Fort Campbell, for reasons both good and bad, is walking the point on the U.S. military's war on mental illness. A 105,000-acre base that straddles the Kentucky-Tennessee border, it is the home of the storied 101st Airborne Division and one of the Army's biggest posts. It has recently spent $7 million building what the Army calls its first behavioral-health campus (soldiers call it "the mental-health mall"). A half-dozen new clinics, filled with the latest technology for diagnosing and treating post-traumatic stress disorder and traumatic brain injury, are sprawled out near the post hospital. The fort's mental health staff has ballooned from 31 in January 2008 to 95 today. "It signals our willingness to change the culture with respect to behavioral-health care in the force," Army Brig. Gen. Richard Thomas says of his initiative, which is now being replicated at other major U.S. Army posts.

The focus on Fort Campbell's mental health has been driven, in part, by a 2008 probe that tried to figure out why its 2007 suicide rate was 50 percent higher than the overall Army's. Outside Army experts found that even as Fort Campbell's mental-health visits increased fivefold from 2005 to 2007, the staff shrunk from 28 to 18. That led to longer waits between visits and individual troops being seen in clinics beset by "frequent staff turnover," forcing the soldier to "start over" with a new therapist each visit. The mental-health workload led to poor care and morale, as well as "compassion fatigue," among counselors. The first recommendation to curb suicides: "address critical behavioral-health shortages."

Suicides continued to rise even as hiring increased. After 11 in the first five months of 2009, Brig. Gen. Stephen Townsend ordered a three-day stand-down to deal with the problem and issued an order to the 101st: "Suicides on Fort Campbell have to stop now." Yet by the end of 2009, the post's 21 suspected suicides marked the Army's highest toll.

Soldiers who sought help think they know why. "The way Fort Campbell deals with the soldiers are why there's so many suicides there," Sgt. James Kendall, now studying to be an Army nurse at Fort Sam Houston in Texas, says. "Pretty much everyone who went to mental health said the same thing I did – they're just shoving them out the door." Kendall, a medic in the 101st, returned from Afghanistan in March 2009, and says he was brushed off when he initially sought help. "They only finally started listening to me after a suicide attempt," Kendall says of his failed effort last November to kill himself by downing a full bottle of Army-prescribed Vicodin. His wife resuscitated him by injecting him with the Narcan anti-overdose medication he had stashed in his medic's bag. "Then they started going -- `OK, wait a minute, we actually need to treat this guy."

Tony Savorias spent nearly four years in the Army before leaving in January. He sought counseling at Fort Campbell late last year after his wife left him during his 15-month Iraq tour. "There's a guy there paid by the military to tell you that you're fine," he says. "I didn't understand him that much because he barely spoke English, and that made me more angry than I was when I came into the place." He ended up going to the post solely for anti-depressants, and to a private therapist for counseling. "There was a reason why we were No. 1 for suicide at Fort Campbell, and I'd say they're a big reason for it."

Dr. Bret Logan, a psychiatrist also in charge of medical hiring at Fort Campbell, acknowledges problems. Even after tripling the mental-health workforce over the past two years, 16 slots remain vacant. Few medical professionals want to settle near Fort Campbell -- an hour north of Nashville -- for far less money than they could make in a major city. So the post has begun hiring foreigners, which has upset some soldiers. Their only downside "may be in their ability to communication using the language and, to some degree, their cultural sensitivity," Logan says. "The way they are used to relating to their patients where they come from, is perhaps very different than the way the American patient expects them to relate," he adds. "They can be more abrupt, more traditional, less respect for the customer -- that they feel more that the customer should be grateful that they got to see the doctor."

Counselors at Fort Campbell grapple with the challenges while trying to take care of their own mental health. "You have to make time for hobbies, for loved ones, for connections, for calming periods – otherwise, you're putting yourself at risk, physically and mentally," says Maj. Tangeneare Singh, head of Fort Campbell's behavioral-health department since returning from Afghanistan in May 2009. "The best support we have is each other, honestly," adds Capt. Sebastian Schnellbacher, the 101st's psychiatrist, who is now heading to Afghanistan with the division. With only four suicides so far this year, the suicide epidemic at Fort Campbell seems to have abated. But while the demand for mental counseling varies at Fort Campbell with deployment cycles, the trend is clear: the workload per mental-health worker has nearly doubled from 2008 to 2010, jumping from 19 to 32 per week.