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Compassionate Crisis Responses for Veterans in Distress: Integrating the Roles of Chaplains, Mental Health Workers and Police

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Abstract

Veterans experiencing psychological distress, trauma, or moral injury are disproportionately represented in crisis incidents requiring emergency intervention. Traditional law enforcement responses, often grounded in command-and-control tactics, can unintentionally escalate these encounters. This article examines how integrated crisis response models, combining the roles of police officers, mental health clinicians, and chaplains, create safer and more compassionate outcomes for veterans in crisis. Drawing on crisis theory, trauma-informed practice, and contemporary models such as Crisis Intervention Teams (CIT), Integrating Communications, Assessment, and Tactics (ICAT), co-responder programs, and veteran-specific de-escalation training, the article analyses evidence from Memphis, Seattle, San Antonio, and emerging Australian initiatives. Findings highlight that interdisciplinary collaboration reduces use-of-force incidents, increases diversion to treatment, and strengthens rapport with veterans. It is increasingly clear that innovative, pastoral care should be integrated into broader crisis-response and wellbeing frameworks. The paper advocates for collaborative models where chaplains work alongside mental health practitioners, leaders, and operational personnel to provide coordinated, person-centred support. A comprehensive collaborative, albeit draft, framework is proposed to guide operational practice. The article concludes that integrated, trauma-responsive crisis response is essential for improving safety, trust, and long-term wellbeing among veterans. Some key limitations and areas for future research are also offered.

Keywords: Chaplaincy, Heuristics, Self-Compassion, Spirituality, Mental Health, Military, Policing

Introduction

A true story: Ex-Army Sergeant J. sat alone at his kitchen table with a loaded shotgun. He was deeply troubled, overwhelmed by anger, and convinced that no one understood him. When he learned that his family had called the police, his anger and distress intensified. (This scenario is not uncommon among veterans whose military service has exposed them to traumatic events, and/or moral injury, and chronic stress)

As shown above, veterans often carry invisible wounds that can erupt into crisis when triggered by interpersonal conflict, isolation, or perceived threats. In such moments, the presence of police, mental health workers, and chaplains can help determine whether the outcome is one of safety and connection or lead to escalation and harm.

Veterans experience disproportionately high rates of mental health challenges compared to the general population. According to the American Psychological Association (2021), between 11% and 30% of veterans experience post-traumatic stress disorder (PTSD), depending on their service era. Additional research from the U.S. Department of Veterans Affairs (2023) indicates that veterans are at elevated risk for depression, substance use disorders, traumatic brain injury (TBI), and chronic pain. These are conditions that can interact to heighten emotional volatility and crisis vulnerability.

Veterans also experience higher rates of suicide. The 2024 National Veteran Suicide Prevention Annual Report found that veterans are 1.5 times more likely to die by suicide than non-veterans, with firearms involved in over 70% of cases. This is particularly relevant for crisis responders, as veterans are more likely to own firearms and to view them as symbols of identity, protection, or control.

Moral Injury and Crisis Behaviour

Beyond PTSD, many veterans experience moral injury which is about the psychological, emotional, and spiritual distress that arises from violating deeply held moral beliefs (Litz et al., 2022). Moral injury can manifest as shame, guilt, anger, and self-punishment. These emotions can intensify during crises, especially when veterans feel misunderstood, judged, or threatened. Responders who understand moral injury are better equipped to engage veterans with empathy and avoid inadvertently reinforcing feelings of betrayal or worthlessness.

Limitations of Traditional Law Enforcement Responses

Traditional law enforcement responses, historically grounded in command-and-control tactics, may inadvertently worsen crises involving trauma-affected veterans. Loud commands, rapid movements, or displays of force can trigger combat memories or hypervigilance. Veterans may interpret police presence as a threat rather than a source of help, leading to escalation. In fact, research by the National Institute of Justice (2023) shows that force-first approaches increase the likelihood of injury for both officers and civilians, particularly in mental health-related incidents.

