ACTUALITY OF FIGHTING IN AFGHANISTAN

DEITH: The fight with the Taliban has ground on for over a decade. British forces will pull out of Afghanistan at the end of 2014. By then, almost every member of the army will have been deployed there – or to Iraq. And some can’t switch off.

STOTT: I’ve gone to some guys’ homes and they’ve literally got their own armoury. I’m talking a couple of handguns that are illegal, I’m talking AK47 parts, and they’ve surrounded themselves by a lot of this type of paraphernalia and trophies, if you like.

DEITH: Tonight, File on 4 reveals new evidence of a link between combat and violence at the hands of a worrying proportion of returning soldiers.

DAVE: My son actually came in and he said something trivial, whereupon I pulled a knife and put it to his throat. I was just looking then for every opportunity really to engage in a conflict with anybody.
DEITH: And as some soldiers’ mental health suffers, a former head of the army warns the Ministry of Defence it needs to do more to confront the threat of violence.

DANNATT: We all recognise that our young men and women – and the young men in particular – have been under tremendous pressure at times in Iraq and for almost the entirety of the time in Afghanistan, and this pressure is going to find a release somewhere, and it’s something that has got to be tackled very quickly.

SIGNATURE TUNE

HAWLEY: I was at work. I was in the library with some students and I had turned my phone off, and when I turned it back on I had 24 missed calls, and something like 22 missed calls from my eldest son, and I knew there was something wrong. And he had left a message and just said, ‘Mum, you need to ring,’ and then I rang and he said, ‘Mum, I think Jude has been shot.’ I knew, I knew immediately who had done it.

DEITH: Jude - Judith Garnett - was Amanda Hawley’s best friend. The person who’d shot her – three times at close range - was Aaron Wilkinson. Since he was a teenager, she’d given him work and a home on the family farm here near Leeds. He was shy and awkward but never violent. She was kind-hearted and warm and treated him like a son. He flourished and joined the Territorial Army, and in 2009 he was called up.

HAWLEY: He made her the next of kin before he went to Afghanistan, and so therefore she was the person that the welfare of the battalion contacted her and let her know updates and things that was going on, and she was frightened. Every time she got a text message she was scared and she worried about him and she sent him parcels, and that was what she lived through. That was her reality while he was there, because she cared about him.

DEITH: The naive soldier’s first taste of war was brutal. Almost as soon as he was helicoptered into the Taliban’s backyard, Aaron Wilkinson’s platoon was under attack. In two days of fierce fighting, Wilko – as he was called – saw three
DEITH cont: Afghan soldiers blown up in an explosion. He was hit by a piece of shrapnel. He brought it home with him and took it with him everywhere in a jar.

HAWLEY: Before he went he was odd and when he came back he was more odd. When he came back, he never ever took his uniform off. Never took his uniform off. So from that day on I never saw him in anything else, ever. I thought that was quite strange.

DEITH: Did you see any anger or any violence in him?

HAWLEY: I didn’t see any anger or any violence in him, but I do know that one of Judith’s sons had seen that. He was troubled by Aaron’s anger and he felt that he would explode at some point and that the person he would take it out on would be Judith. She pooh-poohed it and said that’s rubbish.

DEITH: On the 24th January 2011, Judith Garnett went to a shoot. Aaron Wilkinson stayed to look after the farm. When she came home and realised he hadn’t let the dogs out in the evening, there was a row and Judith told him to pack his bags. During the row, Aaron Wilkinson picked up his shotgun and fired twice. Then he reloaded and fired again. When he stood trial for murder, it emerged that Wilkinson had undiagnosed Aspergers, but also that an army doctor had diagnosed him with post-traumatic stress reaction. Dr Walter Busuttil is a psychiatrist with Combat Stress, which treats people suffering the psychological effects of war.

