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TRANSCRIPT OF "FILE ON 4" – "SOLDIERS' MENTAL HEALTH"

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ACTUALITY OF SPEECH BY DAVID CAMERON

CAMERON: The whole country is incredibly proud of our armed forces, and I believe we need to do more to recognise the remarkable men and women and place them at the front and centre of our society.

O'HALLORAN: The Prime Minister warning the Commons of a summer of mounting casualties in Afghanistan, and paying tribute to the suffering and sacrifice already made by British troops.

ACTUALITY OF SPEECH BY DAVID CAMERON

CAMERON: I believe it is right that we renew and reaffirm our commitment to the military covenant, that crucial contract between our country and those who risk their lives to ensure our security.

O'HALLORAN: But even when soldiers survive such conflict with life and limb intact, there's growing evidence of the damage to their mental health that can occur. Last month the coalition Government announced a brand new scheme to give the

O'HALLORAN cont: troops earlier diagnosis and treatment for combat-related psychiatric disorders. But how strong is that commitment? And just how big is the mental health problem in the services? Official figures say only one in a thousand deployed troops are later diagnosed with post traumatic stress disorder. Yet new research shows that at least forty times that number report the symptoms when surveyed. So are lack of diagnosis and stigma in the forces hiding an epidemic of mental illness? And are soldiers afflicted with PTSD getting a fair deal when they are forced to leave the services?

SIGNATURE TUNE

MARINE: We were on patrol in the desert, a vehicle in our convoy goes over an improvised explosive device, completely destroys the vehicle. I completely froze. My mind was racing, I knew exactly what was going on around me, but I just had absolutely no function over my body whatsoever, and that lasted for a good sort of ten, fifteen seconds. After that I still tried to do my job, so I'd turn my weapon out and try to cover the scene.

O'HALLORAN: A serviceman who is still in the armed forces and has asked us not to use his name. The incident, about eighteen months ago, sent his mind into a state of shock from which it has still not fully recovered. Not least because of the close friends of his who were caught up in the explosion.

MARINE: It was hard to believe that anybody could have survived it, but I didn't know until the lads were just putting the body bags onto the helicopter, so that sort of gave me the sinking feeling but it didn't register properly in my head until after the helicopter had taken off, the dust had cleared and I stood in the middle of the desert with one of the other lads, and he sort of put his hand on my shoulder and asked me if I was all right, and I just asked him that question, and I was like that, 'Right, who was in the bags?' and he just sort of told me their names and just went, 'Yes, they are both dead,' and it wasn't until that point that it sunk in.

O'HALLORAN: He was involved in many other combat incidents. And in one case his actions in repelling attackers led to him being decorated for bravery. But on returning home to Britain the war continued to replay in his head in dramatic flashbacks and nightmares.

MARINE: I rapidly went downhill. I hit the booze hard. I just locked myself away basically for a week and I didn't really come out of my bedroom. I couldn't even face my own mum and dad. I got flashbacks, vivid flashbacks as in there would be something that would trigger me off, so whether it be the news or a car door slamming or just a bump or something, them little things just send your mind off racing and then all of a sudden you're back there and your heart's racing, you are sweating, you're shaking.

O'HALLORAN: He rarely slept well and he was eventually diagnosed with post traumatic stress disorder by forces medics. He went on a course of treatment, but says his condition didn't improve. And he soon learned he had little future in the forces and would be granted a medical discharge.

MARINE: The PTSD what I have been diagnosed with is a career ender basically. We all know what happens if you get shot or if you stand on a land mine and stuff like that. That happens and that is real, but this is also real. This needs to be addressed and the education throughout the armed forces, right from frontline soldier level right up throughout the ranks, it needs to be hammered home and it needs to be hammered home sooner rather than later, because this is going to get massive.

O'HALLORAN: But what evidence is there to justify his belief that post traumatic stress disorder does pose a big health threat to our armed forces?

ACTUALITY WITH DR BUSUTTIL AT TYRWHITT HOUSE

BUSUTTIL: There are about thirty beds. We have veterans who will come here for treatment. Many of them have found it very difficult to engage with services.

O'HALLORAN: At Tyrwhitt House in Surrey, psychiatrists and therapists have been caring for the mental casualties of war for many years. It's a residential centre run by the veterans' charity, Combat Stress.

