





The modern role of paraprofessionals in delivering brief psychological interventions

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Abstract

The increasing global demand for mental health services, compounded by the COVID-19 pandemic, has spurred innovative approaches. Among these, the utilisation of paraprofessionals for delivering brief psychological interventions (BPIs) is gaining significant traction across diverse settings and populations. Paraprofessionals (individuals equipped with specialised mental health training but lacking formal qualifications) have emerged as a valuable resource. They have the potential to offer cost-effective, culturally sensitive and readily accessible support. The integration of paraprofessionals into various healthcare settings, such as inpatient psychiatric units and primary care clinics, underscores their potential to enhance holistic well-being and early intervention. This integration not only lightens the load on licensed therapists but also broadens access to services while reducing treatment costs. At a global scale, paraprofessionals, armed with local knowledge and community connections, play a pivotal role in improving mental health outcomes among underserved populations. Furthermore, the rise of telemental health, an increasingly crucial aspect of mental healthcare, presents new avenues for paraprofessionals to deliver psychological care. Despite their potential, paraprofessionals encounter challenges related to work-life balance, boundary-setting and the stigma attached to their roles. Their integration into healthcare systems requires clear roles and responsibilities, along with continuous support to ensure effective intervention and the well-being of both providers and recipients. Further research and development are necessary to harness their full potential and meet the increasing demand for accessible mental health services.

KEYWORDS

brief psychological interventions, disadvantaged communities, mental health disparities, paraprofessionals, supervision, training

Worldwide, mental illness continues to present long-standing issues and challenges, including disability, funding deficits and premature death (Steel et al., 2014; WHO, 2022). Moreover, mental illness and negative outcomes have increased in recent years in the wake of the COVID-19 pandemic (Bower et al., 2023; Substance Abuse

and Mental Health Services Administration, 2022; WHO, 2022). As mental health treatment needs have increased, a rising chorus of voices have called for providers to deliver these services; however, demand remains high and needs remain unmet (Thornicroft et al., 2017; WHO, 2022).

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1 | PARAPROFESSIONALS

One way to meet demand for the provision of these services is through paraprofessionals. Paraprofessionals may come from a number of backgrounds depending on the context (e.g. high- vs. middle- vs. low-income countries) and are typically characterised as individuals with limited training or background in mental health care. These individuals do not necessarily possess formal qualifications, such as a degree in psychology or other mental health fields, but have received specialised training to assist licensed professionals in delivering mental health services (Bryan & Arkowitz, 2015). Paraprofessionals may involve a cross section of disciplines, including nurse practitioners, community health workers, teachers and peers, to name but a few (e.g. Joo et al., 2023; Ranasinghe et al., 2023).

Additionally, the roles of paraprofessionals may change depending on the context. However, typical roles and responsibilities with patients involve providing emotional support, assisting with daily living skills, conducting outreach and engagement, and facilitating therapy, often in community-based settings (e.g. Cwik et al., 2016; Lucksted et al., 2009). Importantly, burgeoning empirical evidence suggests that clinical services provided by paraprofessionals are as effective as those provided by qualified professionals (Choi et al., 2019; Richards et al., 2016; Waller et al., 2013). Notably, the integration of paraprofessionals into mental health care has been associated with improved outcomes, increased access to services and reduced treatment costs (Barnett et al., 2018; Bhugra et al., 2017).

2 | BRIEF PSYCHOLOGICAL INTERVENTIONS

In order to meet the demand for mental health treatments, there has been an increase in innovative ways to deliver the components of evidence-based interventions. In the UK, the development of Improving Access to Psychological Therapies (IAPT) in primary care as a part of the roll-out of a stepped-care model in mental health in 2008 has increased research in brief psychological interventions (Wakefield et al., 2020). Empirical findings suggest that paraprofessionals delivering brief psychological interventions (BPIs) can effectively target a range of mental health conditions, including depression, anxiety and suicidal presentations (Catanzano et al., 2020; McCabe et al., 2018). Following this wave of innovation, Cambridgeshire's (UK) secondary mental health service has been deploying paraprofessionals in a stepped-care setting to provide BPIs to patients with moderate-to-severe mental health problems. BPIs may be characterised in a variety of ways, but typically (1) include some components of longer term, evidenced-based psychological interventions (e.g. behavioural intervention), (2) are delivered over fewer sessions than more traditional psychotherapeutic interventions (e.g. six sessions) and (3) are designed to be delivered by individuals with less specialised training, such as paraprofessionals (Roberts et al., 2021). BPIs offer a time-limited and focussed approach to address mental health concerns. With training and ongoing supervision by psychologists,