Promise of Integrated Crisis Response

Conversely, integrated approaches involving chaplains, mental health workers, and police have been shown to reduce harm, build trust, and improve long-term outcomes (Weaver et al., 2013). These interdisciplinary teams combine tactical safety, clinical expertise, and spiritual or emotional grounding—an approach particularly effective with veterans, who often respond positively to relational, respectful, and meaning-centred engagement.

Motivation

The motivation for this work arises from the urgent need to ensure that even as the community is protected, that veterans in crisis receive care that recognises the full complexity of their psychological, emotional, and spiritual experiences. Integrating holistic, safety-oriented, and compassionate responses across police, mental health practitioners, and chaplains is critical to safeguarding both the dignity and the wellbeing of veterans during high-risk encounters.

Aim

This paper aims to:

- Examine the individual contributions of chaplains, mental health workers, and police officers in responding to veterans in crisis.
- Analyse how coordinated, interdisciplinary collaboration can create safer, more compassionate, and more effective outcomes.
- Propose a collaborative framework suitable for trial and operational testing.

Method

A qualitative approach such as *critical synthesis* is well-suited to this exploratory work because it allows researchers to integrate diverse sources, identify recurring patterns, and interrogate underlying assumptions across crisis-response models. Critical synthesis enables the development of preliminary frameworks by drawing together empirical findings, practitioner insights, and theoretical perspectives in a way that highlights both convergence and gaps in current practice.

This method is particularly appropriate when examining complex, interdisciplinary systems, such as the collaboration between police, mental health practitioners, and chaplains. This is where lived experience, organisational culture, and contextual nuance play central roles. As Dixon-Woods et al. (2006) note, qualitative synthesis methods help researchers move beyond description toward deeper interpretive understanding, making them ideal for refining and evaluating emerging crisis-response frameworks.

To achieve the aim, this conceptual article draws on an integrative review of literature on crisis intervention, chaplaincy, policing, and veteran mental health. It synthesises evidence-based models such as Crisis Intervention Teams (CIT), Integrating Communications, Assessment, and Tactics (ICAT), and co-responder programs. Case examples from Memphis, Seattle, and San Antonio illustrate practical applications. The analysis is grounded in crisis theory, trauma-informed practice, and moral injury frameworks to develop a comprehensive interdisciplinary model for crisis response.

Literature Review

Veterans face unique psychological challenges due to exposure to combat, trauma, and moral injury. PTSD prevalence among veterans ranges from 11% to 30% depending on service era (APA, 2021). Moral injury which is defined as the violation of deeply held moral beliefs, can lead to shame, guilt, and existential distress (Litz et al., 2022). Veterans with co-occurring PTSD and moral injury are more likely to experience anger outbursts, interpersonal conflict, and suicidal ideation.

The RAND Corporation (2022) reports that veterans often delay seeking help due to stigma, mistrust of institutions, or fear of appearing weak. This avoidance increases the likelihood that mental health issues will escalate into crises requiring emergency intervention.

Crisis Theory and Trauma-Informed Response

Crisis theory emphasises that individuals in acute distress experience narrowed perception, impaired problem-solving, heightened emotional reactivity, and increased impulsivity (Roberts & Ottens, 2020). Trauma-informed practice requires responders to prioritise safety, trust, empowerment, and collaboration. For veterans, trauma-informed approaches are essential because trauma triggers can be activated by sensory cues, authority figures, or perceived threats.

Role of Chaplaincy in Crisis

> *Example: In a Veterans Admin. (VA) hospital, a chaplain calmed a veteran threatening staff by acknowledging his pain and inviting a moment of silence (NYSCG, 2025). The chaplain's presence shifted the emotional tone, allowing clinicians to engage safely. This illustrates how chaplains can interrupt escalating emotional cycles and create space for therapeutic intervention.*

Chaplains provide spiritual care, emotional grounding, and meaning-making. Research shows chaplains can reduce agitation, build rapport, and support moral repair (Willis, 2022). Their non-enforcement role often makes them uniquely effective with veterans, who may view chaplains as allies rather than authority figures. Recent studies (Harris & McCormick, 2023) highlight the growing role of police chaplains in crisis intervention, particularly in situations involving grief, trauma, or moral injury.