BUSUTTIL: The most dominant condition is post traumatic stress disorder, so 75% of them have it as a primary diagnosis, and 62% also have disorders, including depression and alcohol problems.

O'HALLORAN: Dr Walter Busuttil, the medical director, has noted a steep rise in requests for help from service veterans over the last five years. PTSD sufferers often take ten years or more to seek treatment. But he says Combat Stress has already been contacted by many of those who've served in Iraq and Afghanistan.

BUSUTTIL: In the last year, we've had something like thirteen hundred new enquiries, people asking for help. Since 2005, this represents a 72% increase in the number of enquiries we've had.

O'HALLORAN: How desperate are some of these people, these veterans, when they come to you?

BUSUTTIL: In some cases they are very ill indeed and we're seeing severe cases of dissociative post traumatic stress disorder, for example, in the Iraqi and Afghanistan veterans. They lose time, they can't concentrate well, they have blank periods in their memory, and that's really indicative of the kind of high dose of trauma they've been exposed to. They've done their duty by their country and they've really tried to cope, but for some reason they've broken down.

O'HALLORAN: Some people have talked about a tidal wave of cases. Others have talked about an epidemic. How would you characterise it?

BUSUTTIL: Well, I don't think its an epidemic yet, but it's certainly growing and it might be an epidemic in about two or three years, so it would be better to plan services right now.

O'HALLORAN: Earlier this year, the Commons Public Accounts Committee tried to find out what percentage of servicemen and women might have post traumatic stress disorder. The MPs were working from a National Audit Office report, which gave what, at first sight, was a reassuringly low figure for the incidence of PTSD in troops who'd been sent to war zones. It said:

READER IN STUDIO: The rate of post traumatic stress disorder assessed in the UK in previously deployed service personnel was 1.1 per 1,000 personnel.

O'HALLORAN: But some of the MPs were sceptical and suspected they weren't getting the full picture. Their doubts were reflected in their report.

READER 2 IN STUDIO: The Committee was concerned that mental health issues were not being picked up in troops. War is extremely stressful and the Committee was surprised that the reported incidence of mental health problems in the military is lower than that of the general UK population.

O'HALLORAN: A Liberal Democrat MP who was on that committee, Dr John Pugh, sought more detail over the incidence of PTSD in the forces and still wonders why only one in a thousand deployed troops have later been diagnosed with it. .

PUGH: My suspicion is the figure is plain wrong, it's probably a severe underestimate of what's going on and that subsequent research will reveal this. It must be phenomenally stressful to be walking round an area where all your comrades and yourself are in imminent danger of being blown up. In those sort of scenarios you do expect a much higher level of stress, even if the individual is well prepared, even if they're of robust psychology when they go out there, even if they are supremely well trained. It just struck me as radically implausible.

O'HALLORAN: It was against that background that a substantial piece of new research on mental health in the armed forces was unveiled last month.

ACTUALITY OF KING'S CENTRE NEWS CONFERENCE

NORTON: Okay, welcome this morning. My name is Richard Norton from the Lancet and I'm very glad that you were able to come to an on the record press briefing …

O'HALLORAN: The study was by a team at the Centre for Defence Mental Health at King's College, London. It was funded by the Ministry of Defence, but carried out independently. Only about a fifth of the troops surveyed had actually been to Afghanistan. Most of the others had served in Iraq. American studies had suggested rates of PTSD in their troops of anything from 12 to 20% for those conflicts. So what proportion of British troops had reported PTSD symptoms?

ACTUALITY FROM NEWS CONFERENCE

WOMAN: The prevalence of PTSD is low. We report in the paper that it is around 4%.

O'HALLORAN: The figure of 4% with symptoms of PTSD is equivalent to forty in every one thousand returning troops. The MOD funded researchers saw it as low because it is comparable with PTSD levels in the general population. But this 4% level is still forty times higher than the figure of diagnosed cases given to the Commons Committee only months earlier. It seemed that the vast majority of troops with PTSD symptoms, well over 95% of them, were never making it into the recorded figures. One of the senior King's College researchers, Professor Matthew Hotopf, said his team had used a standard questionnaire based on seventeen common symptoms of the condition. So how does he explain the huge difference between the numbers?

HOTOPF: Well, that is the difference between doing what we are doing in terms of health surveillance, where you are actually trying to identify a problem using a sensitive questionnaire which gets at people, not just the tip of the iceberg, but the whole group, compared to research which is based on people presenting to services.