Implications for Practice and Policy

- Enhanced access to care: Integrating paraprofessionals into clinical practice facilitates increased access to mental health services, particularly for underserved and disadvantaged populations. By leveraging their unique backgrounds and cultural sensitivity, paraprofessionals can bridge gaps in care delivery, providing essential support in which traditional mental health services may be inaccessible or stigmatised.
- Efficient delivery of brief psychological interventions (BPIs): Paraprofessionals trained in delivering BPIs offer a cost-effective and efficient solution to meeting the rising demand for mental health services. Their ability to provide focussed interventions within limited time frames enables clinics to reach more patients and address a wider range of mental health concerns effectively.
- Telehealth integration: The evolving landscape of telehealth presents new opportunities for paraprofessionals to deliver psychological care remotely. While telehealth reduces barriers to access and offers flexibility, it also requires careful training and supervision to ensure effective patient engagement and safety, particularly for vulnerable populations. Paraprofessionals can play a vital role in expanding telehealth services, but ongoing support and training are essential to navigate its challenges successfully.
- Integration into mental health policy: Policymakers should recognise the valuable contribution of paraprofessionals in addressing mental health disparities and advocate for their formal integration into mental health-care systems. Establishing standards for training, supervision and role definition will be crucial to ensure quality care delivery and support the effective utilisation of paraprofessionals in mental health policy initiatives.

paraprofessionals can play a key role in delivering these interventions, as they are often well-suited to provide a discrete episode of care within a limited time frame.

3 | EXPANDING SERVICES IN LOW- TO MIDDLE-INCOME COUNTRIES AND COMMUNITIES

In recent years, the role of paraprofessionals in providing BPIs has gained significant attention as a promising approach to addressing mental health disparities and reaching disadvantaged and low-resourced communities (Barnett et al., 2018; Bryan & Arkowitz, 2015). One of the significant advantages of utilising

paraprofessionals in mental health care is their potential to reach underserved populations. Paraprofessionals can bridge the gap between these communities and traditional mental health services, offering culturally sensitive and accessible support (e.g. Hankerson et al., 2022; Jain, 2010) in a way that promotes equity and reduces disparities in mental health care.

BPIs delivered by paraprofessionals can address a wide range of mental health challenges experienced by various disadvantaged groups in low- to middle-income communities. Paraprofessional-delivered BPIs have been used to treat post-traumatic stress disorder (PTSD), depression, anxiety and substance use disorders with remarkably promising results (e.g. Akhtar et al., 2021; Venturo-Conerly et al., 2022). Paraprofessionals have also been utilised to contribute to international humanitarian efforts, particularly in assisting populations facing trauma and displacement, such as refugees (De Graaff et al., 2020; Greene et al., 2019; Neuner et al., 2008). Customised BPIs informed by psychological first aid programmes, designed to be administered by paraprofessionals, can offer much-needed practical and emotional support, coping strategies and resilience-building techniques to individuals grappling with the aftermath of crises.

4 | EXPANDING SERVICES IN HIGH-INCOME COUNTRIES AND COMMUNITIES

Paraprofessionals also offer unique opportunities for providing mental health interventions in isolated and underserved populations of high-income communities (Choi et al., 2020; Cwik et al., 2016). Ethnically minoritised and low-income populations may not have tools or knowledge to access mental health care and/or may hold stigma against mental health issues. They may prefer to speak to someone who is similar, or with whom they can relate.