BUSUTTIL: A post-traumatic stress reaction, not a disorder, it’s quite an old fashioned term, so combat causes a mental health disturbance that’s characterised by some features of post-traumatic stress, but not all, some dissociation so, you know, being in a daze, that kind of thing. Now combat stress reaction does not automatically lead to post-traumatic stress disorder. It can lead to anxiety disorders or depression or just reverse itself as it is a fluid reaction which can just settle down of its own accord.
DEITH: So is it serious enough to demand treatment or counselling or can it just be left to see what happens?

BUSUTTIL: I think it depends on the individual case. Some people need watchful waiting is what we would call this, and maybe see the mental health practitioner or psychiatrist on a regular basis until things settle down. The more your life was in danger, the less likely it is that it will resolve spontaneously, so people who kind of are diagnosed with a combat stress reaction after they’ve returned from a war zone situation would be somebody or they’d be people I would keep a closer eye on, if possible.

DEITH: But the army didn’t keep an eye on Aaron Wilkinson. And untreated, his PTSR turned into full-blown post-traumatic stress disorder – an illness characterised by flashbacks, emotional detachment and – often – violence. And no-one had picked up on Wilkinson’s Aspergers when he went into the TA – a condition which, a psychiatrist told the court, combined with the PTSD, meant he wasn’t in control of his actions when he killed Judith Garnett. The jury found Aaron Wilkinson not guilty of murder, but guilty of manslaughter on the grounds of diminished responsibility. To Amanda Hawley’s mind, Aaron Wilkinson should never have gone to Afghanistan and never have been allowed home without treatment.

HAWLEY: The problem is, from the very beginning, I think there should have been screening in the first place when he applied to join the TA, and presumably over a period of time when he has been on exercise he must have exhibited some of his strange behaviour, and then that should have been picked up and he should not have been sent to Afghanistan. And then when he came back, having been to see a doctor who diagnosed him with PTSR, he was then allowed to come home and continue with keeping his shotgun licence, and that was the biggest tragedy of all really. I think the MoD is responsible. It has a massive responsibility for this.

DEITH: The Ministry of Defence wouldn’t talk to us about Aaron Wilkinson’s case. But in a statement, it said it is absolutely committed to improving the mental health of the armed forces, and said:

READER IN STUDIO: We are examining a number of ways to develop mental health support for the armed forces, including the use of screening and surveillance
techniques. We will ensure that, whatever new measures are introduced, they are appropriate and beneficial for the individual and the Armed Forces as a whole.

DEITH: But it adds that while it screens some high risk groups, there’s evidence that blanket mental health screening would do more harm than good. Of course, thousands return from war and don’t hurt anyone. The Royal British Legion argues the assumption that going to war makes people more likely to be violent is a false assumption. But the jury at Aaron Wilkinson’s trial decided his fatal act was at least in part a reaction to his experience in Afghanistan. And new research has shown that for those who’ve seen combat, the link is there. The spark for the research came from the clinical work of forensic psychiatrist Dr Deidre Macmanus in her dealings with men who’ve committed violent crimes.

MACMANUS: I found that increasingly I was coming across men who reported a history of serving in the armed forces, often recently on deployment in Iraq and Afghanistan. And I was increasingly interested as to whether or not their violent behaviour was a direct repercussion of the experiences that they had had through their military service and on deployment.

DEITH: Dr Macmanus is also a research fellow at the Kings Centre for Military Health Research. It’s the top academic institution on military health, funded by the Ministry of Defence. It’s famous for studying the impact of first the Iraq war and then Afghanistan. In a new study of thirteen thousand soldiers, Dr Macmanus asked those who’d been on deployment a straight question - had they got angry and hit someone? The number that said yes was surprising.

MACMANUS: I found almost 13%. I didn’t find an association between deployment per se and subsequent violence, but when I looked at those who had performed a combat role, they reported more violence on return from deployment than those who hadn’t performed a combat role. And further, I found an association with exposure to an increasing number of traumatic events. I found that that was associated with an increased risk of subsequent violence.

DEITH: How great was that increased risk of violence on return?
MCMANUS: Having performed a combat role increased your risk of subsequent violence by almost two.

DEITH: So you were twice as likely?

