

A Guide to Coaching and Mental Health

The recognition and management of
psychological issues

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Introduction

by Andrew Buckley

In the early 1980s I was working for a pharmaceutical company and had an appointment in the department of psychiatry of a hospital. This was my first visit and I didn't know where I was going. The receptionist told me to go up to the fifth floor. I heard a voice over my shoulder saying 'I'm going there, I'll show you the way'. I was a bit nervous, not having any idea what to expect in a psychiatric hospital, although I had seen the film 'One Flew Over the Cuckoo's Nest' and was relieved that this well-dressed and groomed man was offering me assistance.

As we went over to the lift I realised that a scruffy man was following him, greasy hair pulled back in a ponytail and a grubby 'T' shirt with some banal phrase on it. I kept close to my saviour in the lift.

When all three of us got out at the fifth floor my saviour was escorted back through locked doors to a secure ward and I was left talking to the scruffy senior nurse, who was one of the people I was due to see.

When we meet someone with a physical disability or ailment there are outward signs that something is out of the ordinary and we can adjust our thoughts and actions appropriately. Whether this is a lifelong disability, the result of trauma or a temporary illness there are, often, visible signs that can be picked up on.

The sports coach has many advantages at the first meeting with a prospective client to life, executive and other psychologically based coaches. The sports coach can instantly see that this person has the physical form to be a shot-put

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champion but not a flat-race jockey. The sports coach can see whether the client looks reasonably healthy, not overweight, not out of breath just walking into the gym and can monitor this throughout the session. As a 'talking' coach we do not have these advantages. We cannot readily pick up clues that a bright middle manager has the resilience and fortitude to succeed at the highest commercial level and not be injured by coaching, nor can we see whether trying to coach an individual to reach personal targets will not be thwarted by their mental physique or previous injuries.

The challenge that this book sets out to address is how to allow these psychological issues to be as readily identified and dealt with as physical issues are for the sports coach.

There seems to be something almost sacred about having a sound mind; there is a far higher general acceptance of one or more parts of the body breaking down either temporarily or permanently than any suggestion that one's mind may not be fully functioning at the moment. When a friend or work colleague goes into hospital for an operation there is sympathy, flowers and support for the family but what is the general perception when someone is diagnosed with bipolar affective disorder or admitted to a treatment centre for addictions? Yet the lifetime risk of having a diagnosed mental health problem is probably about one in four. In the UK about 40 per cent of consultations with general medical practitioners are for psychiatric issues.

The prevalence of psychological problems is enormous and yet, in western society at least, there are still significant taboos and stigma attached to open acknowledgement that someone is mentally ill. These taboos can also extend into the professional field. The professional coach, welfare officer, mentor, human resource officer or learning and development manager may find it difficult to countenance that what is going on in the person they are talking to has its roots in mental illness or emotional disturbance. One of the aims of this book is to help open up this area so that possible psychological issues can be included as one of the options when things are not going as expected.

For example, a newly promoted female manager is really struggling to manage her team and becoming increasingly

stressed. This could be a training issue – does she know how to delegate and manage others? She could be unsupported by her line manager and need help prioritising her efforts. Or, it could be a deep-seated inability to trust others, even, maybe, an inability to be assertive with her predominantly male team due to childhood abuse.

Alternatively, the successful male businessman is asking for coaching on relationships because ‘they always go wrong’. Perhaps his relationships come to nothing because he has an undiagnosed form of autism and cannot be close to people. Alternatively, it may become clear that he has a tendency to talk of others as objects and be very controlling, signs of narcissistic personality disorder.

In both the above cases, coaching is likely to be, at best, ineffective, at worst, potentially damaging for the client. For the female manager, coaching towards effective management of team members, delegation skills, etc. may well reinforce her inability to trust others. She is likely to fail at tasks and plans, leading to a spiral of frustration, as she is unable to achieve reasonable goals. In a way this is similar to a golf coach trying to improve someone’s swing, when that person has a frozen shoulder. If the coach does not identify that there is a physical reason why the coaching is not working, continuing to push against the pain in the shoulder could result in permanent damage; certainly the swing is not going to improve. The golfer may need to rest for a couple of weeks, go for help from a specialist, ask for medical intervention or maybe accept that they will never be able to play golf due to the limitations of movement in the shoulder.

When struggling to coach a golfer who is having problems with the swing the coach needs to assess whether this is a golfer with a problem or a problem golfer. A problem golfer can be coached. This is someone who may not be standing in the most effective way, not rotating shoulders, maybe using the wrong club. Issues to be coached. The golfer with a problem will not respond to coaching. The golfer with a problem is the person with the frozen shoulder, stiff back or similar and they will not benefit from coaching until the barrier to golfing has been dealt with.