Of note, the author examined how workplace pastoral care can be strengthened within military, paramedic, and police environments by focusing on four core chaplaincy principles: confidentiality, proactivity, proximity, and referral pathways. He argued that these high-intensity professions face unique psychological, moral, and organisational pressures that require specialised forms of pastoral support.

Here too, confidentiality is presented as foundational for building trust, particularly in cultures where stigma, hierarchy, and fear of career impact often prevent personnel from seeking help. Proactivity and proximity, that is where chaplains are present, visible, and embedded within operational teams are shown to enhance early intervention, relational credibility, and cultural understanding.

The research also highlighted the importance of clear and ethical referral options, ensuring that chaplains can connect individuals to mental health, medical, or organisational resources when issues exceed pastoral scope. Overall, such research highlights chaplaincy as a vital component of holistic wellbeing systems. It also calls for stronger integration of pastoral care within organisational health, leadership, and crisis-response frameworks (Devenish-Meares (2025).

In summary, chaplains serve as trusted, non-threatening figures who can rapidly build rapport with distressed veterans. Their pastoral presence, grounded in empathy, active listening, and non-judgmental support, often provides the first layer of emotional de-escalation.

Core Contributions of Chaplains

- Emotional grounding
- Spiritual and existential support
- Rapport building
- Calming communication
- Meaning-centred coping
- Support for moral injury repair

Mental Health Professionals in Crisis Intervention

> *Example:*
> *A mental health worker partnered with police during a domestic disturbance involving a veteran with a firearm. Through grounding techniques and empathetic dialogue, the veteran surrendered the weapon voluntarily (VA, 2025). The clinician's ability to interpret trauma responses and adjust communication accordingly was crucial.*

Clinicians contribute risk assessment, therapeutic de-escalation, and treatment planning. Evidence-based techniques include grounding, cognitive reframing, and crisis triage (Baltazar & Bang, 2025). Co-responder models, where clinicians accompany police, have been shown to reduce arrests, hospitalisations, and use-of-force incidents (Shapiro et al., 2022). Overall, mental health professionals bring specialised clinical expertise essential for understanding and addressing the psychological drivers of crisis behaviour.

Key Contributions

- Clinical assessment
- Evidence-based de-escalation
- Trauma-informed communication
- Suicide risk evaluation
- Treatment and referral pathways
- Support for co-responder models

Police De-Escalation and Crisis Response

CIT and ICAT represent major shifts in policing. CIT emphasises mental health recognition and treatment over arrest, while ICAT emphasises time, distance, and communication to reduce force. Both models have demonstrated significant reductions in injuries and improved outcomes (NIJ, 2023). Police departments increasingly recognise the need for specialised training to respond effectively to veterans, who may react differently to stress, commands, or perceived threats.

Police officers remain central to crisis response, particularly when weapons are involved. Their challenge is to balance safety with empathy and compassion. This is an approach increasingly referred to as *tactical compassion*. From this key Training Frameworks include Crisis Intervention Teams (CIT), Integrating Communications, Assessment, and Tactics (ICAT),

Co-responder models and Veteran-specific de-escalation training. Each is discussed below in succession.

Crisis Intervention Teams (CIT)

Crisis Intervention Teams (CIT) represent one of the most widely adopted models for improving police responses to individuals experiencing mental health crises. Originating in Memphis in 1988, CIT programs emphasise specialised training, interagency collaboration, and diversion from the criminal justice system toward treatment. Officers receive instruction in mental health recognition, trauma-informed communication, suicide intervention, and de-escalation strategies. Research consistently shows that CIT reduces officer injuries, increases voluntary compliance, and improves linkage to mental health services. For veterans, CIT's emphasis on empathy, rapport-building, and slowing down encounters aligns closely with trauma-responsive practice.