MCMANUS: Yes. We did ask, was the violence towards a member of your family or someone in the general community. What we have found is that a third of those that reported violence in the weeks following deployment reported that it occurred within a family setting.

DEITH: Dr Macmanus didn’t ask the soldiers in her survey why they were violent, but she says there are some clues.

MACMANUS: Well there is a phenomenon called the ‘invincibility complex’ that has been written about by researchers in the USA. Exposure to combat trauma makes military personnel more likely to behave in a risky manner when they come home and that is expressed through alcohol use. One of the big contributory factors is alcohol misuse, which we know is a big problem in this population. And if we’re seeing overall that there is a risk of subsequent violence associated with roles on deployment, then that’s something that the military need to be looking at.

DEITH: So one in eight returning soldiers admitted they’d hit someone. The Ministry of Defence wouldn’t be interviewed about violence among soldiers. But we did speak to General Richard Dannatt – now Lord Dannatt – head of the army between 2006 and 2009. He believes the pressure of intense tours, sometimes back to back, is now coming out.

DANNATT: It doesn’t surprise me. Obviously to an extent it disappoints me, but probably rather more usefully it worries me, which obviously underlines the fact that this is a problem that has got to be recognised and it’s a problem that’s got to be addressed and dealt with, and dealt with rather better than we’re currently doing. We all recognise that our young men and women – and the young men in particular – have been
under tremendous pressure, at times in Iraq and almost the entirety of the time in Afghanistan since 2006, and this pressure is going to find a release somewhere.

DEITH: The army needs people who can switch on targeted aggression. Perhaps it can’t switch them off.

DANNATT: It can switch them on, it can switch them off. That’s a function of training, it’s a function of discipline, it’s also a function of the chain of command.

DEITH: But some soldiers can’t switch off when they come home from battle, and as Dr Deirdre Macmanus has said, that raises the risk of domestic violence.

ACTUALITY WITH EMMA, LEWIS AND AMY

EMMA: .... butterfly!

LEWIS: Pull it. Clever girl! Pull it.

DEITH: Baby Amy clearly loves her dad. Lewis Mackay is a likeable person - open and eloquent. It’s genuinely hard to imagine the man his wife Emma was confronted with when he came home from Afghanistan.

LEWIS: I had flashbacks. I had a very short temper. I was punching doors, punching walls. I was just very, very aggressive. Literally everything that Emma did, I just wanted to lash out and there was times when I physically had to try my very, very hardest not to, whether that be me sitting on my hands or me biting my fist or what, it was so hard not to, but fortunately enough I didn’t.

EMMA: With him coming back from Afghanistan was possibly about ten to fifteen times worse than Iraq. With him hitting doors and walls, I could never tell if it was aimed at me, aimed at someone else or whatever. He always had an issue with something, and it was just a case of step out of the way and let him crack on.
DEITH:

Lewis Mackay was with the Royal Engineers, in front of the front line, building a road for the infantry through country sown with improvised explosive devices – and completely exposed.

MCKAY:

There was time during the build that we were surrounded 360 degrees by the Taliban, with obviously not just that kind of fire power, but there was times when we had sniper fire coming towards us as well, which took out some of our guys. You got up in the morning and the second you stepped foot out of the front gate of the camp anything could have happened. There was times when we found IEDs planted directly outside the camps that we were building or where we were. You weren’t safe the second you stepped out, and to be honest you weren’t even safe inside your camp, because there was the chance of RPGs, grenades being hurled over. Every second of the day you were at risk.

DEITH:

Nowhere more so than out building the road. One day that risk became real for the commander of the IED search team clearing the way ahead.

LEWIS:

The search team had gone forward and the search commander stepped out of the safe lane and stepped on a ten kilo IED, which blew both his legs off. You panic at first and then it’s a case of we need to get this guy out of here. Not long after the IED went off, we received small arms fire as well, so it was a case of trying to give covering fire while you’re doing the cas-evac, but not only have you got the one casualty to deal with, you’ve got the guys that are around the casualty, because of the shock they are in, they are running out of the safe lane, so you’re trying to keep them into the safe lane without you getting hurt yourself, but at the same time you’re trying to still give covering fire. We did that and we got him choppered off back to Camp Bastion. The second the chopper left, the adrenalin had gone and basically the shock then kicked in, so I ended up breaking down and crying.

