Strengthening Workplace Pastoral Care in Military, Paramedic and Police Settings: Chaplaincy Confidentiality, Proactivity, Proximity & Referral Options

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Abstract

This paper investigates the significance of workplace pastoral care in military, paramedic, and police settings, emphasising the pivotal role of chaplaincy in supporting personnel through psychological distress or crises. It explores the effects of chaplaincy proximity, confidentiality, proactive engagement, and early interventions on healing and well-being. Employing a heuristic methodology, a chaplain's person centeredness, proximity and nonverbal immediacy were found to be crucial to effective pastoral care in some settings. In general, military leaders expect chaplaincy proximity and responsiveness which is underscored by confidentiality reassurance, however, this is less clear in emergency and police research. The literature highlights the challenges and importance of confidentiality, trust, and personal choice in chaplaincy interventions. Noticeably there is less police-focussed research to date than military research. The study underscores the necessity for proactive chaplaincy practices, cross-contextual research, and policy development to enhance pastoral and mental health care particularly when it comes to knowledge that pastoral care is even an option and referral pathways. A conceptual framework for mapping the nature and extent of chaplaincy care, if any, as ameliorated by pastoral care options, personal awareness and individual choices is outlined in the following section. It attempts to capture and illuminate something of the complex, relational and dynamic relationships between choice, need, and chaplain outreach action, in a simplified form. The paper proposes some policy enhancements and advocates for enhanced organisational protocols, adequate resources, and collaboration between pastoral and mental health professionals. Further, research is necessary to explore the effectiveness of chaplaincy responses, early interventions, and the balance between organizational expectations and privacy rights.

Keywords: Police Chaplaincy, Interdisciplinary, Military Chaplaincy, Confidentiality, Proximity, Early Interventions, Spirituality, Mental Health, Healing, Workplace Wellbeing and Policing

Purpose

> "Chaplaincy has traditionally been considered a profession that highly respects confidentiality. However, with the increasing collaboration among professionals in health and welfare contexts, along with the requirements for reporting interventions and the ease of sharing data through technology, confidentiality may be sacrificed for the sake of expediency" (Carey, Willis & Krikheli, 2015, p. 676).

To support healing and well-being, this brief paper explores the complex dynamics between confidentiality, chaplaincy proximity, and proactivity when immediate pastoral care is needed. In this paper, the terms 'pastoral care' and 'chaplaincy care' are used interchangeably. The paper is also motivated by emerging, albeit limited, evidence indicating that early pastoral interventions may be beneficial.

While chaplaincy proactivity seems useful, it is essential to guard against the possibility, as noted in the quote above, that an organization or leader might inadvertently breach a sick or injured person's confidentiality in the pursuit of pastoral care. Conversely, they may choose not to refer someone to a spiritual caregiver, thereby denying an important treatment pathway.

Introduction

> "I have long believed that truly person-focused pastoral care in the early stages of trauma or stress can make a difference in long-term recovery and offer hope to the suffering. Yet, I am not always informed about an illness or personal issue when it occurs. I can't be helpful if someone hides behind 'we couldn't tell you...'!" (a military chaplain in conversation in 2023).

In an ideal world, privacy and expectations of pastoral action would not be at odds, especially when a person is in immediate need. In a military setting, personnel readily approach chaplains for support, and chaplaincy is embedded in almost every unit or work team (combat team, battalion, regiment, and larger) to ensure pastoral availability and responsiveness. Chaplains participate in the life of the military unit or work team, including engaging in physical and military training. This involvement allows them to become aware of issues based on workplace relationships, physical proximity, and an understanding of the person's situation.

What it referred to as a military chaplain's 'helpful proximity' or presence is not necessarily as well understood in police and emergency response settings, especially if a chaplain is covering a large area or region. Essentially, a chaplain cannot respond if they are unaware of an issue or event. There are several reasons for this: a person may not know that pastoral care is available, they may hope for chaplaincy support but find it inaccessible, or they may explicitly request that it not occur. By contrast, paramedic chaplains are often stationed at ambulance services and may be trained in emergency medical response, which enhances their readiness because of the pre-existing relationships with those they serve.

Background
In police settings, chaplains typically cover larger teams (500-1,000 personnel or more) and are not expected to participate in uniformed activities as they would in the military. This difference in operational structure can lead to challenges in responsiveness, as chaplains may lack the proximity and awareness necessary to know about current or urgent illnesses, injuries, or stress. This is in stark contrast to the military, which seems more attuned to a chaplain's early awareness and responsiveness to such issues. Responsiveness must also account for multi-disciplinary care, where various mental health resources may or may not be deployed quickly (Sanden, Johnsen & Hystad, 2024).

This responsiveness depends on factors such as knowledge, proximity, and timing. Additionally, it is crucial to consider how and when allied health practitioners such as psychologists, refer to chaplains and vice versa, given that they have a person's permission. In some cases, health or psychological practitioners may not recognize or inquire about spiritual or pastoral needs, leading to a failure to engage a chaplain, or they may even refuse to make a referral. This failure to identify pastoral and spiritual needs almost guarantees that no pastoral care will be provided.

The Issues
Confidentiality and a person's right to make their own choices about treatment are key considerations in pastoral care. However, these concepts have not been extensively researched in military and police contexts. This raises questions about what the research indicates concerning the interplay, or even tension, between an organization's expectations for immediate or later pastoral care and the need to respect a person's privacy.

