

CONTEMPLATING THE MIND: INCLUDING THE SHADOWS

In a world where the matter of poor mental health is becoming increasingly prevalent, it's vital that coaches are able confidently to recognise and address the problems that arise. Wellbeing expert **Ana Paula Nacif** outlines what coaches can do to equip themselves to best help their clients.

Despite recent progress, talking about mental health remains a challenge. Misinformation, negative beliefs and prejudices still permeate the fabric of society, even though a significant proportion of the global population will experience some sort of mental health issue during their lifetime.

If the figures are anything to go by, the likelihood of coaches coming across clients who are living with psychological distress is high. According to the World Health Organisation, 1 in 4 people across the world will be effected by a mental or neurological disorder at some point in their lives. Depressive disorders are already the fourth-highest cause of the global disease burden, which measures the impact of a health condition in financial cost, mortality, morbidity, or other indicators; they are expected to rank second by 2020¹.

The exact cause of most mental illnesses is not known, but research points to a combination of contributing factors: genetic, biological, psychological and environmental.

If that is the case, then in a world of volatility, uncertainty, complexity and ambiguity (VUCA), it is no wonder that levels of mental illness are rising. VUCA is an American military term coined to describe the world after the end of the Cold

War, and nearly 30 years on no term seems more fitting to describe our world, one that appears to be unravelling – from its economics to politics, through to its ideologies and social constructs.

Under these circumstances, how can coaches best serve their clients? Coaches are not trained to diagnose or treat mental health conditions, which is rightly the remit of mental health professionals. However, coaches need to be able to recognise the signs of mental health conditions and feel confident in their ability to make informed decisions in relation to clients who may be showing signs of psychological distress. Coaches must reflect on the professional, ethical and legal implications. The use of supervision may be helpful here, and supervisors need to be equally aware of the issues at play to be able to support their supervisees.

BLURRED PICTURE

Recognising and understanding the symptoms of mental health issues is not a straightforward exercise; even mental health professionals are not always in agreement with one another. Furthermore, no mental health diagnosis is value-

free; our personal perception of mental health is loaded with values and beliefs, including unconscious biases which are embedded in the cultural and socio-economic context.

Equally, not everyone who shows signs of psychological distress or displays a certain behaviour or 'symptom' has a mental health illness. Feelings of being stressed, low, fearful, anxious or worried are part of everyday life and will make themselves apparent in many coaching conversations.

With this in mind, coaches have a moral, ethical and professional obligation to be clear about the limitations of their professional training and experience, and contract with their clients accordingly. If the client has mental health difficulties, the options for client and coach are to delay, continue or stop the coaching programme. Although coaching can be used in parallel to other interventions, client and coach must give full consideration to the implications of this option, especially as to whether it could interfere with other treatments or put the client under undue stress or pressure.

PROFESSIONAL RESPONSIBILITY

Coaches therefore need to be aware of their personal point of referral; the point where they recognise that they have reached the limit of their professional experience and skills, and the client needs to be referred to a mental health professional. **The dimensional approach** to assessing mental health (see diagram below) can give coaches a useful perspective in terms of reflecting on their point of referral and on where their clients might be in the mental health continuum. Dimensional or psycho-social approaches recognise the fluidity of mental health conditions; they view psychopathology not simply as absent or present, but part of a continuum which may vary over time. It is important to note, however, that this is not a diagnostic tool.

Coaches should also be aware that the coaching process itself could well be a trigger to mental illness. Coaching can be challenging and clients will have different trigger points. Coaches with no psychological training may not be able to pick up on early signs that clients are not coping well with the coaching process.

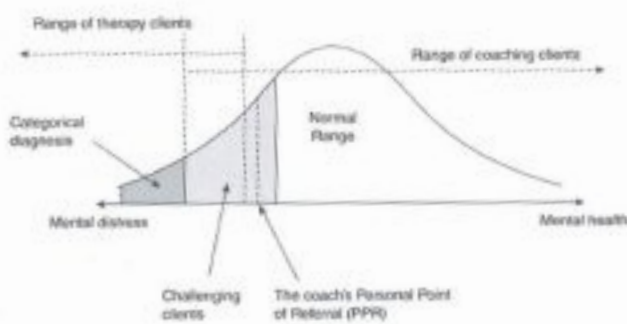
REFLECTING ON SIGNS OF PSYCHOLOGICAL DISTRESS

Coaches can use the following to guide² their thinking in relation to clients who are showing signs of psychological distress.

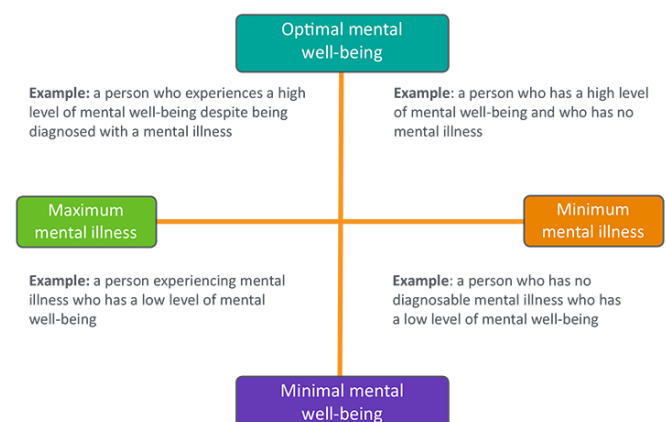
- How long has the client's distress or dysfunction been going on?
- How extreme are the behaviours or responses (emotional, cognitive, or physiological) of the client?
- How pervasive are the distresses and patterns of dysfunctional behaviour? (Does the problem occur in one or multiple areas of the person's life, at one time or multiple times?)
- How defensive is the person? Does the person actively seek to avoid addressing the unhelpful behaviours? Do they deny the existence of problems in the face of significant evidence to the contrary? Do they become overly aggressive, defensive or passive when appropriately challenged by the coach?