DEITH:

A natural reaction. But recognising not everyone will admit when something’s got to them, the MoD launched a campaign last year called ‘Don’t bottle it up’.

‘BOTTLE IT UP’ EXTRACT
WOMAN: I’ve had enough.

MAN: Okay, maybe it’s not all great. In fact, I’m going through a real mare at the moment, but do I need to talk about it? No. Because I’ll be fine.

MAN 2: Find someone you can trust and talk it through. Don’t bottle it up.

DEITH: It’s one of a number of efforts to encourage people to open up. One of them is TRIM, designed by the Marines and now used forces-wide, it stands for Trauma Risk Management. It means, training a number of people in the unit to look out for signs of stress in their comrades. There’s also an operational stress management package. Some go to Cyprus on the way home for what’s called ‘decompression’ – it’s two days to mentally and physically unwind, with welfare briefings.

DEITH cont: And to improve the homecoming, families are offered presentations and leaflets about what to expect and signs of stress to look for.

LEWIS: When we got back to the UK as in the end of tour, we were all brought together as a squadron and there were various amounts of officers in front of us and they all said, if we see anyone who has got any signs and symptoms, if we feel ourselves that we’ve got any signs and symptoms, then we are to obviously go and speak to these officers, go to the med centre and then receive help.

DEITH: And did you?

LEWIS: Not me personally because you don’t want to admit to yourself that I’ve got something wrong with me, so with that I kind of went into complete denial. For the army to turn round and say, ‘Come to us if you’ve got something wrong,’ guys aren’t going to do it. It’s going to take something to happen for them to take action.

DEITH: Lord Dannatt says there’s still a problem with raising mental health issues in the forces.
DANNATT: One of the issues that we’ve got to really confront is the whole issue of culture. Previously, in the macho environment that is the armed forces, is that it’s not a very manly thing to do, to go to the medical officer or to anybody and say, ‘I’m wrong in my head, doc.’ It’s felt to be a sign of weakness, it’s felt to be an admission of something approaching failure. Now that is changing, but that cultural change has got to happen more quickly. Over the last five or six years we’ve introduced at least two schemes. One called TRIM, and that buddy buddy system undoubtedly has been helpful, and the programme of decompression, when units coming back spend a short period of time in Cyprus, where they are given briefings about how life will be different, they’re given a chance to unwind, that again is also important before they go home and meet their domestic circumstances.

DEITH: You mention decompression and there are also debriefs in Cyprus and back at home, but they’re not conducive to changing the culture, are they?

DANNATT: No, I accept that, and that’s why when one talks about something being a cultural change, almost implicit in that is that such change takes a long time to be achieved, people have got to realise in a peer group basis that it’s not un-macho to go to the medical officer or someone else in authority and say, ‘I need a bit of help because actually I’m not quite right in my mind.’

DEITH: Lewis Mackay never did talk to the army. He was so scared he’d hurt Emma, he left. Looking at divorce, he was finally persuaded to get help from Talking to Minds, a charity for veterans with PTSD. The army has a welfare service offering confidential support to soldiers and their partners. Some welfare officers are civilian, some are military. Emma Mackay says she wouldn’t have felt comfortable talking to a welfare officer, worried it would get back to Lewis’ bosses. Army wives’ silence on domestic violence is not new.

LINDA: What’s going to happen with Dave and I down the line, I don’t know. I can’t sit here and say, you know, we’re going to have roses round the door, live happily ever after.

DEITH: I met Linda and Dave Adams in their immaculate home on a quiet estate in Bedale in North Yorkshire. But it’s a tentative peace. Dave’s only
been back with Linda a week. He’s been in prison twice for assaulting her. For eight years he had undiagnosed PTSD – it was missed by the army and wholly misunderstood by the NHS. Dave Adams was a regular soldier for 22 years, then he was in the TA and did two tough tours of Iraq. Once, he smashed up the house. A psychiatrist and his GP said he was just depressed and drinking too much. Linda thought the same.

