

POLICY BRIEF

Supporting Paraprofessionals and Strengthening Resilience Among Providers



Project Team

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Background

Mental health and substance use treatment paraprofessionals, often defined as individuals working in support roles delivering direct mental health and substance use services (i.e. peer support workers, community health workers), are an essential segment of the workforce that assist and provide support to clinicians and clients. Despite the importance of their role in the provision of mental health and substance use treatment services, paraprofessionals have been vulnerable to challenges related to high rates of workplace stress and burnout due to high-pressure work environments, high caseloads, and the lack of institutional support.¹ In addition to burnout, staff turnover rates in mental health and substance use treatment organizations negatively impact the paraprofessional workforce. Overall, mental health and substance use treatment paraprofessionals need resources and support to promote resiliency within their cohort and the workforce. Resilience is defined as the ability to bounce back, recover from, and cope successfully with adverse circumstances and challenges.² Resilience is a key factor for successfully navigating the high-stress environments in which paraprofessionals work and has been found to decrease stress and burnout.³ The current study was conducted to investigate factors that influence staff turnover and burnout in the paraprofessional workforce and explore ways to enhance and support resilience amongst paraprofessionals.

Methods

The National Council for Mental Wellbeing (the National Council, formerly the National Council for Behavioral Health), in collaboration with the University of Michigan's Behavioral Health Workforce Research Center, conducted a literature review followed by semi-structured key informant interviews using a moderator guide that was developed using themes and findings from the literature review. The research team used snowball sampling methods through personal networks and social media to recruit 15 mental health and substance use treatment paraprofessionals as key informants.

Results

Participants had a mean age of 45.8 (SD=9.5) and largely identified as white (n=9; 60.0%) and female (n=8; 53.3%). The study sample included 11 recovery coaches or certified peer recovery specialists and 4 people in other occupations (e.g., health coordinator, supervisor, etc.).

Findings from the interviews revealed the existence of factors that influence the burnout experienced by paraprofessionals, as well as factors that help support resilience. Results were organized around three main themes: 1) burnout protective factors, 2) burnout risk factors, and 3) facilitators to building resilience. Results showed that mental health and substance use treatment paraprofessionals are exposed to multiple risk factors for burnout, including low compensation (a theme and current challenge throughout the mental

health and substance use treatment workforce as a whole) and workforce shortages, while receiving limited support to enhance resilience. Key informant interviews revealed that practicing self-care and receiving support from coworkers and supervisors were some of the most effective ways for building resilience. Some individual practices to promote resilience were found to be effective, such as self-care and setting boundaries between work and personal life. However, findings also emphasized the need for organizational and systemic support in addition to personal practices to foster resilience, as systemic issues and lack of organizational support exacerbated burnout.

Conclusions & Policy Implications

This study concluded that improving resilience amongst paraprofessionals will require an integrated approach which should include an awareness of factors that impact burnout and staff turnover, implementation of effective training programs, increased organizational support, effective supervision, and the willingness of organizational leadership to engage in policies and procedures that benefit paraprofessionals. Although paraprofessionals in this study engaged in personal practices to promote resilience, there are limits on the extent to which individual-level efforts can make a difference without organizational- and systemic-level enactment of change to create better working conditions and a culture of wellness. Policy recommendations on the organizational level suggest that leadership should take steps to build open communication into the organization's culture both horizontally between team members and vertically with supervisors and leadership. Also on the organizational level, leadership should provide clarity on the scope of practice for paraprofessionals and how their services could be integrated into the existing structure.

On a state and national level, policymakers should also strive to communicate the importance and legitimacy of paraprofessionals as a vital part of the mental health workforce. Policymakers should also ensure that paraprofessionals' needs are considered when developing current and future plans to strengthen the field and address critical workforce gaps, including increasing Medicaid rates as part of this comprehensive strategy. Similar to the rest of the mental health and substance use treatment workforce, systemic changes and a comprehensive strategy are also needed in order to most effectively support paraprofessionals. Recommendations for policymakers should also include providing thoughtful guidance on how organizations can continue to integrate paraprofessionals into their workforce across service lines to best serve those in need.

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