O'HALLORAN: So if the armed forces are only finding one in a thousand or so with PTSD and you are finding forty in a thousand, does that mean the armed services are actually missing the huge bulk of the PTSD problem?

HOTOPF: Well, I think that the armed forces are trying to identify a range of strategies to help people with traumatic experiences deal with them most effectively, and it is possible a group of people are missed, however …

O'HALLORAN: It sounds like a pretty big group of people, I mean, if they are missing more than 95% of those with PTSD symptoms, it does sound like a huge difference, doesn't it? Very hard to understand.

HOTOPF: We have known for a long time in civilian populations and in the military that not everyone with a disorder presents to services and there are all sorts of reasons for that. There are reasons to do with stigma, there are reasons to do with a sense that maybe the service isn't going to be sufficiently receptive to you if you turn up.

O'HALLORAN: But was the 4% figure for PTSD accurate for the front line troops who are, after all, exposed to so much danger and trauma? It turned out most of the troops in the survey had been in support roles. Only a quarter had been combat troops. And in the small print of the survey were numbers showing that very nearly 7% of those combat troops showed signs of PTSD.
This figure of 7% post traumatic stress disorder with the combat troops, now that wasn't really headlined when this was reported. It's buried in the figures, yes, but is that not really on this condition the key statistic you found, it is pretty important isn't it?

HOTOPF: Well it is certainly important and we are not, I don't think it is something which is buried in the report. It's something we have always said, that there are certain groups who seem to be at higher risk.

O'HALLORAN: Is that something that should be focussed on, perhaps, because these are the people, after all, aren't they, the combat troops who are going through hell, who are having the most terrifying and awful experiences, most likely.

HOTOPF: That is right. I think if you were putting into place measures to help people and you wanted to get the most bangs for your bucks, as it were, you would do it with the combat personnel.

O'HALLORAN: So what view does the Government take of this new research and of the huge disparity between the level of PTSD cases suggested by the Kings Centre study and the dramatically lower figure provided to MPs for cases diagnosed within the armed forces medical system? The MOD's senior military psychiatrist is Professor Neil Greenberg.

GREENBERG: The best data for looking at the whole of the armed forces is the data that we get from a random sample of military personnel, which is what Kings College, London have done, and that data shows that approximately, across the whole force, whether you're deployed or not, that about 4% of people appear to be suffering from post traumatic stress disorder.

O'HALLORAN: Now for combat soldiers the figure is 7%. That is a great deal higher. How much of a worry is that really?

GREENBERG: Well it would almost be highly surprising if we found that the combat troops who are exposed to the most difficult aspects of being deployed didn't have a slightly higher rate, so the figure is indeed one that we are interested in and we need to do plenty of work to support combat troops. Now we do that in a variety of different ways. We have a system which is called TRIM, that's Trauma Risk Management, and this is a system that begun within the Royal Marines and is now policy across all three services.

O'HALLORAN: If your Trauma Risk Management process was working properly, would it not pick up the vast majority of the number of soldiers identified by the Kings Centre research as having PTSD symptoms instead of missing apparently about 95% of them? Is it possible really the system for identifying people with PTSD in the military is really very inadequate?

GREENBERG: There is a significant issue which is that of stigma, and stigma is something that prevents people who have mental health problems from coming forward and asking for help. What we know about stigma in the military is that actually it is no worse than stigma in civilian society. However, it is important to note that we aim to do a lot of things in the military to try and decrease stigma and encourage people to come and get help.

O'HALLORAN: The new Kings College research also points to a serious mental health impact on reservists sent to war zones. They are two or three times more likely to suffer PTSD than fellow reservists who aren't deployed. And when reservists return home and are separated from those they served with, the isolation can hit them hard. Daniel Griffith is a former Territorial Army Captain in the Royal Artillery. He was sent to Iraq in 2004 and went through a number of distressing events.

GRIFFITH: One of my convoys was hit by a roadside bomb in Basra going through a roundabout, called Two Mosques roundabout, and two of my soldiers received shrapnel wounds to the face. I had sent them on the patrol. I hadn't been able to select the route, because that was decided by another unit; it was something I had huge arguments with the commander of the other unit over, because I didn't want my troops to go through that Two Mosques roundabout. We knew it was such a risk. I was overruled, the troops were sent through it, they were blown up and injured. I was controlling the operations room on that day so I felt very responsible for them.