LINDA: I’ve said to him, ‘You know something, you went to Iraq mine,’ I said, ‘but you sure as heck haven’t come back mine.’ He was different. When he was getting a bit aggressive, we just put it down to drink, and then 2010 came and that’s a part of my life I’d like to shelve in the tightest locked cupboard possible. He severely assaulted me.

DAVE: It was over about a four month period where it progressively just got worse and worse. The first incident happened when my son actually came in and he’d say something trivial, whereupon I pulled a knife and put it to his throat, nearly cutting Lin as well. I was just looking then for every opportunity really to engage in a conflict with anybody. It happened at Christmas 2010, in fact the day before Christmas, that I actually hit Lin, and then obviously was subsequently arrested and went to prison. On coming back out of prison in 2011, April time, within two or three weeks of coming out of prison, I ended up coming back to the house and actually assaulting Lin again, which then subsequently ended up with me going back into prison.

DEITH: This time Dave Adams was finally diagnosed with PTSD.

DAVE: What annoyed me about it was the fact that years ago they could have diagnosed me with this problem, but no effort was made. It seemed like it was just shrugged off, you know. I’d have the doctors coming in, you know, specialist nurses coming in – ‘Oh, there’s nothing wrong with you.’ That is the worst bit about it, you know, which could have prevented any more issues with me flaring up or resorting to violence.

DEITH: So when you got out of prison, you could access the help you needed, right?
DAVE: I came out but I still had to wait months on end to get to see somebody, you know, so I’ve still got the PTSD and then December time I eventually got somebody to assist me in trying to deal with the PTSD, and it’s going to be a long, drawn-out process.

DEITH: In the US, domestic violence in the military has been directly addressed for a decade now, after the issue was fatally exposed in 2002.

EXTRACT FROM NEWS ARCHIVE

NEWSREADER: The United States Army is investigating a series of disturbing murders at one of its bases in North Carolina.

DEITH: Four army wives were killed by their soldier husbands in two months.

REPORTER: War games at Fort Bragg – the home and training ground of the US army’s special forces. After returning home from combat, some became cold blooded killers.

DEITH: The US military has had a brave look at domestic violence, improved reporting and done training, but it’s not solved the problem. According to the army’s own statistics, the rate of severe abuse in the military is three times worse than in the civilian population, and a recent army report was sent to all commanders, warning them violence has risen 30% since 2006. An attempt was made to investigate domestic violence in the British forces too, because the suspicion was there. In Hampshire, domestic abuse charities and the police commissioned an academic at Bristol University, Dr Emma Williamson, to do some research.

WILLIAMSON: I was contacted by the local domestic violence interagency forum in North Hampshire and they were interesting in looking at domestic violence in military families because it was an issue they felt was getting worse in their area, and they wanted to look at whether or not there was a specific issue around domestic violence with men returning from active service.
DEITH: How much access did you get to, for example, army wives that you wanted to speak to and to the statistics that the MoD may have itself?

WILLIAMSON: Well that was quite frustrating, to be honest. We weren’t given access to the garrison that we were particularly working with. We had quite a lot of support from the garrison commander there, who was working with the interagency group, but at a higher level at the Ministry of Defence, we weren’t given access. I think we were disappointed that they didn’t support the research. Domestic Violence is a difficult one, because if you don’t look for it, you tend not to find it.

DEITH: So Dr Williamson had to limit her research to an online survey of wives and partners. They talked about the difficulties of soldiers reintegrating with the family after a deployment and the conflict that creates. The MoD told us the Kings College research team had investigated violence and it’s hoped the next round of research will look at domestic violence. We asked the MoD it if had any figures now. It could only tell us the forces charity SSAFA deals with around four hundred cases a year, but in a statement the MoD said:

READER IN STUDIO: There is no evidence that suggests domestic violence is a greater problem within the service community than in the civilian community. MoD policy makes it clear the armed forces will not tolerate domestic violence. Service personnel who experience violence and service family members who are victims of violence have a wide range of sources of help and information. This includes single-service welfare providers, Unit Welfare Officers, Families’ Federations and helplines.