The primary questions which consider the interplay between chaplaincy awareness, proximity, early intervention and confidentiality, which are illustrated in the diagram, are:
- If, when, or how should a chaplain be activated, considering the need for confidentiality, and what are the effects of early interventions?
- In terms of confidentiality and respect for privacy: what are the effects of a person giving or not giving their permission?
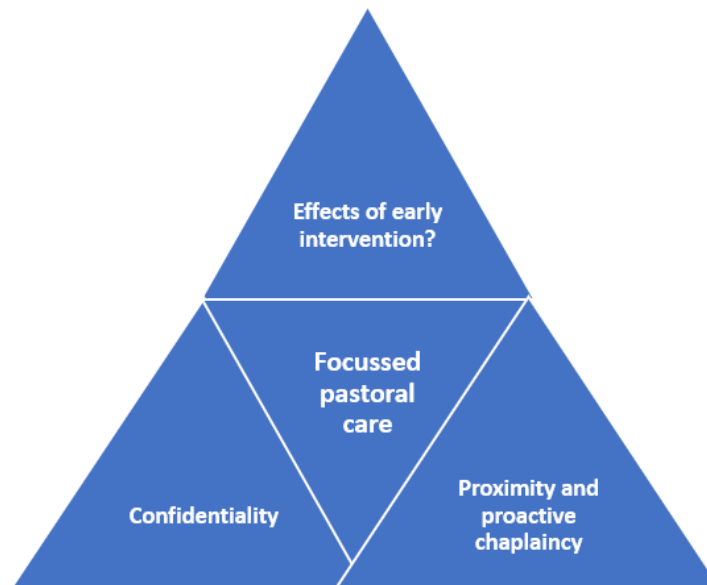
This author notes some ongoing tension; no one desires suboptimal care, yet confidentiality, among several other key issues, may help guide the form, timing, and nature of pastoral care. Another issue is that, particularly in some police settings, the chaplain might not have permission to know about an illness or injury, especially at the outset. This poses a significant challenge to effective pastoral care, partly at least, because a non-chaplain practitioner who being aware of the event, stressor or illness may be disinclined to refer a person to chaplaincy/pastoral support.

Methodology

Theoretical Framework

This study explores the research surrounding chaplains' responses to a lack of well-being or the onset of illness, injury, stress, or trauma, which necessitates immediate care and treatment. However, holistic care may not always be provided due to various issues, including a lack of knowledge about available care options, decisions not to refer patients, or concerns about confidentiality.

This reflective study operates within an interpretive paradigm, which aims to "understand the complex world of lived experience from the point of view of those who live it" (Schwandt, 1998, p. 221). In this context, the interpretivist approach led this paper to focus on individual choices and a person's awareness of chaplaincy, as well as the chaplain's physical proximity, experiences, and pastoral care actions during early and critical incidents involving injury and illness. The approach is inherently subjective, as each person constructs their own version of reality.

Design

Heuristics serves as a primary guide in this study. It is described as the discovery of "the nature and meaning of phenomena through internal self-search, exploration, and discovery" (Djuraskovic & Arthur, 2010, p. 1569). This approach acknowledges that individuals often take shortcuts or rely on pre-existing knowledge or lack thereof, even when it may not be optimal. Then there is the issue that they may not actively seek out more complete information.

Methodologically, a heuristic search through reflection and exploration of relevant research seeks to uncover the nature and meaning of providing, or failing to provide, care and necessary information about referral pathways. This reflects the notion that trauma and stress-related experiences are multifaceted, subjective, and often painful, as individuals navigate their effects on body, mind, and spirit (Tzounis et al., 2016). Furthermore, it is this author's observation that disciplines are often considered in isolation, preventing sufficient intrinsic synthesis (Schneiders, 2005).

Overall, heuristic methodology encourages researchers to explore and pursue a creative journey that begins within oneself (in this case, the perspective of a senior, experienced chaplain) ultimately it may uncover its direction and meaning through search, discovery and concurrent reflection, partly grounded in established literature yet also in an iterative ongoing testing of hunches, increasing awareness and emerging possibilities (Djuraskovic & Arthur, 2010, p. 1569).

The Literature

From philosophical and practical standpoints, religion, spirituality, and mental health sciences are engaged in offering compassion and care. Schopenhauer (1998) emphasizes the action of loving kindness and care for others rather than its source, suggesting that love is related to practical healing and compassion for the injured and ill. This idea is encapsulated in the following statement:

> "The immediate participation, independent of all ulterior considerations, primarily in the suffering of another, and thus in the prevention or elimination of it; for all satisfaction and well-being consists in this. It is simply and solely compassion that is the real basis for all voluntary justice and genuine loving-kindness. Only insofar as an action has sprung from compassion does it have moral value" (Schopenhauer, 1998, p. 144).

Schopenhauer, although esoteric, points to the core mission of pastoral caregivers and chaplains: to offer direct, immediate, and relevant compassion and pastoral care.

To help guide the literature search, it is essential to consider pastoral proximity and presence in all aspects, this discussion focuses on physical proximity rather than relational proximity, which involves boundaries and emotional closeness. In this, research indicates that some chaplains are often the first point of support for the ill and injured due to their accessibility. However, various barriers can hinder access to pastoral care, potentially leading to a failure to provide necessary care and referrals to health practitioners (Carey, Willis & Krikheli, 2015).

Regarding heuristics, this research prioritizes insights from chaplains, existing research, and the biopsychosocial-spiritual (BPSS) model of care. The BPSS model considers and sensitively addresses an individual's physical, mental, social, and spiritual needs (Engel, 1977). Arguably, failing to provide holistic care or make appropriate referrals, where necessary, could be considered malpractice.