O'HALLORAN: He was also responsible for turning away, under orders, large numbers of local people who came seeking emergency medical treatment from the British forces in Basra. When Captain Griffith and his unit returned home after their tour he recalls that the demobilisation medical checks for reservists were, in his view, rudimentary.

GRIFFITH: We had a very brief session with the doctor and the psychiatrist, but we were told beforehand that if you went in and said there was anything wrong with you, you wouldn't be demobilised on that day, you would be kept on for treatment before you went back to your family.

O'HALLORAN: So basically, if you confessed that you had mental health symptoms, you would be saying goodbye to seeing your family that day or the following day, you reckoned?

GRIFFITH: Correct. You wouldn't even admit to needing a filling, because you wouldn't be going home.

O'HALLORAN: So there was no routine psychological screening of any kind of the men and women at that time?

GRIFFITH: It was equivalent to a sausage factory. You were in line, a line of 150, and you popped in to see the psychiatrist and the doctor, probably five minutes or so with each. You had a brief hearing test, an eyesight test and you popped in and the questions were basically: is there anything wrong with you? No. Ok next. Is there anything wrong with you?

O'HALLORAN: But Captain Griffith turned out not to be okay. Very soon he began to have nightmares, flashbacks, hyper-arousal and startle responses, which he now knows to be classic symptoms of PTSD. On medical advice he later resigned from the Territorial Army. But he then began to feel guilty every time he heard that a former comrade had been injured or killed. When injuries and PTSD led to two men from his unit killing themselves, he felt in some way responsible. He was plunged into depression and despair, which lasted the best part of a year. And he could find no way of explaining his feelings to his wife and children. Things came to a head one evening when he felt he could not go on.

GRIFFITH: I got home and sat on my patio for an hour with the dog sitting next to me, thinking, and on the spur of the moment decided that no, I was going to end it then.

O'HALLORAN: Despite having a wife and children who you loved?

GRIFFITH: Yes. I had been trying to plan my potential suicide in the weeks leading up to this and I was always determined to walk in front of a train. But on this night it was just completely spur of the moment so I just grabbed what I had to hand, kissed both of the children goodbye briefly. They were both asleep. I walked out of the front door, picked up the car keys, jumped in the car and drove off. I went to the cliff tops, a very remote area some distance from any houses, quiet and dark, and from there I scrambled down the cliff face on to probably the most remote area of beach in the area.

O'HALLORAN: And there you had the means to kill yourself?

GRIFFITH: Yes.

O'HALLORAN: How close do you think you were to killing yourself when the police spotted you?

GRIFFITH: I was absolutely on the brink of doing it.

O'HALLORAN: Dan Griffiths was saved only by the quick thinking of his wife and by rapid action of the emergency services. He believes he could have got much earlier diagnosis and treatment if only there'd been psychological screening or assessment of troops after they returned from the war.

GRIFFITH: I think it should be a long term process, not just for a few weeks after you return, but I think people should be screened for two years, three years, five, ten, twenty years afterwards and it should be a continuous process. Anyone who has seen combat or had their life at risk should be screened.

O'HALLORAN: So how might screening have helped you, do you think, if it had happened at the right time when you came back from Iraq?

GRIFFITH: If I had understood what I was suffering and understood how it could be improved, how I could get better, how I could get treatment available, I might have gone and sought help quicker.

O'HALLORAN: Under the last Government, the Ministry of Defence was firmly opposed to the psychological screening of soldiers. Officials claimed there was some evidence it might harm them. But one of Britain's near NATO neighbours takes a very different view. We went to the Netherlands to hear how they do things there.

ACTUALITY OF RECRUITS TRAINING

O'HALLORAN: I'm watching a section of nine young and rather raw looking Dutch soldiers being put through their paces in full battle kit, with their rifles, in the early stages of basic training, amid an area of heath and pine forest near Arnhem. For the last four years, this unit - the Air Mobile Brigade - has played a big part in its country's difficult and sometimes deadly mission in Southern Afghanistan. There are fifteen hundred soldiers there now and well over twenty Dutch troops have been killed since 2006. And as the Netherlands has extended its peace-keeping and troubleshooting military role in the world in recent decades, it has put an increasingly high priority on the psychological health of its forces.

DUTCH NCO: They are getting better and better but some of them will not succeed and finish this school.