DEITH: Last year the MoD did draw up a strategy on domestic violence – every government department wrote one. The MoD’s tri-forces policy, JSP 913, highlights an increased risk before and after deployments and talks about terminating the service of those responsible. But still, Dr Emma Williamson thinks the MoD’s policy is sorely lacking in detail.

WILLIAMSON: I think they need to identify a need to collect information and data and evidence. I think that they need to have a baseline from which to start, I think they need to make that information available and set themselves clear deadlines
to do that in order that they can actually identify how big of a problem this is, and how they’re going to look at the resources that they need to deal with it.

DEITH: Lord Dannatt too says it’s time to put a figure on the problem.

DANNATT: It will not be surprising the chain of command in the army in particular that there are incidents of domestic violence, and that of course is clearly linked to the whole issue of psychiatric injury which, in its most extreme form, expresses itself in post-traumatic stress disorder. Now some of that expression is going to be in domestic violence. None of that is surprising. The scale of it needs to be quantified and certainly action needs to be taken even more than it currently is to modify those figures and reduce it significantly.

DEITH: In the US they keep statistics and they’ve had a sort of brave and honest look at the problem. We haven’t done that in Britain, have we?

DANNATT: I can’t comment on that. If you say we haven’t, we haven’t.

DEITH: Clamping down on violence in the forces is one thing; changing someone’s behaviour after they leave is another.

DEITH: In the unlikely setting of Everton Football Club, a group of battle-hardened former soldiers are being taught how to ‘embrace their emotions’. Even in the comfortable surroundings of a football club, this course in personal development feels very alien.

ACTUALITY AT EVERTON FC

DEITH: We’re upstairs in one of the function rooms and as I look around, in each corner there are pairs of people. Each pair is one ex-soldier and one therapist, and they are deep in conversation, talking about why the men might not be coping with life and looking at why they behave the way they do.
Running the course is Mick Stott, an ex-army captain and now a trainer. He’s providing a kind of emotional exit strategy out of the forces. He says many young veterans just don’t know how to function outside the military. He’s helped many of them, but others retreat into what they know – guns and war – and they scare him.

STOTT: They tend to be on their own emotionally on lots of levels other than, you know, the support of families. When I hear and chat to some of these guys, what concerns me is the amount of emotional instability that’s present. I’ve gone to some guys’ homes and they’ve literally got their own armoury, you know. I’m talking a couple of handguns that are illegal, I’m talking AK47 parts, the paraphernalia from operational environments, and they’ve surrounded themselves by a lot of this type of paraphernalia and trophies, if you like. Once they realise how negative some of that stuff is, then that can change, but what does concern me is the period of transition and whether or not they get access to a group or to people that can allow them to make sense of their journey and learn from it so that they can move on from it.

DEITH: Mick Stott says those he meets are not just a risk to others, but themselves.

STOTT: From the rooms that I’ve been in, one of the prevalent things that goes on is self harm. Emotionally you’re scared of going back into civvy street, you’re now being forced to leave a group that offered you all of this support and the full support mechanism that went with that, and now you’re on your own. And that’s often the bit that when guys realise they’re on their own, that pushes them over the edge, and so now what they then rely on is what they were taught in the military, but it just doesn’t serve them in any of these areas of their life.

DEITH: The suicide rate in young soldiers is only slightly higher than the general population. But young veterans – those aged under 24 – are two to three times more likely to take their lives. In 2010, ex-soldier Matthew Parkin was struggling to adjust to life after Afghanistan and after the army.

JANICE: That was after he’d done six month training at Catterick garrison, when he first went in the army, and the other picture is him in his dress
uniform, a Coldstream guard. He always looked very smart when they’re dressed up in the reds. And then the other picture is just before he went to Afghanistan. You don’t imagine your son going off to war and what-have-you. They’re still your little boy.