Integrating Communications, Assessment, and Tactics (ICAT)

The ICAT model, developed by the Police Executive Research Forum (PERF), focuses on integrating communication skills with tactical decision-making. Unlike traditional command-and-control approaches, ICAT encourages officers to create time, distance, and space to reduce the need for force. The model includes scenario-based training that emphasises emotional regulation, threat assessment, and collaborative problem-solving. ICAT has been shown to significantly reduce use-of-force incidents and injuries. Its structured approach is particularly effective with veterans, who may respond poorly to rapid commands but positively to calm, deliberate engagement.

Co-Responder Models

Co-responder models pair police officers with mental health clinicians, social workers, or crisis specialists who jointly respond to behavioural health emergencies. These teams combine the safety and authority of law enforcement with the clinical expertise needed to assess and stabilise individuals in crisis. Studies from 2020–2024 show that co-responder programs reduce unnecessary hospitalisations, arrests, and repeat crisis calls. For veterans, co-responder teams are especially valuable because clinicians can identify trauma triggers, assess suicide risk, and provide immediate therapeutic interventions, while officers maintain scene safety. Some jurisdictions also include chaplains or veteran peer specialists as part of expanded co-responder teams.

Veteran-Specific De-Escalation Training

Veteran-specific de-escalation training equips responders with the knowledge and skills needed to engage effectively with former service members. This training typically includes modules on military culture, combat stress reactions, moral injury, PTSD, traumatic brain injury, and the unique ways veterans may perceive authority, threat, or loss of control. Responders learn to recognise military communication styles, avoid triggering language or postures, and use rapport-building strategies that honour the veteran's service. Emerging research (2022–2025) shows that veteran-specific training improves officer confidence, reduces escalation, and increases the likelihood of voluntary compliance during crisis encounters.

Case Examples

From the training models above, case examples from three police departments are now presented.

Memphis Model (CIT) - Reduced officer injuries by 80% and increased diversion to treatment (Weaver et al., 2013).

The Memphis Model, widely regarded as the foundational Crisis Intervention Team (CIT) program, originated in 1988 after a tragic police shooting involving a man with mental illness in Memphis, Tennessee. In response, the Memphis Police Department partnered with the National Alliance on Mental Illness (NAMI), local mental health providers, and community advocates to create a specialised team of officers trained to respond to behavioural health crises. CIT officers receive 40 hours of intensive training covering mental illness recognition, trauma-informed communication, suicide intervention, and de-escalation strategies.

The program emphasises slowing down encounters, building rapport, and diverting individuals away from the criminal justice system toward appropriate treatment. Over time, the Memphis Model became a national standard, adopted by thousands of agencies across the United States. Evaluations of the program show significant improvements in safety and outcomes: Weaver et al. (2013) reported an 80% reduction in officer injuries during mental-health-related calls and a substantial increase in diversion to treatment rather than arrest. The Memphis Model's success lies in its collaborative structure, its emphasis on empathy and communication, and its ability to transform high-risk encounters into opportunities for connection and care.

Seattle ICAT Integration - reduced use-of-force incidents by 60% (NIJ, 2023).

Seattle's adoption of the Integrating Communications, Assessment, and Tactics (ICAT) model began in the mid-2010s as part of a broader effort to reform police practices under a federal consent decree. Developed by the Police Executive Research Forum (PERF), ICAT provides officers with structured decision-making tools that integrate tactical safety with communication and behavioural assessment.

The Seattle Police Department implemented ICAT training across its force, focusing on scenarios involving individuals in crisis, including veterans, people with mental illness, and those experiencing substance-related distress. The training emphasises creating time and distance, using cover, slowing the pace of encounters, and prioritising dialogue over commands. Officers are taught to assess threats dynamically and to consider alternatives to force at every stage of an encounter. According to the National Institute of Justice (2023), Seattle's ICAT implementation resulted in a 60% reduction in use-of-force incidents, particularly in cases involving weapons other than firearms. The program also contributed to fewer injuries for both officers and civilians, improved public trust, and increased officer confidence in handling complex behavioural crises. Seattle's experience demonstrates how structured, communication-centred training can reshape police culture and significantly reduce harm

San Antonio Police Department's Mental Health Unit diverted thousands from jail to treatment (Donahue et al., 2019).