Hoge et al. (2004) identified several barriers to accessing care that are important for all allied health practitioners and chaplains to keep in mind. These include issues of trust, uncertainty about the effectiveness of help, embarrassment, cost, fear of loss of confidence by superiors, and concerns about differential treatment. Experientially, pastoral care during the early stages of a crisis or injury appears to be beneficial for individuals. It may even mitigate negative impacts on operational capacity and enhance an organization's reputation. However, there is a notable lack of research on these themes within a workplace context (Henderson, 2021).

The complexity of addressing early interventions to prevent post-traumatic symptoms in an acute illness context is underscored by the lack of empirical support for their effectiveness (Sanden, Johnsen, & Hystad, 2024). Similarly, research on the effects, if any, of a non-chaplain practitioner not referring patients to a chaplain remains limited.

The role of chaplaincy presence includes both immediate physical presence and proximity, terms often used in this paper, interchangeably. For instance, military chaplains are frequently embedded within work teams. In non-military environments, it has been noted that "presence" is a vaguely defined term often used by chaplains to refer to their interactions with patients, families, and staff.

A chaplain may risk losing objectivity by becoming too emotionally and relationally involved with a person, hindering their ability to refer or distance themselves when necessary (Braakhuis, 2020, p. 112). Presence too is important for fostering a nonjudgmental and trusting environment. It requires chaplains to bring no specific agenda to pastoral care (Adams, 2019). However, Adams (p. 1246) also identifies challenges related to proximity, such as: -

- "Distinguishing chaplain's presence from that of other providers.
- Dependence on chaplain vulnerability during encounters.
- Difficulty in assessing the impact on patient and family care.
- Clearly communicating the significance of pastoral presence to the interprofessional team".

Overall, there is a notable lack of research into the actual effects of physical proximity and early, even urgent pastoral interventions. However, in the context of suicide prevention, it is noted that timeliness was found to be crucial (Saliba et al., 2023).

Military Chaplaincy
Unexpected issues, injuries, and illnesses often arise, making it challenging to provide immediate pastoral and mental health care to military personnel. A 2015 paper emphasized this point, stating:

> "People experience, feel, and suffer at unexpected times and for unplanned reasons. At their core, when they are laid bare by trials and humbled by failure and life, inner joy and conviction seem far away. Clearly, early intervention is a key goal and must not exclude any actions that alleviate suffering, improve personal outcomes, and build

personal capacity to function, ideally leading to a return to full functioning" (Devenish-Meares, 2015, p. 46).

In a military setting, while the specific outcomes of chaplain interventions have not been thoroughly researched, chaplains are expected to take a proactive role. The situation is less clear in paramedic environments, with even fewer studies conducted in police settings (Tunks Leach et al., 2024). Then there is the issue that pastoral proactivity and/or alerting a chaplain to the need to follow up (sometimes) conflicts with the responsibility of maintaining confidentiality.

Soldiers often express concerns over a lack of confidentiality when seeking help from mental health clinicians (Hoyt, 2013). However, this is not typically an issue when they access chaplains. In fact, military chaplains are frequently the first point of contact for service members seeking mental health support, largely due to their greater accessibility, assured confidentiality, and reduced stigma (Cooper et al., 2023).

Research confirms that military chaplains are often first responders due to their presence and proximity, among other factors. They are typically the first point of contact for a wide range of issues, including relational distress, work performance, emotional pain, and addiction problems, while also referring relevant matters to medical and psychological professionals (Devenish-Meares, 2015).

Similarly, Henderson (2021) found that "chaplains are the preferred first-line caregivers for individuals and leadership based on their complete confidentiality, proximity, and shared experiences as embedded unit members" (p. 99). This aligns with Devenish-Meares' (2015) findings that military commanders say that 'the unit chaplain is often the most accessible person in the 'personal support plan'' (p. 46). In fact, some stated that 'chaplain provides insights and access to an individual who may be closing themselves off to others" (p. 46). This is particularly relevant when a doctor is not readily available.

Recognizing that capability and personnel are a high priority means we must capitalize on and embrace all treatment options, especially those that enhance well-being and safety" (p. 46). In this, the chaplain provides insights and access to individuals who may be isolating themselves from others.

The issue of confidentiality in mental health care is a significant concern for some military personnel. Again, Cooper et al. (2023) concluded that chaplains are often first responders "because of the unique role of chaplains in military units. This author also says that the confidentiality afforded by pastoral counselling allows service members to reach out to chaplains first when seeking help for psychological issues" (p. 57). However, the long-term impacts of chaplaincy interventions, whether early or otherwise, remain unclear.

By contrast, there is a belief, which requires closer examination, that confidentiality is not guaranteed when one consults a mental health worker (Cooper, Evans, Chari, Campbell, & Hoyt, 2023; Hoyt, 2013). However, this concern does not seem to deter people from seeking help from chaplains. In fact, people often turn to chaplains for support during psychological

challenges precisely because of "the confidentiality afforded by pastoral counseling" (Cooper, Evans, Chari, Campbell, & Hoyt, 2023, p. 65).

Law Enforcement, Police and Paramedic Chaplaincy
According to the Department of Justice, "Chaplains meet people at their point of need and point them in the direction of available resources and the one who can meet their needs" (n.d.). While the importance of pastoral care appears self-evident, there is limited research on law enforcement/police chaplain proximity, proactivity, or the effectiveness of the timing of their pastoral support. Further, some leaders or healthcare providers may deem it unnecessary to involve a chaplain, citing "confidentiality" as a reason. While research on early interventions in policing is scarce, some studies outside of this context indicate that chaplains can be highly valuable during crises (Chumley, 2012).