O'HALLORAN: So you have men dropping out at an early stage, do you?

DUTCH NCO: Men dropping out every week.

O'HALLORAN: Do they drop out ever for psychological reasons, because they can't take it?

DUTCH NCO: Yes, mentally, physically not able to finish the practice.

O'HALLORAN: The Dutch armed forces are so focussed on the mental health of their troops that a so-called social-medical team is embedded with each front line battalion sent to Afghanistan. The team stays with the fighting unit before, during and after the tour of duty – for up to two years. It could typically include a social worker, a spiritual counsellor, a doctor and a psychologist. Captain Josephine Van Den Berg, who has worked in such teams, says when the troops return home they're given some weeks of rest with their families and then a structured process of psychological screening begins for the whole battalion.

VAN DEN BERG: After they come home we do [Dutch word] and in English it means 'coming back conversations'. And these coming back conversations, they happen approximately three months after they've returned.

O'HALLORAN: How intense is it really from the point of view of actually monitoring the soldiers and their well-being?

VAN DEN BERG: It is an individual conversation with every person, and the commander is responsible to send every soldier that went with him abroad, to send them to these conversations. It takes approximately three-quarters of an hour to an hour, and it is to just make and analyse ok, is this person well, is he doing okay? Not only the

VAN DEN BERG cont: psychological situation of the person is analysed but also the social situation of the person is analysed – how is he doing? The social situation, that's the first instance where people can see abnormal behaviour.

O'HALLORAN: The social-medical teams also monitor the troops during activities and carry out further checks during the following months. There are scores of specialists working in these teams across the fighting and peace-keeping units throughout the Dutch Armed Forces. It's all run from the mental services wing of a military hospital in Utrecht.

ACTUALITY IN HOSPITAL CORRIDOR

AMBAUM: Psychological care and psychiatric care, there's a lot of accent on this topic over the last fifteen years.

O'HALLORAN: Lieutenant Colonel Jan Ambaum is senior clinical psychologist in charge of deployment care. And though he lacks firm statistics to prove the system works, he says there are good indications it's delivering results.

AMBAUM: We really think that psychiatric care and the prevention, intervention in the acute phase and treatment are in a very concrete way contributing to our force.

O'HALLORAN: So you think you're preventing illness, debilitating illness in the future?

AMBAUM: I think so.

O'HALLORAN: What evidence do you have so far that you really are achieving results through this system, you really are preventing mental ill health or years of torment for your soldiers?

AMBAUM: When we look at this population and we compare it with the Bosnia period and the Iraq period, the prevalence of PTSD in the longer term is smaller, what we see.

O'HALLORAN: So as a clinical psychologist you haven't come across evidence in this country that screening, psychological assessment of troops in that situation could actually harm them?

AMBAUM: No, not at all. By screening them you build up the consciousness within the troops and the attitude that something could be wrong with your behaviour. I think it's a matter of being a civilised, modern and professional army to have these services.

O'HALLORAN: Back here in Britain, the Conservative Party appeared to be headed down a road similar to that of the Dutch. Last year, and again in the election campaign, the Tories highlighted plans to tackle what they saw as a mental health time-bomb in the forces. In April, the Defence Secretary-to-be, Dr Liam Fox, pledged a new programme of psychological screening for troops to pick up PTSD and other combat-related mental illnesses in good time. And sure enough, the new coalition Government, within days of taking power, announced what was called an effective through-life mental health scheme for all soldiers and veterans. At the heart of it was this announcement:

READER IN STUDIO: A new mental health screening service within the armed forces will work to identify problems early on and we will establish Britain's first dedicated post traumatic stress disorder treatment programme.

O'HALLORAN: So we sought further details from the Minister for Personnel, Welfare, and Veterans, Tory MP, Andrew Robathan - a former officer in the Coldstream Guards. We went to the MOD, expecting to hear from him a ringing endorsement of the new policy. But what we got was something rather different.
Now what are you going to do about screening and assessment, psychological assessment within the armed forces and why is that an important issue to you?

ROBATHAN: I think most expert opinion is that you should not screen people for mental health issues, because first of all there is no scientifically robust way that you can do that, and indeed the downside of identifying people, suggesting that people have mental health problems is actually, when they do not have, is actually quite immense and of great concern.

