ABSTRACT: Issues of changing positions and roles for paraprofessionals are considered in the context of the hierarchical structure and process of mental health organizations. A brief history of paraprofessionals in mental health is presented, showing their function as low-status staff who control a troublesome patient population. The mental health organization is examined as a social system with a functional division of labor and a professional caste system. Discussion focuses on problems arising when paraprofessionals are promoted in the functional hierarchy while continuing to occupy the lowest level in the professional caste system, and from the organization’s continuing need for low-level staff to serve on the boundary between professional staff and difficult clients.

From the very beginning of mental health service organizations, paraprofessionals have held positions as caretakers, attendants, and aides. Since at least the early 1960s, there has been a growing interest in expanding paraprofessionals’ clinical responsibilities and creating new positions and roles for them in community services. Now, in the 1970s, there is some concern about the viability of these new and expanded work roles (Boyette et al. 1972; Christmas et al. 1970; D’Onofrio 1970; Ritzer 1974; Robbins 1972; Tendler 1971). What are the problems that arise when attempts are made to expand the work of paraprofessionals?

As one method for clarifying the issues involved, we have found it useful to explore the organizational difficulties of paraprofessionals. Positions and roles can be understood only through the examination of their history, the organizational structures that contain them, and the organizational processes through which the work is to be accomplished. The major difficulties in changing paraprofessional work positions and roles arise from their low status within a rigid professional hierarchy and

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from their value in continuing to perform certain functions for their organizations.

The term "paraprofessionals" refers here to salaried workers who provide mental health services directly to clients, but who do not have professional degrees. The term "paraprofessional," although frequently used, is controversial and ambiguous. As used here, "para-" takes the meaning of "associated in a subsidiary or accessory capacity." Other meanings of "para-" include "beside," "faulty," or "closely resembling"; the fact that such an ambiguous term is widely used without clear definition reflects the potential for role confusion. The alternative titles "nonprofessional," "new careerist," and "new professional" are even more untenable. "Nonprofessional" is a negative definition, viewed by many as a denigration.

What are the problems that arise when attempts are made to expand the work of paraprofessionals?

"New careerist" and "new professional" can be misunderstood as referring to neophyte professionals and, in addition, do not realistically reflect the status and salary of such workers; perhaps a few of the emerging work roles will evolve into new specialties, but the majority are not likely to achieve the attributes of independent professions.

HISTORY OF PARAPROFESSIONALS WITHIN MENTAL HEALTH ORGANIZATIONS

There is no published history devoted specifically to paraprofessionals within mental health services; what exists is found in the histories of the professional specialties of psychiatry and psychiatric nursing and in the histories of some of the various types of organizations that make up the service matrix (Grob 1973; Rosen 1968; Santos and Stainbrook 1949; Zilboorg and Henry 1941).

The earliest of the mental health service organizations evolved in the Middle Ages with the task of removing and retaining or changing those persons judged to be insane, when their behavior presented some threat to property or to other persons. By the sixteenth century, there was a growing tendency to place the mentally ill in special institutions, as a part of a general trend toward maintaining social order (Rosen 1968). They were incarcerated in asylums or dungeons maintained by civil authorities, where they received minimal care and were often abused. The first paraprofessionals in mental health services were the attendants in these institutions; they had the task of controlling their captive charges, and often employed brutal methods to do so (Henry 1941; Rosen 1968).

The social reforms following the French Revolution resulted in a more