Additionally, a recent study highlighted that many police officers would be more likely to seek assistance if they had greater confidentiality and trust (Phelps et al., 2023). Notably, in corporate environments, which may or may not be directly applicable to military, emergency, or police settings, early interventions have been shown to reduce relapse and recurrence. For example, Chapman et al. (2019) found that when Bell Canada implemented an enhanced return-to-work program for employees facing mental illness—through early intervention, communication, and an online accommodation tool—mental health-related short-term disability, relapse, and recurrence decreased by over 50% from 2010 baseline levels (s5).

While proximity is not examined in police settings, the proximity of chaplains and their approachability seems crucial in paramedic workplaces, particularly when they are physically present on-site. Although there has generally been insufficient research on this proximity aspect, a recent study indicated that situating chaplains in paramedic workplaces allows them to share experiences, build trusted professional relationships, support bystanders, and develop a deeper understanding of the realities faced by paramedics. This contributes to paramedics' sense of well-being, enhances their ability to recognise ill-health, and promotes helping behaviors (Tunks Leach, Demant, Simpson, Lewis & Levett-Jones, 2024).

A recent paramedic study found that, nearly all respondents said that they would seek chaplain support during situations with "actual or potential emotional impact, such as paediatric death or death by suicide" (Leach, Demant, Simpson, Lewis & Levett-Jones, 2024, p. 209). Key issues for paramedics included confidentiality, approachability, and the ability to listen. Notably, those paramedics who had engaged with chaplains believed these interactions positively impacted their well-being. However, this was among the few studies measuring the effects of chaplaincy interventions on healing and well-being, although client satisfaction has been examined (Damen et al., 2020).

Another paramedic-based study looked into reactive care at the point of crisis (Tunks Leach et al., 2023). While it described the nature of pastoral supports provided, it did not identify the long-term results of the interventions. The study did emphasize that chaplains and paramedics valued reactive care due to its relational approach, which:
- Facilitated trust;
- Did not seek to fix or diagnose but instead offer physical and emotional presence;
- Sought to be available at any hour of the day or night;

- Reduced barriers to help-seeking;
- Promoted engagement in supportive conversations that facilitated referrals to additional support when required (Tunks Leach et al., 2023. p. 112).

There is also a risk associated with not referring to a chaplain when appropriate. Even without formal and measurable outcomes, paramedics identified the value of chaplains in providing relational care as part of their everyday work, which resulted in reduced barriers to seeking help and alleviated emotional burdens (Tunks Leach et al., 2023). This support also appeared to strengthen the paramedics' overall sense of well-being. Both Newell et al. (2022) and Phelps et al. (2023) again suggest that the timing of chaplaincy interventions is important.

Timeliness is not the only consideration regarding these interventions. Newell et al. (2022) identified other key issues that need to be addressed to overcome resistance to mental health support. These include building trust, maintaining confidentiality, providing easy access to supports and resources, and offering services that are relevant to police work. However, there is still a significant amount of work to be done, as this research did not closely examine the outcomes of early interventions.

Morgan (2012) notes that chaplaincy "ride-alongs" (where a chaplain accompanies police officers on street patrol) foster relationships, and the practice of pastoral counselling allows chaplains to establish trust and confidentiality with officers. Additionally, Gouse (2016) found that, from a citizen's perspective, during times of crisis, a chaplain's "verbal-person centeredness and nonverbal immediacy, (are) two specific behaviors that have been found to constitute supportive listening" (p. 195).

Chaplaincy Early Interventions and Proactivity
In this section, early interventions and proactivity and awareness of chaplaincy, are explored starting with examples from fire service chaplaincy, which emphasizes the need for immediate responses and physical proximity to crisis events. A fire chaplaincy team described its ministry as follows during their presence at Ground Zero after 9/11:

> "The scene is beyond human comprehension in its magnitude and assault on the senses. In its shadow, we work to minister to the needs of firefighters and rescue workers, praying over human remains collected in body bags and attempting to offer comfort to the colleagues and families of the missing and the dead" (Franklin & Donovan, 2003, p. 78).

More generally, research outside of chaplaincy settings highlights the usefulness of early interventions. In the context of behaviour and performance, Johnson (2016) discusses the importance of timely welfare interventions but does not elaborate on their implementation or outcomes. She mentions that "providing timely treatment for the issues that led to questionable behavior is often very impactful and regularly results in an officer returning to full-duty status" (p. 3).

Further, Carpenter (2021) emphasized the effectiveness of early interventions in addressing suicidal ideation. Interestingly, two large systematic reviews focused on police-related psychological distress and stress management could not determine if interventions had any

notable effects (Patterson et al., 2014; Peñalba et al., 2008). Neither of these studies specifically examined early or proactive interventions.

This example illustrates the importance of immediacy and a multi-dimensional approach to supporting workers and grieving families. In the case of 9/11, there was a significant influx of chaplains to the scene due to its extensive media coverage and critical importance. However, in day-to-day police and paramedic chaplaincy, chaplains often work across various locations and can only respond when called or made aware of an event through their pre-existing networks or relationships.

Turning to police-specific research, Phelps et al. (2023) found that a significant number of police officers would only speak to a chaplain if approached by them. This highlights the need for chaplain proactivity, even in the absence of physical proximity. It also raises questions about whether a chaplain is permitted to proactively contact an officer and whether an officer would receive optimal support if the chaplain did not take action. Importantly, self-determination is a factor, as the same study found that "86% of police members who had spoken to a chaplain initiated the contact themselves." (Phelps et al. (2023), p, 4009).