DEITH: Janice and Ian Parkin’s baby-faced boy joined the Coldstream guards at just sixteen. The photo frame on the mantelpiece has the words, ‘A mother holds her children’s hands for a while, but she holds their hearts forever’.

IAN: The first time I saw something weren’t right with Matthew was when he actually came back from Afghanistan. You could see that pulling himself away from us, not talking, sit on his computer all day playing war games. We used to argue, and Matthew were never confrontational. He’d never confront me. But after five, six months of him being home, the way it looked to me is sometimes he could have just gone straight through me, you know what I mean, even though I were his dad. The aggression on his face was unbelievable.

DEITH: And he was living not here with you, but with his girlfriend at the time. You started to worry about whether he was being aggressive with her.

JANICE: Yes, that’s right. We saw her one day with a black eye and she swore to us she’d fell and done it. Now we don’t know. We’d ask Matthew and she just said she fell down and done it.

DEITH: In 2009 the Coldstream guards were gearing up for a second tour of Afghanistan. Matthew couldn’t face it. He went AWOL. He was arrested and taken back to base, where he cut his wrists and was put under the care of an army psychiatrist. After three months, the army left him go. It wasn’t a medical discharge, there was no mention he’d been ill. He left with no medical notes or reference. A few months later, Matthew tried to take an overdose. Then his girlfriend reported him for assault. He was arrested and the next day released on bail. He was at rock bottom.

JANICE: He stood at the door here and I said, ‘Promise you’re not going to do nowt, you’re not going to do nowt daft, are you?’ And he said no. He walked out of the house at half past eleven and that were the last time we saw him. On the Monday,
when he left here, we’d not heard from him all day and we’d text him and what-have-you, and then the Tuesday morning I says to Ian, I says, ‘Do you think I ought to phone the police? He’s on bail.’ They come out, they were really good, they come straight out, didn’t they? They had to search the house first to make sure he weren’t on the premises. We’d explained what had happened and we told them about the suicide attempt and he said, ‘Do you think he’s ill-harmed himself?’ and I said, ‘Yes,’ I says, ‘He will, he will do it.’ That afternoon and that night there were police looking for him and they’d got helicopter and everything, but according to what the coroner had said, he was already gone. They think he left here on the Monday and he’d done it straightaway.

DEITH: Matthew had gone to a wood near their home and hanged himself by his shoelaces. At the inquest, the coroner said his problems were just too much for him to cope with.

Can you strip away all the different things that Matthew had going on in his life and say it was Afghanistan that was the tipping point?

IAN: Yeah. I mean, he did have trouble with his partner and everything, but I mean he’d been with his partner two year before he actually went to Afghanistan and they were happy as anybody, pair of them. Most of Matthew’s problems started when he came back from Afghanistan. I think at the end of the day, I think the army owes these lads a bit of responsibility. People on the dole get more care than what these lads do when they’re fighting for their country.

DEITH: The MoD says it does give troops advice on moving into civilian life and that its resettlement programme is ‘robust’. The coalition government has promised to rebuild the military covenant and undertaken, quote, ‘to pass personnel back to civilian life in the best possible health’, for example by making sure army psychiatric care doesn’t suddenly stop and that it is properly handed over to the NHS. The Department of Health insists ex-servicemen are a priority – it’s investing £7 million into services like a 24 hour helpline and a veterans’ mental health network. Every year 24,000 people leave the forces. And, with army cuts, they’re about to be joined by another 20,000 soldiers. Most will have been through Afghanistan, a small army of veterans - and Lord Dannatt fears - out on civvy street before they’re ready and potentially vulnerable and violent.
DANNATT: Is it the tip of the iceberg, is it a potential epidemic? I think those are rather cataclysmic type expressions to use. But is the problem going to get larger? I think to a degree it is going to get larger. Should we be doing more? Yes. Have we made some progress? Yes. Should we make more progress? Undoubtedly.

SIGNATURE TUNE