

James Saunders, 39, served in the first Gulf War in the Royal Artillery. Looking back, he was suffering from PTSD when left in 1993, but he believes the army was just glad to close the door on him and his problems.

"When I asked to get out, I'd already been AWOL for six months, totally off-track, so they were glad to get rid of me. I'd see guys who'd been in Northern Ireland, drinking and getting into fights, but they were never punished. I realise now that the sergeants knew it was because they were suffering mentally, but rather than talk about it, they just ignored it." Depending on how long Afghanistan lasts, I think we're going to see a massive explosion of guys who need mental health services. If we don't start setting up the system now, these people will fall through the net and end up on drugs or in prison, leaving the army without good soldiers and children without their fathers. This is so sad because what most of them need is help with PTSD.

But we also have to prepare soldiers better psychologically so they don't think they're weak minded or a bad soldier if they do end up suffering from mental health problems. My life is back on track; I've retrained as a photographer and sound engineer. But if I got the call tonight, I'd go back tomorrow. I loved the army; I wanted to make it my life."

Depending on how long Afghanistan lasts, I think we're going to have massive explosion of guys who need mental health services - if systems are not in place, people will fall through the net, in prison, drugsm chukdren, losing fathers,, just through eth nature of PTSD.

Desert Storm - September 1990 until April 1991. I was involved in a friendly fire incident at toward the end - imagery butnt into my meory, the oil fires we would rdrive apss - like day to night, hearing eth roar, travelling down basra roadm seeing eth caranage, boydy aprts, people sitting , charcoal corpses - it was a very slow journey - like slow motion fil, when everyone trued tio flee, it was blanket bombed by allied forces and eth clean up job was not great. Peoel sitting in vehviles, dead,

Came under fire from challenge takns - the British were given the wrong intelligence and open fire - we were in Spartans - no armour at all, compressed aluminium shell - unbelievably lucky not to lose anyone, I wasn't physically injured - saw one the vehicle on fire and saw red dots coming toward us which were tank rounds.

I cam home for six weeks leave to my girlfriend and family, all felt very surreal. In hindsight, I was aggressive after having a drink, or normal stress where I would usually have blown it off, starting. This is all in hindsight. About 18months later my son was still born which the final nail in eth cioffin, and I went on self-destruct mode: I destroyed my realationshoip, I was drinking, taking drugs, cut ties with my family, I went AWOL for six months - its like being on train at a million miles a hour, you can't see what - can't mention it ebucase it would be the end of your career - that not functioning preorlty -nonone ow=uld want to work with you, nightmares , they'd think your unreliable. Train me with weapons, - don't train me psychologically - one of sergents gave me a bit of aoprer, 21, you might have a relatiohip difficult - screwed it up and laughed.

i used to see guys who' be in NI, if getting into trouble, there was no punishment, they knew it was down to, no one discussed why they were like that.

I went into my coomander's office and saifd I couldn't look at my uniform anymore, and give an admicitration disgarne and I was out, the door was closed., not our problem anymore.

Train got faster then, within a year I was in prsion for drug offences - 2 ½ years - met at least half dozen ex-army in prison with similar stories to myself. Wouldn't have been in prison if been looked after properly. At leats half have some sort of problem -alcohol abuse to drugs, to my extreme, to relationship breakups, but most still aren't talking about it.

They have not got decompression -don't come straight home, as a unit they got Cyprus, and let them come down at a slower pace, sports - but still now the military begin the military - doesn't just apply to eth special forces. If I'd gone in 1991 and told them it would have been

I asked for help in prision, no one was qualified. I re-educated myself - work for the gas boars - sound engineering and photography - have reconnected with my fam8ly. Prisione took me off eth train and made me reflect and make some changes - worked out sowemthing was wrong - a firend who'd been through to copmabt stress- they were a life line for me - three or four years, can phone them at any time.

There are a lot of

I had a lot of anger towards the army and government - your war;#59; you've screwed me and left me. I did go to me

local NHS service first, but the psychiatrist didn't understand what I need. I know there are guys on the streets who are ill with no help.

We need to prepare people before they go out, so it's not about being weak minded - real sad thing is that a lot of really good people militarily are going to lose, if caught it early enough - by giving them an understanding and treat it - wasn't a bad - it was my life, I loved it, I would have been coming up for 22 years - if

The NHS Redress Act was supposed to be the government's main response to long-standing dissatisfaction with the clinical negligence system. Problems include delay in obtaining compensation for medical injuries, the need to litigate, and the high cost of the process. The government had consulted for years on reform, notably with Call for Ideas in 2001 and Making Amends in 2003. The Act was supposed to implement the most important recommendations of Making Amends.

That should have offered faster compensation for patients, together with remedial treatment, investigation of what went wrong, explanations and apologies.

It is still not clear why the government has chosen not to implement the Scheme, nearly three years after the Act received Royal Assent. I suspect it is because it was never expected to reduce the overall costs to the NHS of clinical negligence and the government thinks it can better keep the lid on the costs of NHS negligence by sticking with the current system, however unsatisfactory it may be.

It is also the case that patients who primarily want investigation, explanation and apology should be able to get these through the new NHS complaints system. It remains to be seen how well that works.

Dr Mark Porter, deputy chairman of the BMA consultant's committee, said "It is very disappointing that after starting the hare running, the government has stalled and the redress scheme has not appeared. The big move in the NHS is towards learning from errors in order to improve patient safety. The clinical negligence system does not fit in with this; it is an adversarial approach more focussed on pointing fingers than improving services."

This little piggy went to market, this little piggy went to Hove, this little piggy went to a birthday party, and then this little piggy was roasted on a spit.

The Department of Health should either commence discussions on a more radical scheme which moves away from the legalistic definition of negligence which fosters a culture of individual blame, or get on with making a start with this more modest scheme.

It is disingenuous of the Department of Health to say that the reason for not implementing the Act is because of the NHS complaints reforms. The Government knew that the complaints system was being reformed when it began work on the NHS Redress Act. The NHS complaints procedure has nothing to do with providing compensation or redress and that is made abundantly clear to people who use it. I suspect that the real reason may be fears expressed by the Treasury about the cost. However, as the Government argued at the time, such fears may be unfounded when you look at the wider benefits such as avoiding legal costs and the reduction of human suffering by providing an alternative to litigation and ensuring that patient safety lessons are learnt. There was also a change of ministers, but given that Andy Burnham was the main proposer of the legislation at the time and has now returned to Health as the Secretary of State, we are

hopeful that there may be a renewed enthusiasm to move forward. We are writing to Andy Burnham to that effect.

You need to ask MOD that, not us, but SF are always excluded from everything.....just the way it is....and what I said was that up till 2006, the last time we had compelling data, there was no evidence that those deployed had worse mental health than those who had not deployed (in that case largely to Iraq) - we shall see later this year if this is still the case or not

- there is a difference between absolute numbers and rates

And your second question is wrongly addressed - why do you say that the Mod should do something about it? Don't you mean the NHS?

No they don't all say that... some say that...others don't. Remember, that there are also a constituency of soldiers who say the opposite - that having left the military the last they want to do is see people connected with the military - this particularly applies to those who didn't like their military service and don't want to be reminded of it.... and by definition these are the ones that you don't hear about in the press....