Nevertheless, the Phelps study also noted that many police members who had not yet sought support were open to speaking with a chaplain, preferring that the chaplain initiate the contact (p. 4009).

Referrals
The issue of chaplains referring to health practitioners and vice versa is a vexed one due to many considerations not the least of which is confidentiality and not being aware of referral pathways.

Beyond military, police, and paramedic contexts—though they may apply to these settings—there is an identified need to increase referral pathways to chaplains in order to overcome any reluctance associated with seeking pastoral care (Cooper et al., 2023; Earl et al, 2022; Poncin et al., 2020).

Some chaplains may hesitate to refer individuals to other professionals (Bulling et al., 2013). In relation to the research setting of this paper, paramedic research has shown a demonstrable need for chaplains to refer individuals to mental health practitioners where appropriate (Tunks Leach et al., 2024).

There is uncertainty regarding why a chaplain or mental health practitioner might not make a referral when appropriate. This lack of referral does not allow the suffering individual to have a choice. The limited research mentioned earlier suggests that there may be some untested, systematic, or professional barriers to referrals involving chaplains.

Confidentiality
Referrals to and from chaplains require that each organization, whether military or otherwise, consider the roles of chaplains and mental health professionals, along with the complex issues of confidentiality and the communication policies between these professions. In fact, without clear assurances regarding confidentiality, many individuals may hesitate to discuss their

issues, leading to increased rates of suicide, substance use, mental health disorders, domestic violence, and other challenges (Bulling et al., 2014).

Strict confidentiality protection protocols, for example, in the US Navy, allow military personnel to open up to chaplains about personal issues they might not otherwise disclose. Bulling et al. (2014) also found that while confidentiality can create opportunities for dialogue, it can also act as a barrier to collaboration. More particularly, they found that when compared to Veterans Administration (US) Department of Defense chaplains and mental health professionals were more likely to say that:

- "Confidentiality of chaplains is important; (it) is an incentive for people to talk to them;
- Chaplain confidentiality can serve a barrier to referral;
- Chaplains are able to successfully encourage self-referral to mental health services (Bulling et al. 2014, p, 560)."

In paramedic contexts, similar issues regarding confidentiality and trust are relevant. Recent studies have highlighted the importance of a chaplain's demeanour and skills, particularly in terms of confidentiality, availability, and non-judgmental support (Tunks Leach et al., 2024). For police officers, a perceived lack of confidentiality can hinder their willingness to seek help, along with the stigma associated with reaching out. Bohl-Penrod & Clark (2017) noted that this perception is a significant barrier to successful peer support programs, stemming from either an actual breach of confidentiality by a peer support team member, the perception of such a breach, or a failure by the agency to protect the confidentiality of the peer support team.

The varying levels of confidentiality among different professions greatly influence what information can be shared, when, and how it can be communicated between mental health professionals and chaplains.

Recent research further emphasizes the necessity of adequate resources, proactive leadership, and the types of supports available. Police officers indicated that "perceiving higher levels of confidentiality and trust, better support from management, and access to appropriate resources would facilitate their help-seeking" (Phelps et al., 2023, p. 4010). Notably, the timing of seeking such support and the outcomes of these interventions were not examined in this study.

While confidentiality remains a crucial issue, chaplains can help eliminate barriers to seeking assistance from other caregivers. Nieuwsma et al. (2014) found that military and veteran engagement with pastoral care was associated with a higher likelihood of them seeking support from mental health professionals. Other factors may also impede access to care.

Buller (2013) pointed out that psychologists often must file mandatory reports regarding matters related to fitness for duty and risk of harm to oneself or others. Although this reporting is essential, it can have unforeseen consequences on individuals accessing psychological or even pastoral care within the BPSS model.

Finally, Fisher and Lavender (2023) found that confidentiality can be a barrier to accessing care in non-chaplaincy contexts. They also reported that, for police, "confidentiality

protections for caregivers and peer supporters were a high priority and concern for nearly all interviewees" (p. 1347).

Discussion

In a military context, research shows, and arguably this is shown to a lesser degree in paramedic and police research, that leaders expect chaplains to be close by, actively involved in early intervention to provide immediate triage, especially in cases of illness, suicidal ideation, moral injury, or stress. However, such expectations may conflict with privacy considerations. There is a risk that individuals may anticipate contact and support for their stressors or traumatic events, yet no one reaches out to them.

Military-related research on confidentiality is more definitive than research on police chaplaincy. While both environments have confidentiality protocols, it has been found in the military that strict guarantees of a chaplain's confidentiality encourage personnel to seek help and fully disclose their issues and concerns.

The issues surrounding confidentiality are complex. Research indicates that in military and veteran contexts, chaplains can facilitate a person's engagement with mental health practitioners. However, in the absence of clear guidelines, some chaplains may keep total confidences and fail to refer individuals to mental health professionals. This lack of referral can increase the risks of suicide, substance abuse, domestic violence, and other concerns. Conversely, having information about a complex issue can allow chaplains to encourage self-referrals to mental health professionals (Bulling, DeKraai, Abdel-Monem, Nieuwsma, Cantrell, Ethridge, and Meador, 2014).

From both experiential and research perspectives, it appears that in military environments, a chaplain's strict adherence to confidentiality significantly encourages personnel to seek help, a sentiment echoed by paramedics, who also find trust and confidentiality critical. Of course, in all three environments—military, police, and paramedics—perceptions of a lack of confidentiality can prevent individuals from seeking help.