O'HALLORAN: But in the MOD's new statement in May, you do talk about doing a programme of screening for the troops and the armed forces in future, a psychological screening, as I understand it?

ROBATHAN: I am not sure that's the case, have you got the chapter and verse there?

O'HALLORAN: Well I have read the chapter and verse several times in the last few days and it does quite ….

PETT: It's not so much, sorry just to quickly interrupt, it is not so much that there will be a programme of screening ….

O'HALLORAN: At that point the chief press officer had intervened. Then the minister resumed, but he was still no more enthusiastic about the screening plan.

ROBATHAN: Sorry, I think I may have misunderstood the question. We are certainly looking at all these things, but the current advice that we are getting is that it would be ill-advised to go down a programme of screening for the reasons I have stated, which is that you will, I mean, you can identify all sorts of people having mental health problems which, with the best will in the world, still has some stigma attached when these people do not have any such problems.

O'HALLORAN: Isn't psychological screening important in order to diagnose any mental illness or PTSD early on?

ROBATHAN: Do you know of any screening programme that is certain?

O'HALLORAN: Well, screening takes place in other countries, assessment takes place and is very pro-active, for instance in America and the Netherlands.

ROBATHAN: Well, that is not the advice we are receiving, not the clinical and expert advice that we are receiving. We will be looking at it, because we have come into this only for heavens sake last month, the Government has only been formed a month. We will look at everything and we will certainly look at this.

O'HALLORAN: So a brand new policy now in real doubt. The mixed messages from the MOD over these plans could leave thousands of members of the armed forces and indeed veterans, rather puzzled. But for all soldiers whose careers have been ended because of PTSD or mental illness brought on by their service, there is another very big issue. These conditions can cause aggressive and erratic behaviour and lead to breaches of discipline. If soldiers are then judged unfit to remain in the forces, on what terms can they leave while getting a fair deal in relation to their psychiatric problems?

ACTUALITY WITH PHOTOS

O'HALLORAN: Is that you here?

CLOSE: Yeah. That's myself and my friend that I was fighting with. We built ourselves some bunkers to live in.

O'HALLORAN: Mosquito net, to stop the mosquitoes.

O'HALLORAN: Former Coldstream Guardsman, Ben Close, is just 25. He joined up seven years ago and was sent to southern Iraq in 2005. He recalls one day in Basra, when he was among a group of soldiers who got left behind on a patrol at a time of serious tension.

CLOSE: The areas we were in were quite hostile. A couple of days prior, quite a big riot had happened in Basra as well, which we were involved in, and the terrorists had put out that they were looking to kidnap soldiers. And what made it worse was the fact that we had limited water, we had limited ammunition.

O'HALLORAN: What did you think was likely to happen to you?

CLOSE: We could have been kidnapped and interrogated, obviously killed.

O'HALLORAN: At one stage shots were fired near them and they had to crawl on all fours, making it back to their base only hours later and under cover of darkness. That harrowing event, and mortar attacks on other days, left lasting effects on Ben Close. Before going to Iraq he'd been treated for outbursts of anger. After he got home again he says his anger and aggression increased. His sleep was often disrupted by nightmares about Iraq, and he drank more and more heavily to try and obliterate his memories.

CLOSE: So I did approach people who were in my unit, my sergeant and at one point a company sergeant major, but they are very negative about things. They think when you go with a problem that you are just trying to get out of doing something else, you see.

O'HALLORAN: You went to senior NCO and said what?

CLOSE: Well I just said, look, I am having major anger issues here, I am not sleeping too well, I was involved in a lot of fights.

O'HALLORAN: So you told this NCO you weren't well and what was the response?

CLOSE: Don't worry about it, it will pass, you know, we all go through things like that after being at war.

O'HALLORAN: Did he recommend you go to a doctor, army doctor or anything?

CLOSE: No, no. Nobody wants to go sick when you are in the army because you get looked down at, you get put to one side.

O'HALLORAN: But you were saying you were having problems?

CLOSE: Yes.

O'HALLORAN: But no response?

CLOSE: No response.

O'HALLORAN: No effective response?

CLOSE: No.

