“Demob Happy”

What can we learn from the past about mental health care for veterans?

Edgar Jones

Institute of Psychiatry, Psychology & Neuroscience

“Demob happy”

Having survived World War Two, “demob happy” was a phrase used to describe the initial elation felt by UK soldiers at the point of release from military service. The first reported use of the term was in a letter from a serviceman in the British Army of the Rhine to the *Liverpool Echo* on 5 December 1945. He wrote: ‘At the moment I’m “demob happy,” but what is there in England? Strikes, sparse rations, clothes few, and maybe not a house. Still there is a wife, kids and friends. J. J. S.’

https://wordhistories.net/2018/04/29/demob-happy-origin/

World War One veteran song

"Now the bleeding war is over,
Oh, how happy was I there;
Now old Fritz and I have parted,
Life's one everlasting care.
Civvy life's a bleeding failure.
I was happy yesterday."

A post-1918 song quoted from Allan Allport *Demobbed*, London: Yale (2009), p. 5.

Veterans and mental health

Veterans are at risk of mental ill health for two key reasons:

1. In time of conflict, they are exposed to trauma often of a severe or protracted nature.

2. The differences between military and civilian occupations and culture often make transition and re-integration problematic.

Were there any protective factors in the past that made post-conflict adjustment less psychologically challenging?

Seasonal military service

In ancient and medieval times, war was commonly a seasonal activity because armies were largely composed of farm workers. Having planted their crops, foot soldiers left their farms in the spring to fight and returned in late summer to gather the harvest. Farmers were particularly valued as soldiers because of their hardiness, ability to live off the land and their practical knowledge of battlefield geography. Rural occupation prepared soldiers for war and provided them with protective factors. The transition between roles was less dramatic than today.

Woodard, R.D. (2013), *Myth, Ritual, and the Warrior in Roman and Indo-European Antiquity*, Cambridge: CUP; Popkin, M.L. (2016), *The Architecture of the Roman Triumph: Monuments, Memory, and Identity*, Cambridge: CUP.

Hundred Years War (1337-1453)

An extended conflict between England and France, the Hundred Years War saw the first formal recognition of the psychological impact of combat by the military leadership. In 1348, King Edward III founded the “Poor Knights of Windsor” for professional soldiers who had become impoverished as a result of illness, old age or ransom: “certaine old knights much broken in the wars”; they were first UK war pensioners (12d a day) and lodged at Windsor Castle. Edward III also pardoned veterans or reduced their sentences for criminal offences on account of “sufferings as a prisoner-of-war”.

Euan Roger (2017), Medieval Army Pensioners: the Poor Knights of Windsor, National Archives blog; W.J. Turner (2015), Afterward: the aftermath of wounds, in L. Tracy & K. DeVries (eds), *Wounds and Wound Repair in Medieval Culture*, Leiden: Brill, 576.

The rise of professional armies

Medieval military campaigns were short and armies small-scale, limited by the cost of equipping and feeding soldiers. The force assembled by Henry V to raid Normandy in 1417 was only 10,000 strong. Not until 1500 did regular, full-time armies begin to emerge in Europe funded by taxation. The French led the way when Charles VII exercised the royal claim to raise a standing army. Transition to civilian life was more difficult for professional soldiers than for farm workers, particularly if they had been wounded or traumatised by combat.

Philippe Contamine (1984), *War in the Middle Ages*, Oxford: Basil Blackwell, 165-72, 306-07; Keen, *The Later Middle Ages*, 134, 157.

Les Invalides

In November 1670, King Louis XIV gave concrete expression to his governance of the French Army and his concern for its welfare. L'Hôtel National des Invalides (The National Residence of the Invalids) in Paris was founded in November 1670 as a home for elderly and ill ex-servicemen. Completed in 1679, it retained its primary function of a retirement home and hospital for military veterans until the early twentieth century. The location in central Paris and the opulence of its design were designed to honour veterans and their achievements but also to emphasise the important link between the monarch and the army.