For paramedics, critical factors include confidentiality, approachability, and the ability to listen. Importantly, paramedics who utilize chaplains report positive impacts on their well-being. This mirrors findings in military research, where chaplains are highly regarded as keepers of confidences, and police chaplains are also seen as trustworthy individuals who maintain strict confidentiality.

In some settings, chaplains offer pastoral care that extends beyond just religious and spiritual support to include relational and familial assistance. This raises the question of whether chaplaincy should be more frequently available to disaffected individuals (Damen, Murphy, Fullam, Mylod, Shah, & Fitchett, 2020). This issue deserves closer examination, especially as organizations and non-chaplain care practitioners may overlook chaplaincy due to the misconception that it solely pertains to spiritual and pastoral care.

Regarding early interventions, chaplains are recognized as effective in military settings, partly due to chaplains' proximity to crises or events (Mirrabelle, 2020; Nolan, 2023; Saliba, Fält, O'Connell, Sjöberg, Sørensen, Steegen, & Vandenhoeck, 2023; Tilstra-Ferrell, Rheingold, Mai,

& Hahn, 2023). However, this is not uniformly implemented across all incidents and types of injuries or illnesses, nor are the treatment outcomes always clear. Therefore, additional research is necessary.

For instance, in the context of military PTSD, Sanden, Johnsen, and Hystad (2024) indicated that the efficacy of early interventions still lacks empirical support. More generally, while non-chaplaincy research highlights the importance of timely welfare and effective early interventions for suicidal ideation, these aspects are not well understood in pastoral or chaplaincy contexts (Carpenter, 2021; Johnson, 2016).

Proactivity among chaplains appears to be a crucial factor, especially among police leaders. Phelps, Madden, Carleton, Johnson, Carey, Mercier, Mellor, Baills, Forbes, Devenish-Meares, Hosseiny, and Dell (2023) found that many police officers would only approach a chaplain if the chaplain-initiated contact, suggesting that prior awareness of the issue is essential, possibly stemming from referrals or existing relationships with officers or their leaders.
There is also some evidence that the proximity of paramedic chaplains plays a role in people accessing pastoral care, although extensive research on this in police settings remains scarce. Among paramedics, the fact that chaplains sometimes undergo operational ambulance training significantly contributes to their credibility.

Research also indicates positive care outcomes associated with chaplains being located within the workplace (Leach, Demant, Simpson, Lewis, & Levett-Jones, 2024). This necessitates a comprehensive study into the importance of a chaplain's location, recalling that in military settings, there is a strong expectation for chaplains to be embedded within units. Again, research examining the actual impact of proximity and the effectiveness of early, urgent pastoral interventions is generally lacking. Encouragingly, the need for early pastoral interventions in suicide prevention contexts has been recognized (Saliba, Fält, O'Connell, Sjöberg, Sørensen, Steegen, Turner & Vandenhoeck, 2023).

Experientially recalling the work of Phelps, Madden, Carleton, Johnson, Carey, Mercier, Mellor, Baills, Forbes, Devenish-Meares, Hosseiny, and Dell (2023), it is clear that trust and confidentiality are vital in the police environment. Additionally, it is hypothesized that early interventions could be beneficial, drawing from insights in military and corporate settings. However, there is a lack of academic research on the effects, if any, of early interventions by police chaplains. By contrast, paramedic chaplains indicated that "observation of paramedics on-scene and immediately after significant jobs was important" (Tunks Leach, Simpson, Lewis, & Levett-Jones, 2023, p. 106).

It seems that chaplains being in close physical proximity, proves helpful. However, it is crucial to heed the warning about boundaries—avoiding situations where one is too relationally close to effectively step back or refer when necessary. A chaplain's proximity enables them to know and respond to individuals with sensitivity, always on the basis of trust and confidentiality. Though research in this area is not comprehensive, chaplains are often proactively utilized in military settings, frequently before medical or psychological care is activated.

Some indications suggest that a similar proactive approach occurs in paramedic contexts. While the discussions in this brief paper are not definitive, they suggest the potential benefits of enacting proactive pastoral care based on need and permission, in conjunction with mental health professionals. It appears that there are instances when other professionals cite confidentiality as a reason for not referring individuals to a chaplain.

This challenge could be addressed by obtaining the expressed permission of the person involved. However, the manner and timing of how all caring professionals can reach those who are suffering, disaffected, or injured must always consider confidentiality. This aligns with findings by Fisher and Lavender (2023), who identified that even a perceived lack of confidentiality can hinder engagement with mental health services, although their research did not focus specifically on chaplaincy or pastoral care.

Overall, chaplaincy, particularly in military environments, is characterized by proactive engagement and approachability. However, the effects of early interventions during moments of crisis or need remain less clear across police and paramedic settings, as do the means by which these interventions can be activated while respecting a person's choice for privacy. Thus, further research is necessary to better understand these dynamics within police chaplaincy and other fields (Bowlus, 2018; Chang et al., 2012; Gouse, 2017; Hale, 2013; Roberts, 2016).

The literature, though inconsistent, highlights that pastoral care relies on awareness, choice, and proactivity—all within a confidentiality context. It is important to note that individuals have the choice to decide the types of care they require. Additionally, there may be situations where individuals are not informed about the availability of chaplaincy.

Some studies also suggest that early interventions can be effective, although this is not yet clearly established. Further research into the nature and effects of chaplaincy and early interventions is needed, as are studies assessing the impact of proactive and early chaplaincy responses (Arble, Lumley, Pole, Blessman, & Arnetz, 2017).