Interventions targeting refugee and disadvantaged populations notably recruit paraprofessionals that identify with the target population. The cultural competence and sensitivity of these paraprofessionals can create a safe and empathic environment for those in distress. By leveraging their local knowledge and community connections, paraprofessionals can effectively engage with communities that may otherwise lack access to mental health services (Gibson et al., 2011; Kohrt et al., 2018).

In the wake of COVID-19, it became clear that the needs of mental health patients could be met via telehealth, especially in high-income countries where technology access is more abundant. Telemental health services were found to be effective for many psychiatric and somatic disorders including anxiety and depression, and produce comparable outcomes to in-person treatments (Madigan et al., 2021). Telemental health reduces several common barriers to quality psychological care, including geographic barriers, medical barriers (e.g. requirements for social distancing) and financial barriers (Damian et al., 2022; Holland et al., 2018; Lipschitz et al., 2022). It has revolutionised the delivery of mental health services in high-income countries, presenting new opportunities for

paraprofessionals and lessening the burden on licensed providers, allowing patients to receive care sooner within a more opportune time frame (Madigan et al., 2021).

5 | PARAPROFESSIONALS AS MENTAL HEALTH ADVOCATES

Paraprofessionals can also extend the reach of mental health services as community-based promoters of mental health awareness and prevention. They themselves often come from similar backgrounds and have extensive personal or professional experience as recipients and support workers of the mental healthcare system. As such, paraprofessionals are able to take on roles that expand upon what mental health professionals do. These include, but are not limited to, (1) providing education regarding mental illnesses, the mental healthcare system and end-users' (e.g. patients, community members and stakeholders) rights, (2) connecting end-users to relevant community and professional resources and (3) developing personal and trusting relationships with end-users that facilitate engagement and adherence to treatment plans (Jacobson et al., 2012; Robertson et al., 2023). In fact, a literature review by Chinman et al. (2014) suggested that peer support interventions were associated with decreased inpatient visits, increased engagement with service providers and increased positive health behaviours. These findings are further reflected in peer-supported interventions aimed at substance use, serious mental illness and parent-child relationships (Bassuk et al., 2016; Robertson et al., 2023). Studies indicate that paraprofessionals promote well-being by targeting symptom recognition, creating personalised self-care and wellness plans, and encouraging development and usage of a supportive social network (Cook et al., 2010; Joo et al., 2023).

In another words, paraprofessionals not only act as additional support for those in active treatment but also can connect with end-users who may not identify as having a mental health condition or experience difficulties, thus reducing the stigma associated with accessing traditional methods of mental health care. Individuals are more likely to engage in mental health care if their service provider is someone who identifies with the end-user's cultural background and speaks their language, which paraprofessionals often do (Rusch et al., 2019; Weng & Ranney, 2022). Involving paraprofessionals in mental health care can therefore improve outcomes for those who struggle with various levels of symptoms, and factors that may have previously hindered their efforts to seek mental health care.

In summary, paraprofessionals can play a crucial role in expanding the accessibility and effectiveness of mental health services by acting as culturally competent mental health advocates who bridge the gap between traditional healthcare providers and underserved populations. Their ability to connect with end-users at a personal level, provide psychoeducation about mental health and reduce stigma associated with seeking care makes them indispensable in promoting early intervention, increasing engagement and improving long-term mental health outcomes.

6 | CHALLENGES

6.1 | What counts as therapy?

Although paraprofessionals are trained in treatment delivery for their respective target populations, there is a lack of definition and framework surrounding the 'counselling' or 'therapy' work that paraprofessionals deliver. A lack of treatment definitions and boundaries could introduce unnecessary burden to multiple stakeholders by invoking misunderstandings between paraprofessionals and the end-users (Roach et al., 2023; Roberts et al., 2021). For example, an end-user's expectation for their paraprofessional provider to deliver treatment or psychoeducation that is beyond their capacity may cause embarrassment and stress to the paraprofessional, and distrust between the end-users and professional providers (Maciag et al., 2023). This highlights the critical need for clear definitions and structured frameworks to support paraprofessionals in delivering appropriate care, while ensuring that both their roles and the expectations of the end-users are properly aligned.