ENCOURAGING POSITIVE MENTAL HEALTH

The absence of mental illness does not necessarily equate to positive mental health, and clients who have no diagnosable mental illness may experience low mental wellbeing. Individuals move around the mental health continuum depending on personal circumstances. (See diagram below)



Source: Cavanagh, M. & Buckley, A. (2010). Coaching and Mental Health. In E. Cox, T. Bachkirova, & D. Clutterbuck (Eds.), The complete handbook of coaching. Thousand Oaks, CA: Sage.



Adapted from Keyes' model. Optimal mental wellbeing/flourishing and minimal wellbeing/languishing

Where clients position themselves in the mental health continuum and whether they are flourishing or languishing will have an impact on their readiness for coaching and consequently on what they are able to achieve through a coaching programme. Perhaps coaches should add mental health to the list of considerations when contracting with clients and sponsors, assessing potential clients' suitability for coaching, and designing coaching programmes.

Whilst coaching itself may sometimes trigger mental distress, it is undeniable that coaches can play a key role in supporting clients to improve their mental wellbeing, whilst acknowledging their own limitations and professional boundaries, which, in turn, will have a positive effect on their clients' lives.

Some of the contributing factors to flourishing wellbeing can be seen as integral to coaching, for example helping clients to find their sense of purpose and personal meaning, to reconnect with themselves and their environment, to reflect on their identity and values, adopt a healthy life style, nurture positive emotions and pursue their goals.

Alternatively, coaching may provide the support for a client to consider their mental health issues and seek further help.

RISING TO THE CHALLENGE

As coaches, we are incredibly privileged to be allowed into our clients' worlds and to become a transient, supportive companion in their journeys. To serve all our clients well, it is crucial that we educate ourselves in mental health issues. The coaching industry, and specifically training organisations, needs to rise to the challenge and consider how training in this area can be improved so as to include recognition and management of mental health and psychological problems.

As professionals, meanwhile, we would do well to reflect on our biases and perceptions of mental illness and mental health, and the impact that these have on our practice. Along with the privilege of being a coach comes the responsibility to meet our clients where they are, acknowledge and validate their experiences, however uncomfortable and difficult these might be for them and us, and give them our best professional support and guidance.

Mental health awareness is not about diagnosing or labelling people. It is about flexibility, nurturing compassion and improving understanding of the human condition. Removing the stigma around mental illness demands the courage to embrace, understand and discuss these issues in a transparent and helpful way. As the UK mental health awareness campaign *Time to Change*³ puts it: 'Someone you know has a mental health problem. They just don't know how to tell you.' Let's make it easier for our coaching clients to do so.

1. World Health Organization: *The world health report 2001 - Mental health: the new understanding, new hope*.
2. Source: Buckley, A. (2010). 'Coaching and Mental Health.' In Cox, E., Bachkirova, T. & Clutterbuck D. (Eds.), *The complete handbook of coaching*. Thousand Oaks, CA: Sage. [adapted from Cavanagh, 2005-]
3. <https://www.time-to-change.org.uk/>
4. Source: adapted from Cavanagh, M. & Buckley, A. (2010). 'Coaching and Mental Health.' In: Cox, E., Bachkirova, T. & Clutterbuck D. (Eds.), *The complete handbook of coaching*. Thousand Oaks, CA: Sage.

SIGNS OF MENTAL HEALTH ISSUES⁴

These are only indicators, and an assessment by a mental health specialist is required to confirm any diagnosis. Many of these signs, when seen is isolation, are part of what is considered normal behaviour.

- **Acceptance:** Is there anything unexpected with respect to dress and personal care? Are there any clues in how the coachee moves, or doesn't? Is there any unusual body language?
- **Behaviour:** Is there any agitation or nervousness? Is the coachee lethargic or uninterested? Repetitive behaviours can be a sign of problems. Is there incongruence between what is being discussed and expressions and body language?
- **Mood:** Overly optimistic or pessimistic – especially if this doesn't correlate with other information. Does the coachee appear fixed emotionally or inactive, possibly apathetic?
- **Thoughts:** Any preoccupations or fixations? Are thoughts, as expressed, reasonably rational or are there some signs of irrationality, possibly delusions
- **Perception:** Are there any signs that the coachee is not experiencing the world 'normally'?
- **Intellect:** Any changes in intellect over time? Does the coachee appear as expected intellectually? Are there any signs that the coachee is 'not here' today, not present and not taking part in the session?
- **Insight:** Can the client offer an explanation for these unusual signs? Does the explanation or how the client attributes the unusual signs seem reasonable?



ABOUT THE AUTHOR

Ana Paula Nacif is an experienced coach, trainer and facilitator who provides executive and team coaching to public and voluntary sector organisations. She is currently studying for a Doctorate in Coaching and Mentoring – with a focus on wellbeing. She also delivers wellbeing coaching programmes to people living with long-term health conditions.