Royal Hospital Chelsea

In December 1681, King Charles II followed suit and made provision for elderly or injured soldiers ("to succour and relief of veterans broken by age and war"). Charles II was the first British monarch to maintain a standing army in peacetime and himself eligible for military service, King George II being the last monarch to engage in combat at Dettingen in 1743. The first Chelsea pensioners were admitted in February 1692 and, by the end of March, 476 ex-servicemen were in residence.

The Militia: citizen-soldiers

The tradition of the citizen-soldier, able to make the transition from the farm to the battlefield, endured into the nineteenth century and formed the basis of militias recruited in time of emergency. In the UK, militias had been raised during the Civil War, and in December 1802 when Napoleon threatened to invade Britain. As territorial-based infantry, a sense of belonging came from the region or place, akin to the “Pals” battalions recruited in World War One. In January 2022, Ukraine mobilised a citizen militia of around 100,000 to buttress the defence of their towns and cities.

The Staffordshire Militia on parade in 1804.

The psychological battlefield

In the late nineteenth century, sustained industrial growth and population expansion enabled the recruitment of mass conscript armies. In 1914, France called on a standing army and reserves of 4 million men, whilst Germany had forces totalling 4.5 million. Russia's army of 5.9 million soldiers was the largest in Europe, boosted by sustained investment in armament manufacture.

Stephanie Audoin-Rouzeau and Annette Becker (2002), *1914-1918, Understanding the Great War*, London: Profile Books, pp. 22-24; Hugh Strachan (2003), *The First World War*, London: Simon & Schuster, 14.

The vulnerability of conscript armies

Military planners were concerned that the new large armies were increasingly recruited from towns and cities where young men had not experienced the physically demanding life of working on the land. When faced with unprecedented firepower (artillery barrage and automatic weapons) enabled by mass production, they were expected to suffer high physical and psychological casualties.

Tim Travers (2003), *The Killing Ground, The British Army, the Western Front and the emergence of Modern War*, Barnsley: Pen & Sword, 43-47.

Shell shock: mass psychological casualties

The concerns of the pre-1914 military planners were confirmed when all combatant nations suffered high killed and wounded rates in World War One. At the Somme, for example, the British Army sustained 432,000 casualties, including 65,000 cases of shell shock. Front-line conditions challenged the most robust farm workers and professional soldiers. At least 250,000 British soldiers experienced post-traumatic illnesses during World War One.

Robin Prior & Trevor Wilson (2005), *The Somme*, New Haven: Yale University Press, 300-01.

A comparison of UK war pensions

	World War One veterans	World War Two veterans
Wounds and injuries	504,000 (37.5%)	122,572 (24.4%)
Rheumatism	84,855 (6.3%)	7,943 (1.6%)
Heart disease	118,995 (8.9%)	19,814 (4.0%)
Epilepsy	8,436 (0.6%)	1,766 (0.4%)
Neurological and mental disorders (excluding epilepsy)	84,681 (6.3%)	50,060 (10.0%)
Others	542,161 (40.4%)	299,281 (59.7%)
Total	1,343,128 (100%)	501,436 (100%)

Source: *Ministry of Pensions, Twenty-Eighth Report… for the period to 31 March 1953,* HMSO, London, Appendix 4, 97.

A freedom of information request to the Ministry of Defence revealed that in March 2013, 13,745 UK veterans were in receipt of a “disablement pension where the recorded condition relates to a mental disorder”, representing 10.8% of all 127,590 war disablement pensions in payment.

Letter from Defence Statistics (Health), Ministry of Defence, Abbey Wood, Bristol, 9 October 2013; Letter from the Service Personnel and Veterans Agency, Innsworth, Gloucester, 11 September 2013; National Statistics Notice, War Pension Scheme Annual Statistics 1 April 2008 to 31 March 2013, (6 June 2013).