The conceptual framework for mapping the nature and extent of chaplaincy care and as ameliorated by pastoral care options, personal awareness and individual choices is outlined in the following section. It attempts to capture and illuminate something of the complex, relational and dynamic relationships between personal choice and need and a chaplain's outreach action, in a simplified form.

Conceptual framework: An (initial) *Chaplaincy Awareness and Action Continuum*
Proximity to care, awareness of what chaplaincy offers, personal choice, trust, and confidentiality are all foundational to effective pastoral care. Nevertheless, persistent issues remain:
- Individuals tend to seek help from the caregiver they feel closest to or connected with
- Individuals may not be made aware of available chaplaincy or pastoral care.
- How can necessary pastoral care be made known and accessible?

Some practitioners may believe that chaplains do not belong to the response team, leading to a lack of referrals in cases of issues, illness, or injury.
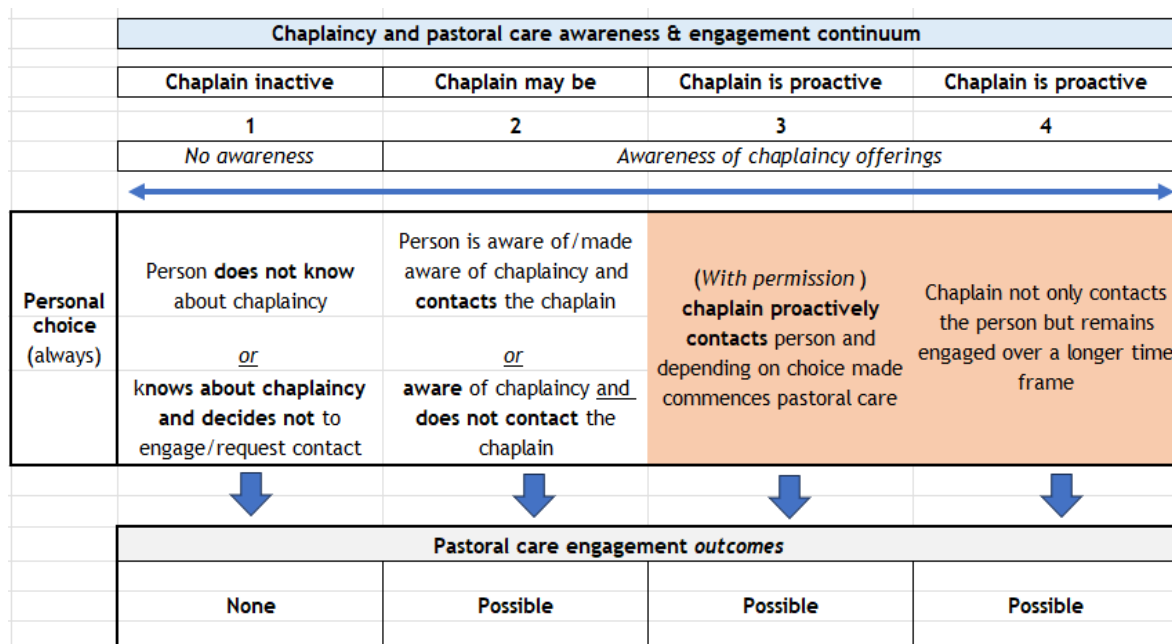
To address these challenges, a conceptual framework: *Chaplaincy and Pastoral Care Awareness Continuum* illustrates the various levels of awareness regarding pastoral care and chaplains' responsiveness.

Importantly, there are individuals who do not know about pastoral care but might be open to speaking with a chaplain.
Conversely, there are also those who choose not to pursue offered chaplaincy services.
This situation alludes to the risk of not offering chaplaincy, ultimately failing to provide the fullest forms of pastoral care, which may result in no pastoral outcome.

From Stage 3 onward in the continuum, proximity and proactive pastoral efforts play a significant role. At the most engaged end of the care continuum, chaplains not only engage with the ill, injured, or disaffected, but they also maintain contact for as long as necessary. The continuum incorporates the finding that the majority of people are open to speaking with a chaplain, yet a significant number prefer the chaplain to take the initiative in reaching out.

The continuum illustrates that chaplain proactivity is based on a person's awareness and choice, ranging from minimal awareness to full engagement and follow-up. This suggests that one key recommendation is to provide clear information about chaplaincy protocols and how individuals can be assured of confidentiality with a chaplain, subject to two mandatory reporting issues: self-harm and harm to others.

Chaplaincy and pastoral care awareness & engagement continuum			
Chaplain inactive	Chaplain may be	Chaplain is proactive	Chaplain is proactive
1	2	3	4
No awareness	*Awareness of chaplaincy offerings*		

Personal choice (always)	Person **does not know** about chaplaincy *or* **knows** about chaplaincy **and decides not to** engage/request contact	Person is aware of/made aware of chaplaincy and **contacts** the chaplain *or* **aware** of chaplaincy **and does not contact** the chaplain	(*With permission*) **chaplain proactively contacts** person and depending on choice made commences pastoral care	Chaplain not only contacts the person but remains engaged over a longer time frame

Pastoral care engagement *outcomes*			
None	Possible	Possible	Possible

Strengths and Limitations of the Work
The limitations of the article include the inconsistent literature on the effectiveness of early interventions and the lack of comprehensive research on the effects of chaplaincy in police and paramedic settings. The study has some methodological limitations. Heuristically and when it comes to transferability, it must be noted that the discussion are generated from

limited literature, as well as the author's particular experiences and subjective and contextualized knowledge.