The San Antonio Police Department's Mental Health Unit (MHU), established in the early 2000s and expanded significantly by 2008, is one of the most comprehensive crisis response systems in the United States. The unit includes specially trained officers, licensed mental health clinicians, and partnerships with local hospitals, crisis centres, and the Bexar County mental health authority. One of its most innovative components is the Restoration Center, a 24/7 facility designed to divert individuals in crisis away from jail and emergency departments.

Officers can bring individuals directly to the centre for psychiatric evaluation, detoxification, or crisis stabilisation. This can often can be completed within an hour. The program also includes mobile crisis teams, follow-up services, and community outreach. Donahue et al. (2019) report that the San Antonio model has diverted thousands of individuals from jail to treatment, saving the city millions of dollars in incarceration and hospital costs. The program has become a national exemplar of how coordinated, multi-agency crisis response can reduce strain on police, improve outcomes for individuals in crisis, and strengthen community trust. Its success has inspired similar programs across the United States and internationally.

Australian Police Veteran Response Initiatives

Recent programs in Queensland and New South Wales have begun integrating veteran peer responders into police and mental-health crisis teams, reflecting a growing recognition of the unique value that lived military experience brings to crisis intervention (Smith & Taylor, 2024). These initiatives, launched between 2022 and 2024, recruit former service members who have undergone specialised training in trauma-informed communication, suicide prevention, and de-escalation.

Of note to, veteran peer responders are deployed alongside police officers, clinicians, and occasionally chaplains during incidents involving distressed or at-risk veterans. Their shared military background allows them to quickly establish rapport, reduce defensiveness, and interpret behavioural cues that may be rooted in combat stress, moral injury, or hypervigilance.

Early evaluations from both states indicate promising outcomes, including reduced escalation during crisis encounters, increased voluntary engagement with services, and improved trust between veterans and first responders. Agencies also report that peer responders help bridge cultural gaps between veterans and civilian professionals, contributing to more coordinated and compassionate crisis responses.

From the above a collaborative framework arises. Here, communication is key and so too is linking tactical, emotional, and clinical strategies. This framework which is summarised below, transforms crisis response from reactive to proactive, reducing harm and restoring dignity.

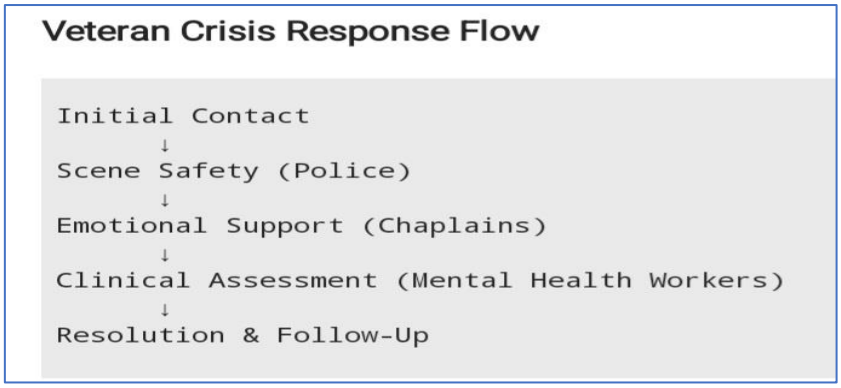

Figure 1: Veteran crisis response flow

The high-level flow model is enacted as follows:
Initial Contact
Pre-Engagement Preparation

- Information gathering
- Role assignment
- Establishing communication channels
- Identifying veteran-specific risk factors

Scene Safety and Management (Police-Led)

- Tactical positioning
- Communication strategy
- Risk containment
- Slowing down the pace of engagement

Emotional and Spiritual Support and Stabilisation (Chaplains)

- Establishing trust
- Emotional grounding
- Meaning-centred support
- Addressing moral injury themes

Clinical Assessment and De-Escalation (Mental Health Workers)

- Psychological assessment
- Evidence-based de-escalation
- Suicide risk evaluation
- Treatment pathways

Integrated Decision-Making

- Shared communication
- Collaborative planning
- Safety-first resolution strategy

Resolution and Post-Crisis Follow-Up

- Warm handovers
- Documentation and review
- Ongoing support

- Veteran peer support referrals

Discussion

Effective crisis response for veterans requires more than isolated professional interventions; it demands a coordinated, interdisciplinary approach that integrates the strengths of multiple models and practitioners. The evidence reviewed in this paper demonstrates that programs such as CIT, ICAT, co-responder teams, and veteran-specific initiatives each contribute valuable components to crisis intervention, yet none is sufficient on its own.

