

Working on the Boundary

When Psychological and Mental Health Issues Impact on Coaching

By Andrew Buckley

Whenever a coach meets a client there is a question that needs answering; 'Is coaching appropriate?' This appropriateness can take a variety of forms and include times when formal training would be best, times when the goals may be outside the control of the client and the system needs help with change and also occasions when the client cannot or should not be coached for psychological reasons.

Occasionally someone will ask for coaching or have coaching suggested when questions arise as to their mental wellbeing. It is important for the coach and coaching scheme organiser to be able to handle this type of client appropriately.

The Shaw Trust called their recent research into mental health in the workplace "Mental Health – The Last Workplace Taboo" (Shaw Trust 2006) and this word taboo echos the stigma that still exists around mental health and psychological issues. Individuals may be loath to acknowledge that they are struggling and colleagues may have difficulties in opening conversations when someone is behaving in a way that may be due to a psychological problem.

Thankfully neither the coach nor the purchaser/provider of coaching services needs to make an accurate and medically sound diagnosis, this is best left to the medical specialist. The question "Is coaching appropriate?" is a combination of an evaluation of whether the client can, psychologically, engage in and benefit from the coaching and a judgement to decide if a more medically orientated type of help is needed. Specialist knowledge of medical terminology and an ability to complete a mental state examination are not necessary.

What the coach needs is;

- An understanding that some people will have temporary or more permanent mental health issues that will prove to be barriers to effective coaching.
- An ability to recognise the signs.
- The opportunity to reflect on the ethics, legalities, practicalities and circumstances before,
- Finally, answering the question "Is coaching appropriate?" and if not signposting the client to more appropriate help.

Mental illness is not something that someone "catches" and there are no straightforward tests available to diagnose problems. It is a sliding scale of signs and behaviours that at the extreme end are clear and obvious but are more a collection of unusual responses and behaviours that lead to warning bells ringing in the majority of cases the coach will meet. In isolation many of the signs commonly looked for can have a rational

explanation, it is the accumulation of signs and the depth of impact these have on the individual that will lead to the decision to stop coaching due to a psychological issue.

Watch out for:

Appearance

- Unkempt?
- Unusual?
- Body language, movement?

Behaviour

- Agitated?
- Uninterested?
- Evasive?
- Incongruent behaviour?

Mood

- Apathetic?
- Sad or hopeless?
- Inappropriately optimistic?
- Overly pessimistic?

Thoughts

- Preoccupations?
- Fixated?
- Irrational?
- Delusional?

Perception

- Hallucinations?
- Unreal experiences?
- An abnormal viewpoint?

Intellect

- Not as expected?
- Changes?
- Not 'present'?

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Dr Mike Nowers FRCPsych says, in A Guide to Coaching and Mental Health; "Mental illness affects all of us at some time either directly or through friends, family or work colleagues and is no respecter of gender, wealth or position!"

(Buckley and Buckley 2006: x) and many people either with the early stages of a severe problem or with a less obvious “grumbling” issue will be active in the workplace.

Stress has become a major issue and talking point in organizations over recent years, but, statistically depression will be more frequently met and can lead to anything from a long period of low mood and poor decision making and performance to severe cases where the person is almost incapacitated and may, even, contemplate suicide.

Behaviours that are in the list to be aware of will be seen, particularly if looked for, in many people and occur in many conversations. Once a sign has been seen and the coach’s warning bells are ringing the best course of action is to check out for the substance to the problems and to see if there is any rational explanation. The PPP questioning system covers the important points of history, the extent of the problems and any plans that may help the client return to a more normal function.

The Signs of Depression

Markedly depressed mood
Loss of interest or enjoyment in usual activities
Feelings of guilt or worthlessness
Reduced confidence
Ideas of deliberate self harm or suicide
Disturbed sleep
Disturbed appetite
Diminished libido
Feelings of fatigue
Poor concentration
Depressed people may also turn to alcohol or drugs to try to “lift” their feelings.

Knowing the answers to the three “P” questions will help the coach, with the clients’ views taken into account, choose how to continue. This will range from continuing, with some care and caution, to continuing alongside other support, the clients’ GP or a therapist for example, to stopping coaching or even, in very rare cases, calling for emergency help. The views of the coach, client and any sponsoring organisation (who may be paying the fee) need to be considered. A business may not be happy that a coach has been working for several sessions with a client who has monopolized the sessions with mental health issues. Also to consider are any code of ethics and good practice subscribed to as part of professional

membership, these all include items of referring on and not working beyond competences, and, should the coaching lead to future problems the indemnity insurance provider will have an expectation that the coach will have abided by the code of ethics and good practice of coaching.

The PPP system of questioning

Past What is the history of this behaviour or feeling?
How long has the client had similar feelings?
Has this happened before?

Pervasive How much of the client’s life is involved?
Is this a home issue that has crossed over to work today?
Is it a work issue that is impacting on home life?
Or are all parts of the client’s life affected?

Plan Does the client have a plan?
Is the plan positive?
Is the plan realistic, will it work?
Will the plan be carried out, is there commitment?

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The ability to make a distinction between the person who is able to engage in coaching and those who may have psychological issues or mental health problems is vital to all parties involved.

The needs and goals of the client are central to good quality coaching; sometime a different type of help will best meet these needs.

Case Study

Robert seems really low and is showing signs that could be depression. He says, “This all seems so pointless, I don’t know why I’m here.” After questioning using the PPP system you find out that he has broken up with his girlfriend and left the shared flat. This relationship has been struggling for a while and he is now living on the sofa of a friend.

When you ask about coaching he says it is helpful as it focuses on the future and the way things could be (at work). It seems that work is providing a sense of belonging and you decide to continue coaching, with the knowledge that the progress may be slower than expected as

Robert comes to terms with his new circumstances.

Robert is grieving, a perfectly normal process, and the expectation is that over the next few months he will return to normal. If appropriate a suggestion of talking to HR or the welfare officer may provide some further support.

But, the above scenario could develop in a very different way: Robert comes to his next session looking dishevelled and very depressed. You discover he has left his friends because of his drinking. He says he has stayed with another friend, slept at work and walked the streets all night in recent days.

You express concern, Robert says, 'What's the point, there's no future for me. All my life was supposed to be with her'

You are now seriously concerned. If not suicidal then David is severely depressed and it is time to take action.

You may be able to contact a family member, bring in HR, welfare or medically trained person. If no other route is available then make sure he gets to his GP or even an accident and emergency department.

References;

Buckley, A. and Buckley, C. (2006) 'A guide to coaching and mental health, the recognition and management of psychological issues', London, Routledge.

Shaw Trust (2006) 'Mental health, the last workplace taboo.' Shaw Trust, available on line at <http://www.shaw-trust.org.uk/mentalhealth> (accessed 20 September 2006)

Authors Biography;

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Remember

- Signs of mental illness are all around.
- They can be found, if looked for, in many conversations.
- A balanced approach is needed before deciding if action needs to be taken.
- View the client holistically, before forming a view.
- Explore what is being said from the client's viewpoint before making a judgment.
- The unusual, even the bizarre, may have a rational explanation.
- An idiosyncratic personality is not mental illness.

But

- Mental illness kills.
- If undetected and untreated, years of hardship can follow.
- Signs can be subtle and difficult to identify.

When in doubt:

- be cautious; seek expert advice.
- be cautious; do not add to the client's difficulties.
- be cautious; avoid future problems and blame.

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