Someone with a psychosocial, psychological or mental

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health issue will follow a similar pattern. There is the problem client, the client with something they want to change or develop. There is the client with a problem, a problem that prevents effective coaching.

Once the client, the coach or other professional has identified that there is a barrier to achieving the goal there will be a similar range of options to the golf coach. The mental suffering may have a clear cause that is likely to go away in a few weeks without anything more than a pause in the coaching, through to a serious and possibly fatal prognosis that needs immediate emergency action. The options range from continuing to coach, with an awareness that there is a sensitive area, through coaching whilst the client receives other support (maybe from family and friends, maybe the medical profession), to stopping the coaching possibly with a view to resuming it in the future, supporting the client while they find other help or even initiating immediate emergency action.

The golf coach does not need to know what the problem in the shoulder is, they do not need to be able to diagnose a medical issue and suggest a course of treatment. It does not matter to the golf coach whether the problem is with a trapped nerve, a pulled muscle, damage to the joint or some other physical problem, the coach just needs to know that working on this person's golf swing needs to stop, at least for the moment.

The coach, human resources professional, mentor or employer has a similar focus and goal to the golf coach. Accurate diagnosis is not the goal, which should be left to the medical professionals.

What the coach needs is an ability to recognise when coaching isn't the whole solution and how to proceed in the best interests of the client. This requires:

- first, an awareness that some people will have temporary or more permanent mental health issues that will prove to be barriers to effective coaching;
- second, an ability to recognise the signs;
- third, the need to reflect on the ethics, legalities, practicalities and circumstances before,
- finally, choosing the best route forwards.

Table i.1 Unusual behaviour?

What could be happening?

Is the client upset?
 Have they received bad news?
 Or are these signs of mental illness?

The coach needs to know

What to look for
 How to build a picture
 What to do

To answer the questions

What is happening?
 Is my client OK?
 Should I coach or not?

How can this book help?

A Guide to Coaching and Mental Health is intended for experienced and inexperienced coaches and those using similar skills in their professional life, the human resources professional, mentor, employer, manager and others who find themselves with people who may show signs of mental illness. The intention is to provide a general background to the issues of working with people at an emotional or psychological level and an overview of the signs and symptoms seen in people experiencing problems. Once something has happened that arouses suspicion, the book shows how careful questioning can explore this and lead to an appropriate outcome.

Section 1 – Working on the boundary – starts by exploring the background to the issues. What is a normal feeling? What is an appropriate behaviour? Looking at what is generally considered normal behaviour allows the abnormal to be more easily seen. ‘Normal’ is a very difficult quality to categorise – what is OK in one environment may be clearly very strange in another; one person’s negative is another person’s positive. The effect of situations and context is explored. How behaviours are judged plays a crucial role in identifying potential issues: some people may judge a behaviour as perfectly normal and acceptable, even a real

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positive, that is viewed by others as totally bizarre or unacceptable. This holds true with both the views of the coach and views of the client.

These issues are explored in Chapter 1 before setting out a clear scheme of questioning in Chapter 2 that will help to gather information before the coach makes a choice as to the best way forward.

We approach what is going on from the clients' viewpoint, the coach's viewpoint and any third party viewpoint (the employer, for example, in business coaching), and from legal, ethical, moral and practical viewpoints in Chapter 3 before discussing the most appropriate routes forward in Chapter 4.

The primary question to answer is: should coaching continue?

Section 2 – What's being said? – uses fictional scenarios to develop realistic dialogues with clients. This highlights some of the warning signs and provides examples of questions that can explore the issues further. There are suggestions of ways forward to help explore the options available to the coach. Most of these scenarios develop in more than one way, demonstrating how similar starting points can lead to different conclusions and routes forward.

Section 3 – Categories of mental illness, their definition, epidemiology and management – provides a brief overview of the more common mental illnesses as defined medically.

The aim of this section is not to provide the facility for coaches and other related professionals to provide a diagnosis but to offer a different route to learning. It is inappropriate for a non-medically qualified person to offer a diagnosis but some knowledge of similarities and differences between medical diagnoses can help explore what is going on for the client and inform the decision-making process. By using this section, readers will gain insight into the variety of mental illnesses.

This book should not be read as the definitive guide to recognising and dealing with mental health problems; it is incomplete in many areas. However, it will provide sufficient insight into issues to allow those who may come across signs of mental illness in their professional capacities the ability

to deal with most of them appropriately. A tentative label of a problem may be useful for the coach, particularly in discussions with others, but it is not a diagnosis. The book suggests what are commonly considered appropriate treatments for certain conditions, but is not a treatment guide for the coach to follow.

In the following chapters the reader will learn how to recognise the signs and symptoms that warrant further exploration and the factors to consider before deciding on the most appropriate way forward.