CIT provides a foundational framework for recognising mental health crises and prioritising treatment over enforcement. ICAT adds structured decision-making and tactical communication strategies that reduce the likelihood of force. Co-responder models bring clinical expertise directly to the scene, enabling real-time assessment and therapeutic engagement. Veteran-specific training and peer-informed approaches add cultural competence and credibility, helping responders build rapport with individuals who may distrust civilian institutions. When viewed collectively, these models form complementary layers of support that can be woven into a unified, veteran-centred response system. Central to this integration is the cooperation of mental health practitioners, first-responder police, and chaplains. Each profession contributes a distinct lens through which a veteran's distress can be understood and supported.

Police officers ensure scene safety, manage immediate risks, and create the conditions necessary for de-escalation. Mental health practitioners provide clinical insight into trauma responses, suicidality, substance use, and behavioural dysregulation, enabling more accurate assessment and tailored intervention. Chaplains, often overlooked in crisis literature, offer spiritual grounding, emotional containment, and support for moral injury. These are dimensions of distress that are particularly salient for veterans.

When these practitioners operate collaboratively rather than sequentially or in isolation, they can share information, coordinate roles, and respond to the veteran as a whole person rather than as a set of risks or symptoms. This cooperation enhances communication, reduces duplication or contradiction in messaging, and ensures that the veteran receives consistent, compassionate, and focused care.

Safety and dignity must remain paramount throughout this process. Veterans in crisis often experience heightened vulnerability, mistrust, and fear. These are conditions that can be exacerbated by fragmented or force-centred responses. Integrated models help mitigate these risks by slowing down encounters, reducing unnecessary displays of authority, and prioritising relational engagement.

When police, clinicians, and chaplains communicate openly and respect each other's expertise, they create a stabilising environment in which the veteran feels seen, heard, and valued. This not only reduces the likelihood of escalation but also supports long-term recovery by reinforcing the veteran's sense of agency and worth. Ultimately, the discussion highlights that interdisciplinary cooperation is not merely beneficial but essential: only through coordinated, trauma-informed, and dignity-affirming practice can crisis responders truly meet the complex needs of veterans and ensure safe, humane outcomes.

Integrated crisis response works because it addresses the veteran's emotional, spiritual, and psychological needs, reduces reliance on force, builds trust, and improves long-term outcomes. Veterans often respond positively to relational approaches that honour their service, acknowledge their pain, and avoid judgment.

Barriers to Collaboration

There are also a number of barriers to collaboration which are briefly mentioned below.

- Organisational silos
- Inconsistent training
- Limited availability of mental health workers
- Cultural differences between professions
- Communication breakdowns

Ethical Considerations

A number of ethical considerations are also noteworthy but are not discussed in detail here due to space limitations.

- Autonomy versus safety
- Confidentiality
- Moral injury
- Use of force
- Cultural competence

Implications for Practice and Recommendations

A number of implications and recommendations for policing practice are summarised immediately below.

Implications

- Police should embed chaplains and clinicians into crisis teams.
- Chaplains should receive training in trauma-informed care.
- Mental health workers should be integrated into dispatch protocols.
- Agencies should adopt CIT and ICAT as standard practice.
- Veteran-specific training should be mandatory.

Recommendations

1. Expand interdisciplinary crisis response teams.
2. Increase training in trauma-informed and veteran-specific care.
3. Develop national guidelines for chaplain-police-clinician collaboration.
4. Conduct longitudinal research on outcomes.
5. Strengthen partnerships with VA and community services.

Contributions and **Limitations**.