The researcher's reflexivity is seen as a strength in this pastoral care research. This is because reflexivity itself is also an important competence in spiritual care. Moreover, the author extensive first-hand experiences with the stressed and injured and interactions with military and police leaders allowed emerging ideas and outcomes to be continually tested. The initial Continuum could also be seen as a strength to help guide further research and practice contexts.

Recommendations for Further Research

Further research is necessary to better understand the importance of chaplaincy availability and effective pastoral engagement with the ill, sick and injured. Key areas of further investigation include:

- Explore how early chaplaincy interventions used in military settings can be adapted for paramedic and police scenarios.
- Investigate chaplains' observations, experiences and activities and outcomes-based feedback from leaders to gauge the measurable effects of chaplains' proximity and day-to-day location(s) and work placements.
- Study the timing, nature, and outcomes of earlier pastoral interventions, which appear relevant in some settings but are not widely understood or utilized in police and paramedic workplaces. - Develop referral processes that allow individuals the choice of whether to engage with chaplaincy services or not.
- Develop improved referral processes that allow individuals to choose whether to engage with chaplaincy services or not, is essential.
- Strengthen confidentiality protections concerning mandatory reporting requirements is necessary.
- Actively include a range of professionals, including chaplains, in interventions and treatment plans.

Implications for Policy and Practice

The study's analysis showed that pastoral care proactivity and proximity can make a difference, especially in military contexts. Although this has not been comprehensively examined in any setting, the dearth of research suggests that effective chaplaincy is less understood and use in police settings. The continuum serves as a conceptual framework for understanding chaplaincy, albeit a simple one. To enhance pastoral care, the following practice guidelines are proposed:

- *Need for a multi-dimensional care approach.* To combat mental shortcuts or suboptimal care, it is vital to include pastoral care when supporting ill and injured individuals. The treatment of mental health conditions is not an exact science, but an early multi-dimensional approach can identify the most effective treatment options.

- *Proximity and accessibility*. Some military leaders have noted that a local unit chaplain is often the most accessible person due to their physical proximity to the issue or illness/injury event. This accessibility is less clear for police and paramedic chaplains.

- *Proximity of chaplains. This* is particularly relevant in situations where a mental health practitioner is not readily available. Consider how the proactivity of military chaplaincy could be extended to non-military emergency settings, as chaplains offer insights and support to individuals who may be isolating themselves and can encourage the use of mental health practitioners. However, it is unclear how frequently pastoral care is integrated into the system.

- *Referrals.* Are referrals two-way between chaplains and health professionals? For instance, do mental health caregivers refer individuals to chaplains and vice versa? It is uncertain how often treatment plans and case conferences include proactive pastoral care concerning hope, spirituality, meaning, and steps toward healing and forgiveness.

- *Non-judgmental pastoral care*. The importance of non-judgmental, spiritually focused listening and ongoing compassion is often an underexplored aspect of treatment plans.

- *Inclusion of diverse professionals*. Interventions should involve a broad range of pastoral and mental health-related professionals, including chaplains, where appropriate.

Policy
- *Strengthen confidentiality protections* concerning mandatory reporting requirements.

- *Recognize that mental health training and planning processes may inadvertently overlook the role of pastoral care*, particularly regarding (inner) meaning, healing, relational forgiveness, and compassion.

- *Ensure sufficient resources for the number of chaplains*, recognizing that individuals often seek chaplains for psychological issues due to the confidentiality offered by pastoral counselling (Cooper, Evans, Chari, Campbell, & Hoyt, 2023).

- *Offer spiritual care immediately at the point of crisis or injury*, ensuring respect for personal choice. One suggestion is to ask the individual, upfront, if they would like to be connected with a chaplain.

- *Develop organizational chaplaincy protocols* that address actions, confidentiality, proximity, and referrals, always in accordance with mandatory confidentiality protocols and reporting requirements regarding self-harm and harm to others.

Summary
This paper explores the critical role of chaplaincy in military, paramedic, and police sectors, highlighting chaplains' support during psychological distress and crises. The study underscores the importance of chaplains' proximity, confidentiality, and proactive engagement. It calls for more research into chaplaincy's efficacy and early intervention strategies. It emphasises the need to balance organisational needs with individual privacy rights and it advocates for comprehensive, proactive pastoral care practices, enhanced collaboration among professionals, and robust policy development.

Key themes include the crucial role of confidentiality, the effectiveness of early interventions, and the need for more specific research into police chaplaincy and how and when military chaplaincy effects may be adapted for non-military settings. Using, a heuristic research methodology, the paper focuses on chaplaincy's immediate care responses, and highlights the importance of confidentiality in fostering trust. It also speculates on the transferability of military chaplaincy proximity to other law enforcement and paramedic settings. The paper calls for policy and research improvements to optimise chaplaincy services and better integrate them into mental health care frameworks.

Conclusion

In conclusion, this research underscores the pivotal role of chaplains in military, police, and paramedic settings as primary providers of pastoral care, valued for their proximity, confidentiality, and proactive engagement. While chaplaincy demonstrates significant benefits in supporting personnel through psychological distress, stress, and trauma, the paper identifies a critical need for further empirical research to substantiate the effectiveness of early police chaplaincy interventions and practices.

Enhancing chaplaincy awareness, improving referral pathways to mental health professionals, and developing comprehensive organisational protocols are essential. By fostering collaboration among pastoral and mental health professionals and addressing confidentiality and individual rights concerns, the study advocates for a holistic approach to pastoral and mental health care, ultimately aiming to improve the well-being and resilience of individuals in high-stress professions. However, this all clearly needs further research exploration.

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