installations need technological advances to detect weapons in a vehicle entering a base, he said.

"There are holes in the system," James said. "There has to be a better, quicker, more efficient way to scan vehicles and persons for firearms as they go through these gates."

In the aftermath of the Navy Yard shooting, independent and internal reviews concluded the Pentagon must pay more attention to potential threats inside the fence at installations.

The Defense Department vowed to start an ongoing evaluation program of military, civilian and contractor personnel with access to military facilities or classified information, and set up an Insider Threat Management and Analysis Center to analyze results of automated record checks, among other actions.

Defense Secretary Chuck Hagel ordered further review of independent recommendations to find more effective ways to screen recruits and to further de-stigmatize treatment of mental health issues.

The Pentagon will study taking more responsibility for employee background checks and reduce reliance on Office of Personnel Management for that process, and reduce the number of secret security clearances, which reviewers said was excessive.

It's difficult to know if the reported mental health issues with the Fort Hood gunman in the latest shooting caused the incident, said Dr. Ryan Peirson, a forensic psychiatrist and chief clinical officer at the Montgomery County Alcohol, Drug Addiction and Mental Health Services.

It's also difficult to predict who might pose a risk of violence, he said. He said he was troubled by the shootings and the factors that may have led it to happen.

"We are very complicated creatures and our environment is even more complicated than us and our response to it varies widely and that's why we have a hard time predicting things," he said.

One out of five people in the nation may have problems caused by anxiety, and many others have mental health issues, but few are prone to violence, Peirson said.

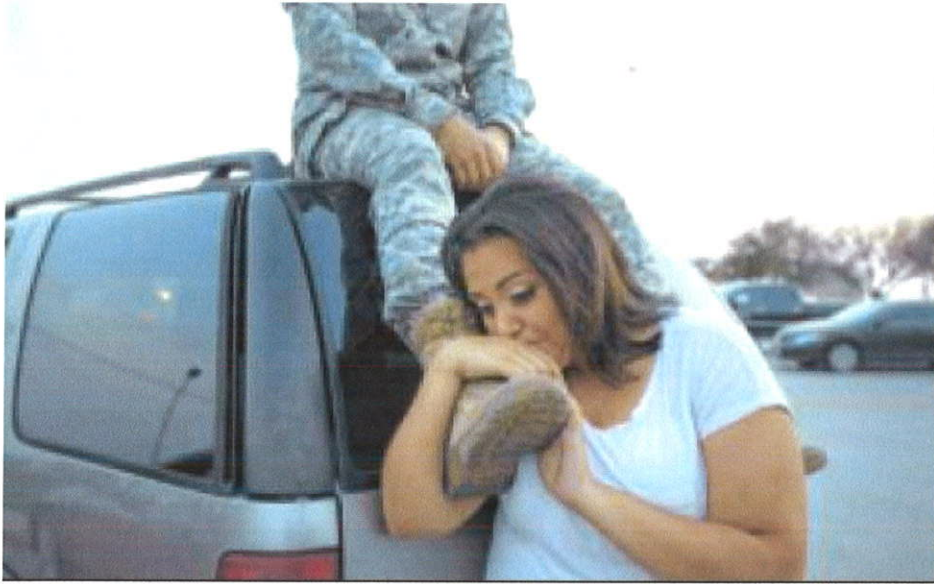
The mentally ill are more likely to be victims of violence than to commit violence and more likely to hurt themselves than others, he said.

"I'm really worried about the stigma these kinds of things put on people of mental illness," he said. "I worry as we focus on these events we lose the message that so many of us in our country have mental illness and we need to improve access and to improve treatment for those people."



U.S. Army Col. Kathy Platoni, a Centerville clinical psychologist, was at Fort Hood in 2009 when a shooter opened fire, killing 13 people and wounding 30.

***AL BEHRMAN / ASSOCIATED PRESS***



Lucy Hamlin leans on the foot of her husband, Spc. Timothy Hamlin, as they wait to be allowed back onto Fort Hood, Texas, on Wednesday, after a shooting that left four dead and 16 injured. **DEBORAH CANNON /**