O'HALLORAN: Ben Close was then sent to Bosnia where, during a training exercise, he was accidentally set on fire. As others fought to douse the flames, he thought he would be severely burned. But he was saved in the nick of time. Back in Britain his drinking, nightmares and aggression got worse. Then came news that his unit was going to Afghanistan. Days before departure he got into two fist fights and was charged with actual bodily harm. He again raised his mental condition with a senior NCO, but was told it was too late to get medical help before deployment. After seven months of intense combat in Afghanistan, he came home in 2008 with his symptoms now even worse. It was only then, with the court case over his fighting looming, that he received close medical attention. A consultant psychiatrist diagnosed PTSD and firmly linked it to Ben Close's military record dating back to Iraq in 2005. He later wrote:

READER IN STUDIO: There is a clear link between his PTSD and the escalation of his aggression and the offences. It is also clear that his PTSD is a direct result of combat experiences in service to the army.

O'HALLORAN: And, says Ben Close, he understood from a forces psychiatrist that there could be an honourable way to be discharged because of his mental state.

CLOSE: He said to me, 'I am going to medical board you.' He recommended medical discharge for me.

O'HALLORAN: That means you going before a board of people to assess you?

CLOSE: Yes, that's right. There was a colonel and a major, both medical officers. They asked me a few questions, I was in there a good forty-five minutes, them asking me questions. I then had to leave the room for half an hour. I was called back in and they said, 'We agree with the psychiatrist's diagnosis, we agree with the medical discharge, so you are going to go home, remain on sick leave until your discharge date.' I could sort of see like a light at the end of the tunnel.

O'HALLORAN: When he finally went to court on the actual bodily harm charge last year, Ben Close was given a suspended jail sentence, and two hundred hours community service. Not long after that he was summoned to his barracks for a meeting with a senior officer. And he went expecting to hear details of his medical discharge.

CLOSE: I was marched into the office in civilian clothing. The adjutant had a letter in front of him which he read to me and he basically said to me, 'This is your last day of service, we need your ID card and you have to leave the premises.' That was the end of my army career.

O'HALLORAN: No medical discharge?

CLOSE: No, they overruled the medical discharge with the admin discharge.

O'HALLORAN: Who overruled it?

CLOSE: Someone up high in Glasgow that deals with them. I've got obviously the relevant paperwork from doctors and psychiatrists saying that the incident that happened was directly related to the post traumatic stress disorder, so therefore should go in my favour for the medical discharge.

O'HALLORAN: The refusal of a medical discharge not only meant being removed from the forces with dishonour, it meant Ben Close would get no chance of a small service pension. He's hoping to appeal, but awaiting legal advice. A veterans' charity, Talking to Minds, has told File on 4 Ben Close's case is by no means exceptional. So is the

O'HALLORAN cont: MOD prepared to act to ensure that soldiers do not end up being discharged under a cloud and without a pension for behaviour clearly linked to PTSD, which is in turn traced back to their traumatic war record? We put that to Defence Minister, Andrew Robathan.

ROBATHAN: I am not sure there is any evidence that there are soldiers suffering from PTSD or indeed other mental issues that are being administratively discharged that way.

O'HALLORAN: We have met one today and he has got a letter from a psychiatrist – the behaviour of this soldier is linked, as I understand it, by the assessment to PTSD and that is linked to service in Iraq.

ROBATHAN: Well I think, if that is the case, we have, in my opinion, a moral obligation in my view to look after our service personnel, if they have been damaged in some way through service overseas and indeed in the armed forces, and I take that moral obligation very seriously, and if that soldier presents himself and wants and needs support, we are in a position to give it.

O'HALLORAN: But once he's been sacked basically by administrative discharge is it possible, do you think, under army rules for that decision to be reversed?

ROBATHAN: I'd be very happy to look at the case. I have no idea for what he was administratively discharged. You can give me the details if you like or send the details to the Ministry of Defence and we will look at it. But I go back to my point, we have a moral obligation to people that have been damaged in their service to their country and I will fulfil that obligation.

O'HALLORAN: As the toll of casualties mounts during the summer fighting season in Afghanistan, it's inevitable that the dreadful combat experiences of the troops will lead some to suffer real psychological wounds. The veterans' charities say that because of stigma and lack of early diagnosis it's often left to them to help rebuild shattered lives. They talk of a looming mental health epidemic among the war survivors. Four weeks ago the new Government outlined a clear plan to improve mental health care for serving and

O’HALLORAN cont: former service people. But now a central plank of that scheme is in grave doubt. The MOD’s contradictory messages may well leave some soldiers and veterans confused and dismayed.

SIGNATURE TUNE