This paper contributes to the emerging literature on integrated crisis response by offering an exploratory synthesis of how chaplains, mental health workers, and police can collaborate more effectively when supporting veterans in acute distress. It brings together concepts from crisis theory, trauma-informed practice, moral injury research, and contemporary policing models to propose a preliminary interdisciplinary framework. By examining established programs such as CIT, ICAT, co-responder models, and veteran-specific initiatives, the paper

highlights the potential benefits of coordinated, multi-agency approaches that prioritise safety, empathy, and treatment over enforcement. A further contribution lies in identifying the unique and often under-examined role of chaplains in crisis intervention, particularly in addressing moral and spiritual dimensions of veteran distress. Collectively, these insights provide a conceptual foundation for future empirical work and offer practitioners an initial guide for enhancing collaborative crisis responses.

As a brief and exploratory paper, this work has several limitations that should be acknowledged. The proposed framework is conceptual rather than empirically validated, drawing primarily on secondary literature, case examples, and emerging practice models. The paper does not include primary data, field observations, or interviews with veterans or crisis responders, which limits the ability to assess how the framework functions in real-world settings.

Additionally, the diversity of veteran experiences—shaped by service era, cultural background, trauma history, and community context—means that the themes identified here may not generalise across all populations. Further, qualitative research is needed to investigate how chaplains, clinicians, and police actually collaborate during crisis events, how veterans perceive these interactions, and what organisational or cultural issues and barriers influence and impede implementation. In-depth interviews, focus groups, and case-study methodologies would be particularly valuable for refining, validating, and operationalising the proposed framework.

Conclusion

This paper has explored the complex and often high-risk nature of crisis encounters involving veterans, emphasising the need for integrated, trauma-informed responses that move beyond traditional law enforcement approaches. Drawing on crisis theory, moral injury research, and contemporary policing models, the discussion highlighted how veterans' unique psychological and cultural experiences can shape their reactions during moments of acute distress. The review of chaplains, mental health workers, and police officers demonstrated that each profession brings distinct strengths such as spiritual grounding, clinical expertise, and tactical safety, that, when combined, create a more holistic and compassionate crisis response. It is also increasingly clear that innovative, pastoral care needs to be integrated into crisis-response and wellbeing frameworks (Devenish-Meares, 2024).

The analysis of established programs such as the Memphis CIT model, Seattle's ICAT implementation, and the San Antonio Mental Health Unit illustrated the tangible benefits of interdisciplinary collaboration. These initiatives show consistent reductions in use-of-force incidents, increased diversion to treatment, and improved rapport with individuals in crisis. Emerging Australian models that incorporate veteran peer responders further demonstrate the potential of culturally informed, relationship-centred approaches. Together, these examples underscore the value of coordinated systems that prioritise communication, empathy, and shared decision-making.

As an exploratory paper, this work offers a conceptual foundation rather than a definitive model. The proposed framework requires further qualitative research to understand how interdisciplinary teams operate in real-world settings, how veterans experience these

interactions, and what organisational barriers influence implementation. Future studies should include interviews, field observations, and case analyses to refine and validate the framework. Nonetheless, the evidence reviewed here strongly suggests that integrated crisis response—rooted in collaboration, trauma awareness, and respect for veterans' lived experiences—holds significant promise for improving safety, trust, and long-term wellbeing.

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Professor (Reverend) Peter Devenish-Meares is a police and Army chaplain, post-doctoral scholar and leading practitioner in pastoral care, leadership studies, and trauma recovery, with a specialised research focus on psycho-spiritual care. Trained as a therapist, cleric and anthropologist, his work seeks to integrate cultural analysis, spiritual care, and behavioural science to better understand how individuals and communities navigate crisis, meaning-making, and resilience. Over his career, he has contributed to the development of evidence-informed pastoral and psycho-spiritual support models for veterans, first responders, and high-stress organisations. In addition to his academic work, Professor Devenish-Meares serves as a company director, providing strategic leadership and governance across sectors concerned with mental health, organisational wellbeing, and community support. His interdisciplinary expertise positions him as a respected voice in the fields of trauma studies, pastoral practice, and applied anthropology.

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