6.2 | Therapeutic frameworks in paraprofessional-delivered interventions

A cursory review of the paraprofessional literature reveals a wide range of interventions that have been tested, many of which (but not all) are evidence-based. Of those that incorporate evidence-based treatments, motivational interviewing, mindfulness, behavioural activation, cognitive behavioural therapy and problem-solving therapy were among the most common (e.g. Choi et al., 2020; George et al., 2020; Hwang & Chan, 2019; Sangraula et al., 2020; Synowski et al., 2021). Non-evidence-based interventions were typically characterised by peer support groups or supportive care (e.g. Depping et al., 2021; Gotay et al., 2007; Lucksted et al., 2009). Interventions have been assessed to be feasible and acceptable by both paraprofessionals and end-users, indicating that paraprofessionals can be trained to effectively deliver evidence-based treatments. Results of many studies involving paraprofessional-delivered interventions have demonstrated statistically significant improvements in outcomes compared with controls; however, some found no statistically significant changes.

The lack of consensus regarding what 'therapy' should look like when delivered by paraprofessionals, as well as the mixed evidence regarding the effectiveness of these interventions, warrants a degree of caution in interpreting what components of paraprofessional-delivered interventions are really benefiting end-users. For example, researchers may 'mix and match' treatment components when designing paraprofessional interventions. A programme may incorporate mindfulness, meditation, group support and self-care practices. In such an intervention, it can become difficult to determine which components end-users find most beneficial. For example, how much of the benefit comes from the therapeutic

relationship between paraprofessionals and end-users? The broad range of therapeutic models and techniques that have been incorporated into paraprofessional-delivered interventions suggests that paraprofessionals are viable and capable service providers, but further clarity and consensus in how interventions might be tailored to fit the needs and abilities of paraprofessionals and end-users is needed.

6.3 | Considerations for telemental health

Telemental health is a promising direction for paraprofessional-delivered psychological care but should be approached with ample consideration. As it may be for professional telemental health providers, it may also be more difficult for paraprofessionals to build rapport with their patients virtually, particularly with patients from rural or culturally distinct communities (Gibson et al., 2011; Holland et al., 2018). For telemental health providers, it can be difficult to curate an accurate understanding of their patients' psychological, behavioural and environmental situations, as it can be challenging to perceive patients' behavioural indicators in telemental health, especially in the absence of video conferencing (Madigan et al., 2021). This consideration is particularly important when considering vulnerable populations, such as children and adolescents, individuals with suicidal ideation and those with severe mental illnesses (Madigan et al., 2021). The training and supervision of paraprofessionals in telemental health is critical, as paraprofessionals will need to prudently monitor patients' psychological symptoms without perceiving behavioural cues in person and refer them to professionals as appropriate to ensure patient safety (Joo et al., 2023). Despite these obstacles, telemental health represents a new frontier of potential for paraprofessionals of different backgrounds.

6.4 | Self-care for paraprofessionals

Although both end-users and paraprofessionals have reported positive experiences with receiving and delivering BPIs, respectively, paraprofessionals still encounter prominent barriers in providing mental health care. Several studies have uncovered common challenges in work-life balance, training and continued support (Almeida et al., 2020; Foglesong et al., 2021; Löfving Gupta et al., 2021; Woodard et al., 2023). Although extensive training in providing mental health care may be provided, work-life balance and boundary-setting may not be adequately discussed. Paraprofessionals may encounter difficulties in managing their own emotional needs in addition to those of their end-users, especially during personal or global events, such as the COVID-19 pandemic (Almeida et al., 2020; Woodard et al., 2023). Paraprofessionals' boundaries may also differ from those of clinical professionals; however, they may not be clearly defined across institutions, supervisors and situations and may instead be treated on a case-by-case basis. Another significant issue is the experience of stigma

that paraprofessionals may experience. Paraprofessionals often do not hold the same certifications as the licensed professionals with whom they work and may be treated as 'second-class clinicians'; feelings of inferiority and insecurity in their role are not uncommon, and they may even be treated as lower value employees by professionals or end-users (Foglesong et al., 2021).