The Current Situation: UK veteran mental health

In 2018, a cohort study by King's Centre for Military Health Research of a random sample of UK veterans (n = 2,698) found that:

21.5% reported a common mental disorder (depression, anxiety disorders, phobias),

7.4% reported probable PTSD

10.3% reported alcohol misuse.

However, the probable PTSD rate for ex-Regulars with a combat role was 17%, significantly increased from 6% the equivalent study conducted in 2010.

Stevelink, S.A.M. et al (2018), Mental health outcomes at the end of British involvement in the Iraq and Afghanistan conflicts: a cohort study, *British Journal of Psychiatry*, 213(6): 690-97; Fear, N.T., et al. (2010), What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces, *Lancet, 375*: 1783-97.

The UK military footprint

Today professional soldiers are arguably better educated, better prepared and equipped than front-line troops of earlier wars. They are deployed for defined periods of time unlike their counterparts of World War One and Two who served in theatre with limited opportunity for home leave until the conflict ended. To what extent have societal and cultural changes increased the risk of ill health for veterans?

UK armed forces: strength and spending

Year	UK armed forces	% of UK population	Defence spending as % of GDP
1953	868,000	1.7	7.5
1990	305,000	0.5	4.1
2000	207,600	0.4	2.5
2011	186,400	0.3	2.2
2021	149,280	0.2	2.2

Noel Dempsey (2021), *UK Defence Expenditure*, House of Commons Library, No. 8175.

The UK military footprint

In January 2019, the Ministry of Defence predicted that the UK veteran population would reduce by one million over the next ten years to 1.6 million by 2028. In November 2021, the MoD estimated the UK veteran population at 2.07 million. The greatly reduced military footprint has plausibly contributed to a loss of understanding or shared experience.

Lord Ashcroft, *The Armed Forces and Society, The military in Britain – through the eyes of Service personnel, employers and the public*, May 2012, 16-17.

https://www.gov.uk/government/news/new-figures-reveal-changes-to-the-uks-veteran-population

UK veteran perceptions of civilian society

To explore the impact of military trauma on veteran perceptions, a sample of 114 UK war pensioners with post-traumatic stress disorder (PTSD) were interviewed and compared with 39 veterans with a pension for a physical disability. The study found that UK veterans with mental illness reported significantly more negative changes to their view of the world. They spoke of a sense of alienation and disconnection, in part, because civilian society was perceived as malevolent and not appreciative of their military service.

Brewin, C.R. et al. (2011). Trauma, identity and mental health in UK military veterans. *Psychological Medicine*, *41*, 733-740.

Comrade networks to mediate transition

A World War Two veteran, Charles Weigel, who had served in the US Army in the Tunisian campaign, observed, “you came back, and it was almost a fraternal group. You didn’t do a lot of talking about it but if a guy was a veteran, you knew he was a pretty good guy… People were glad to be back, and they felt any challenge could be overcome if they put their minds to it”. During the 1950s, membership of fraternal, sport, ex-service and religious groups was significantly higher compared with the present, giving greater investment in bridging social capital.

Ehrenhalt, Alan, (1995), *The Lost City. The Forgotten Virtues of Community in America*, New York: Basic Books, 219; Putnam, Robert D (1995), Bowling Alone: America's Declining Social Capital, *Journal of Democracy*, 6 (1): 65–78.

2nd Rifles in Afghanistan

In 2009, the 2nd Rifles experienced a challenging tour of Afghanistan in which their battle group suffered 111 casualties, including 24 men killed in Sangin district. The tour has become associated with a cluster of suicides among British veterans who served in Helmand on Operation Herrick 10. At least 22 serving or former Rifles soldiers have died through suicide or misadventure since 2011, according to figures gathered by the veterans' group Veterans United Against Suicide. Ten of the deceased veterans had served with 2nd Rifles.

Anthony Loyd, How suicide became the hidden cost of the Afghanistan war, *The Times*, 15 January 2022.
https://archive.ph/0g2OL

In 2021, Rifles' trustees and commanding officers contacted Lieutenant Colonel Baz Melia, a recently retired soldier of 37 years service. Melia had been promoted through the ranks and was a veteran of multiple operational tours. He was asked to design a programme that could support at-risk veterans and their families whilst seeking or waiting for professional help. Noticing that the isolation felt by ex-soldiers was a key factor in many of the deaths by suicide, Melia sought to provide a sense of renewed community and an early warning system for those whose mental health put them at risk. He established a network of 120 volunteers across the UK from among Rifles veterans to act as mentors and guides for those in difficulty. Complete with its own hotline, Melia launched the 'Always a Rifleman Programme' (AARP) in August 2021.

https://theriflesnetwork.co.uk/page/aarp#:~:text=Swift&text=The%20Always%20a%20Rifleman%20Programme,mentoring%20and%20mental%20health%20support

Veteran mental health: practice and policy

Two examples of veteran attempts to improve mental health practice and policy, one highly successful, and one unsuccessful.

Veteran voices after World War One

World War One had seen a significant step forward in psychological understanding and the treatment of psychological battle casualties:

The term “shell shock” was recognised in medical literature from February 1915.

Specialist treatments were developed both for those in war zones (“forward psychiatry”) and severe or persisting cases referred to the UK (Maudsley, Maghull, Seale Hayne, Craiglockhart).

MPs campaigned to ensure that shell-shocked soldiers were not sent to the asylum system but treated in specialist military hospitals.

In the aftermath of the war, it was evident that many veterans continued to suffer from severe or persisting symptoms and the Ex-Services Mental Welfare Society was founded in 1919.

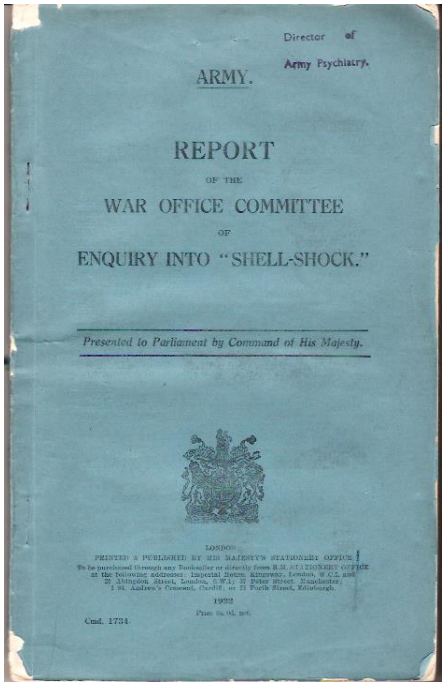
Peter Barham (2004), *Forgotten Lunatics of the Great War*. New Haven: Yale, 238; Anthony Babington (1997), *Shell-Shock, a history of the changing attitudes to war neurosis*. London: Leo Cooper, 136-37.

Yet once the crisis of war had passed, traditional welfare hierarchies re-established themselves:

The War Office Commission of Enquiry into Shell Shock, chaired by Lord Southborough, which sat from 1920 to 1922, took no evidence from soldier patients.

Shell-shocked veterans, excluded from the governance of welfare groups or charities, struggled to gain the attention of medical institutions or policy makers.

By 1926, the national network of 29 “special medical clinics” for veterans suffering mental ill health had been closed as new priorities replaced veteran care and rehabilitation.


Director of
Army Psychiatry.

ARMY.

REPORT

OF THE

WAR OFFICE COMMITTEE

OF

ENQUIRY INTO “SHELL-SHOCK.”

Presented to Parliament by Command of His Majesty.

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Reid F. *Broken men, shell shock, treatment and recovery in Britain 1914-1930*. London: Continuum, 2010, 129, 150-51; Jones E. Shell Shock at Maghull and the Maudsley: the origins of psychological medicine. *J Hist Med Allied Sci* 2010; 65(3): 368-95.