6.5 | Training and supervision

One of the primary challenges in the field is determining who will train and supervise paraprofessionals in BPIs. Current approaches towards creating training programmes for paraprofessionals draw from training for mental health professionals, involving activities such as role-plays, modelling and didactics (e.g. Maciag et al., 2023). However, training for paraprofessionals still varies widely, and there is no standardised method of training. For example, a peer support programme created by Joo et al. (2023) conceptualised peer support through social learning theories that emphasised client-centred, relationship-based care and delineated core components of the intervention. Training involved 20h of honing communication skills, active listening, experiential learning and cultural competency. On the contrary, Kahlon et al. (2021) trained student paraprofessionals over the course of 2h using videos and handouts to deliver a social support intervention. Establishing standardised training programmes is crucial to ensuring consistency and adherence to evidence-based practices, let alone pedagogical assessment, and training should encompass core therapeutic skills, cultural competence and ethical considerations (Boer et al., 2005; Rodgers et al., 2012).

Continuing supervision is also critical for paraprofessionals to enhance their skills and receive ongoing support, especially in the delivery of BPIs. Supervision has varied across studies: Some utilised a mental health professional (i.e. clinical psychologist or social worker), while others used study personnel (e.g. Ranasinghe et al., 2023). Supervision has also been conducted in individualised or group settings, although both Löfving Gupta et al. (2021) and Woodard et al. (2023) noted that paraprofessionals preferred group interactions, which offered support and learning among paraprofessionals. They also enjoyed being able to seek guidance from clinical professionals, and to be able to share experiences with, rely on and assist other paraprofessionals (Maciag et al., 2023). Just as end-users rely on their support networks to promote well-being, paraprofessionals seem to rely on training and further supervision to continually improve and reliably deliver psychosocial interventions.

7 | FUTURE DIRECTIONS

As the demand for mental health services continues to rise, the utilisation of paraprofessionals in the delivery of BPIs is gaining traction

in diverse global settings to address various mental health needs. The active engagement of mental health professionals is crucial for providing leadership in service development, training and supervision, ultimately ensuring the delivery of evidence-based, high-quality interventions.

Further research on BPIs delivered by paraprofessionals needs to encompass the acceptability of such interventions among the target populations, gather insights from both paraprofessionals and mental health professionals, and involve key stakeholders. Paraprofessionals have demonstrated they can function as invaluable resources across a variety of inpatient, outpatient and community settings. Paraprofessionals can be effectively integrated into the healthcare system by alleviating clinicians' burdens and responsibility for treatment and providing end-users with a more accessible option of care. In addition to operating within the healthcare system, paraprofessionals can extend access to mental health treatment via community, social care and school-based programmes. As Jacobson et al. (2012) highlight, paraprofessionals provide a well-rounded array of services, including referral to resources, relational support, administrative/supervisory work and programme management.

However, little is known about the feasibility and viability of formally integrating paraprofessionals into existing mental healthcare structures. While paraprofessionals offer a promising alternative to professional mental health care, a clear definition of the service framework, understanding of their specific needs and further development and standardisation of training methods and supervision will be necessary to cultivate providers to address mental health issues. A referral and treatment review process is necessary if care by paraprofessionals is not adequate or inappropriate. Simultaneously, there also needs to be adequate support for paraprofessionals; they will require continuous support to ensure proper delivery of interventions and well-being among both providers and end-users. Paraprofessionals are not intended nor trained to substitute other forms of mental health care but instead to augment or extend the existing services depending on the resources available.

Despite the extant challenges facing paraprofessionals and their roles in BPI delivery and training, the opportunities available to the mental health field are exciting and hold considerable promise for the future. The time is now for the field to capitalise on the immense positive impact paraprofessionals can make in mental health care and implement practice, research and training initiatives to unlock their full potential.

CONFLICT OF INTEREST STATEMENT

We have no known conflicts of interest to disclose.

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