By the late 1920s public concern faded and the Ministry of Pensions sought to reduce or terminate payments to shell-shocked veterans:

Ex-servicemen with persisting shell shock were increasingly framed as victims deserving pity rather than respect and characterised as individuals who had failed to mature into robust adults.

This denigration, together with the denial of agency, discouraged many from engaging in treatment. Edwin Blomfield, an ex-serviceman with persisting shell shock asked in 1931, "how many men were ruined for life, and perhaps by their own hospitals and helped in the disaster because someone thought that they were swinging the lead?"

In December 1939, shortly after the outbreak of World War Two, the government banned the use of "shell shock" as a diagnostic term.

Blomfield E. A true war yarn (unpublished memoir, 1931). National Army Museum, 2006-11-38; Anon. Neuroses in War Time, Memorandum for the Medical Profession. *BMJ* 1939;2(4119): 1199-1201.

Veteran voices after Vietnam

In 1970, US veterans suffering from post-traumatic illness set up self-help, “rap” groups but recognised the need for professional input. John Barry president of Vietnam Veterans Against the War approached the New York psychiatrist, Robert J. Lifton. He then contacted Chaim Shatan, a psychoanalyst, who had coined the term ‘post-Vietnam syndrome’ in a *New York Times* article. Input also came from Sarah Haley, a VA social worker, who had described the symptoms and experiences of Vietnam veterans at the Veterans Administration hospital in Boston. In 1973, Lifton published *Home from the War,* a book about Vietnam veterans’ psychological challenges. As a best-seller, it had a major influence on the media and how veteran mental health was interpreted and expressed.

Lifton RJ. *Home from the war, Vietnam veterans neither victims not executioners*. London: Wildwood House, 1974, 94-95; Haley S. When the patient reports atrocities: specific treatment considerations of the Vietnam veteran. *Arch Gen Psychiatry* 1974; 30(2): 191-96.

PTSD in *DSM-III*

Aware that the American Psychiatric Association was preparing a new edition of their diagnostic manual, *DSM*, Lifton and Shatan formed a working group to lobby for the inclusion of "post-Vietnam syndrome". Jack Smith, a Vietnam veteran who headed an advocacy group, the National Veterans Resource Project, was included in the membership of the Committee on Reactive Disorders. As a private in a rifle company, Smith had been wounded in the battle of the Ia Drang Valley and awarded the Bronze Star. In 1976, he became an overseas correspondent for ABC News and from 1980 served as their Washington correspondent. Nancy Andreasen, chair of the committee on reactive disorders, recommends the inclusion of PTSD.

Allan Young (1995), *The Harmony of Illusions, Inventing Post-traumatic Stress Disorder*, Princeton: Princeton University Press, pp. 110-11; Allan V. Horwitz (2018), *PTSD, A Short History*, Baltimore: Johns Hopkins University Press, 93-98.

Opposition overturned

As in the case of shell shock, the campaign for the recognition of PTSD met opposition from traditional interests. It was evident to the Veterans Administration that recognition would have major financial and service implications as veterans would be entitled to treatment and compensation. Established interest groups characterised the campaign as “self-serving psychologists and psychiatrists” opposed to the war seeking to profit from the VA. However, a new leader, Max Cleland, was appointed to the VA, the youngest in their history, and he joined reformers in Congress to press for increased funding for Vietnam veterans. Cleland, a decorated Vietnam veteran, had lost both legs and his right forearm in combat. In 1979, the Senate Veteran Affairs Committee authorised the VA to accept PTSD as a disorder eligible for compensation.

Young, *The Harmony of Illusions*, 113-14; R.B. Fuller (1985), War veterans’ PTSD and the US Congress, in William Kelly (ed), *Post-Traumatic Stress Disorder and the War Veteran Patient*, New York: Brunner/Mazel, 3-11.

US government response

The diverse team of campaigners not only saw PTSD recognised in 1980 by the American Psychiatric Association but the press attention and political support that followed led to large-scale federal expenditure on research and the development of new treatments:

The Centers for Disease Control published the Vietnam Experience Study in 1988 funded by the US Department of Health.

This was followed by the National Vietnam Veterans Readjustment Study, mandated by Congress and published in 1990 at a cost of $9 million.

Without the involvement of veteran patients, the media and government funding, PTSD would not have achieved the high research profile or treatment innovations of today. Presidents Ronald Reagan (1981-89) and George H.W. Bush (1989-93) were both veterans of World War Two.

Centers for Disease Control Vietnam Experience Study (1988), Health status of Vietnam veterans: I. Psychosocial characteristics. *JAMA* 1988; 259(18): 2701–7; II. Physical Health, 1988; 259(18):2708-14; Kulka RA, Schlenger WE, Fairbank JA, Hough RL, Jordan BK, Marmar CR. et al. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.

War as an instrument of politics

Clausewitz observed in 1832 that “war is a mere continuation of policy by other means… a real political instrument”. Lawrence Freedman has argued that the awful tragedy of Ukraine has arisen because Putin’s political objectives cannot be translated into meaningful military objectives. By extension, veteran health is also a function of political decisions and priorities.

Carl von Clauswitz (1968), *On War* [1832], London: Penguin, 119; Lawrence Freedman (2022), Russia’s Plan C, *Comment is Freed*. https://samf.substack.com/p/russias-plan-c?s=r

Political representation of UK veteran issues

The last British Prime Minister to serve in combat with UK armed forces was James Callaghan as a Lieutenant in the Royal Navy on HMS *Queen Elizabeth*. Before him, the following senior politicians had front-line experience:

Winston Churchill (Royal Scots Fusiliers)

Clement Attlee (South Lancashire Regiment at Gallipoli)

Anthony Eden (Yeoman Rifles)

Harold Macmillan (Grenadier Guards)

Edward Heath (Royal Artillery)

Other senior politicians included: Lord Carrington (Grenadier Guards), Denis Healey (Royal Engineers), Anthony Crosland (Parachute Regiment), Airey Neave (Royal Artillery), William Whitelaw (Guards Tank Brigade), Jo Grimond (Fife and Forfar Yeomanry), Francis Pym (9th Lancers).

George Bush Senior was the last US President with direct combat experience. Earlier veteran Presidents included:

John F. Kennedy (US Navy)

Lyndon B. Johnson (US Navy)

Gerald Ford (US Navy)

Dwight D. Eisenhower (US Army).

Other senior politicians and presidential candidates with combat experience include:

John McCain (US Navy pilot)

George McGovern (US Army pilot)

Barry Goldwater (US Army pilot)

Colin Powell (US Army)

Ex-service Members of Parliament

A number of current and recent MPs have direct military experience, notably Johnny Mercer, Bob Stewart, Andrew Murrison, Daniel Jarvis, Andrew Rowbotham, Bob Seely, Leo Docherty, Ben Wallace, Minister of Defence, and Tobias Ellwood, chair of the Commons Defence Committee, and Penny Mordaunt, a Royal Navy Reservist. However, not since 1979 has a veteran occupied the highest political office and able to exercise the authority of the prime minister. Not since 1983 has a Foreign Secretary been a veteran (Francis Pym); the last veteran Home Secretary was William Whitelaw in 1983, and Denis Healy was the last veteran Chancellor of the Exchequer in 1979.

Summary: the challenges

1. Professional armies and technical innovation have accentuated the occupational/cultural differences between soldiers and civilians, accentuating the transitional gap.

2. The reduction in the size of the UK military footprint has eroded a societal understanding of veteran issues and culture.

3. The traditional link between rulers/senior politicians and military service has been weakened.

Positive developments

Comrades' networks are being re-established so that veterans who have made the transition to civilian life can support those encountering difficulties.

Veteran mental health issues are actively being promoted by charities, politicians, universities and the NHS.

Understanding of post-traumatic illness (complex PTSD and moral injury) has developed significantly and many more treatments are available than in the past with important research projects underway.