Coaching and mental health issues: a difficult boundary

Andrew Buckley shows how to handle the mental health issues that can affect coaching relationships.

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Independent research commissioned by the Shaw Trust, published in June 2006, clearly showed managers’ lack of understanding of the extent, and impact, of mental illness within organisations. The CBI estimates that 36 per cent of absence from work is due to stress, anxiety and depression and yet the stigma of mental illness, although softening in recent years, is still so strong that it can be difficult for an individual to ask for help. The same stigma can be a barrier to mental illness being considered as a possible reason for poor performance or unusual behaviour.

For many it is an area that cannot be talked about openly. Often excuses are made for people’s behaviour when, in reality, they have a mental health problem that is probably easily treatable.

For example, a coach struggling with a client who says he wants help with delegation skills but, no matter what is suggested, never quite gets there. The coach needs to be aware that this could be due to an issue that no amount of high-quality coaching can help. A successful coaching outcome for the organisation could be recognising that something other than coaching is needed.

Mental illness is not something people ‘catch’, like an infection. It is rarely measurable by any medical procedure but is more a definition based on an ability, or more correctly an inability, to behave appropriately and feel happy about life. The dictionary definition of mental illness is ‘any of various disorders in which a person’s thoughts, emotions, or behaviour are so abnormal as to cause suffering to himself or other people’. This leads to the important distinction that one person’s behaviour or feelings can be normal, while the same behaviours is another person, or in another situation, can lead to problems. The signs and symptoms of psychological problems are specific to people and circumstances.

To add yet another dimension to the difficulties of assessing mental health, so mental health professional is able to say with absolute certainty that a person is mentally healthy. The best that can be expected is a statement along the lines of ‘no signs or symptoms of mental illness were evident’.

This leaves the coach having to assume that the client is mentally healthy and an appropriate person for coaching. There are those who suggest that clients should be assessed prior to coaching, for example Steven Berglas says: ‘At a minimum, every executive slated to receive coaching should first receive a psychological evaluation.’

I think this is unlikely to become common practice in a formal sense but, in an informal way, this happens every time a coach meets a new client and every time a manager or L&D expert suggests that coaching would be a good option.
In ‘What’s the Difference?’ in Training Journal, September 2006, Carol Wilson and Gladeana McMahon say that ‘emotional baggage may surface during coaching and the coach may refer the coachee to a counsellor or a therapist’, and that ‘(counselling) aims to get people who are functioning below normal back to a normal level’. This suggests that there must be some assessment of what is normal, or at least an ability to recognise what is not normal, and take the appropriate steps.

Mental illness is no respecter of intelligence, wealth or position and it is as likely to appear in a director as a shop floor worker. Those who are used to achieving, taking success, position and rewards as the norm, may be more likely to be seen by a coach at times when they start to struggle.

As coaching has become more and more popular, and something that is routinely suggested for executives and managers, it becomes more likely that someone with a psychological problem will have coaching suggested. There are many purchases of coaching services who see coaching as something to suggest to the struggling manager or the underperforming executive. While not the classical function of coaching this type of remedial coaching brings the coaching into contact with clients who may have a psychological problem, rather than the more functional issue of clients simply not knowing what to do or how to do it.

The coach must be able to recognise potential problems and know what to do next. Knowing what to do is more important than accurately recognising a psychological problem, and ranges from continuing to coach, through coaching while the client receives other support, to stopping coaching and, in rare and extreme circumstances, calling for emergency medical support.

### Asking the right questions

When a client starts behaving in an unusual way, what could be happening?

**Are they upset?**
- Have they received bad news?
- Is the behaviour a sign 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 okay?
- Should I coach or not?
Accurate diagnosis of a mental health issue is the province of the mental health professional and forms the basis of appropriate treatment. The coach will not be treating mental health issues, but needs the skills to choose whether coaching is appropriate and to help signpost the most relevant route to treatment for the individual. This is similar to the help that would be offered should someone have a physical ailment: a suggestion to visit the doctor fairly soon, an offer to phone the doctor for an appointment, to take them to an accident and emergency department or call for an ambulance.

Psychological problems always lie on a continuum of behaviours and severity. At the extreme end, the signs will be so obvious that it is clear that action must be taken. The borderline cases are those where thought, care and appropriate training are most helpful and needed.

The medical model contained in the fourth edition of the *American Diagnostic and Statistical Manual of Mental Disorders*, and in the tenth revision of the *World Health Organisation’s International Statistical Classification of Diseases and Related Health Problems*, is clear diagnosis resulting from a detailed history and examination that may only be reached after several consultations. This type of detail is likely to provide more confusion than help for coaches: diagnosing a mental disorder is the province of the properly-trained and attempts by others to diagnose should be avoided at all costs.

Knowledge of types of behaviour, signs to be aware of (and how these impact on coaching) will prove more beneficial to all involved – the client, the coach and any sponsoring organisation (in a business context). Once suspicions have been raised, the warning bells are ringing and the coach needs to check this out. Many symptoms of mental illness can be part of normal behaviour under different circumstances, and even things as extreme as paranoia or hallucinations need to be checked out before deciding the client has a mental illness.

The type of questioning needed is that which aims to answer the question, ‘should coaching continue?’ and help you decide whether to get other help. The questioning should gather information only and not attempt any form of treatment, or even explore the issues. For example, with a depressed client who has said how hopeless life is, asking questions such as ‘How long has it been like this?’ can give you some idea of whether this is a recent development.
Watch out for

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

Behaviour
- Agitated?
- Uninterested/
- Evasive?
- Incongruent?

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

Thoughts
- Preoccupied?
- Fixated?
- Irrational?
- Delusional?

Perception
- Hallucinations?
- Unreal experiences?
- Abnormal viewpoint?

Intellect
- Not as expected?
- Changes?
- Not ‘present’?

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There are three key areas of questioning that are covered by the PPP technique. Knowing something about the history of these behaviours helps, by contextualising what is happening. Finding out if the client is always like this, or if it is just at work, or just with this issue, gives some idea of how big a part of the client’s life is affected.

As with this whole area, ‘what to do?’ is crucial, and asking the client what their plan is will be very helpful. A good, clear, workable plan will greatly reduce a coach’s concerns. The client may be aware that things are not going too well for them at the moment and may have decided to go to the doctor or get some other support. Alternatively, being asked about behaviours and feelings by the coach may be the prompt the client needs to think about resolving the issues.

When a client has behaved in an unusual way and the coach has decided that there are psychological issues or mental health problems involved, a decision must be taken on what to do next. There will be clients, who have some mental health issues, for whom coaching can continue and be beneficial. The focus may have to change to compensate for the issues, or there may have to be an agreement to work only on certain areas, but coaching can continue with an expectation of benefits.

The primary key to continuing any relationship is whether the contract can continue – can coaching be achieved to the expectations of the client, and whoever is paying, in light of the difficulties that have arisen.

### The PPP system of questioning

**Past**

What is the history of this behaviour or feeling?

How long has your client had similar feelings?

Has it happened before? There is a significant difference between someone feeling hopeless and depressed today, and someone who has felt like this for several months – but who, maybe, has not talked about it before.

**Pervasive**

How much of your client’s life is involved in the feelings?

Is this a home issue that has crossed over to work today?

Is it just a work issue, or are all parts of your client’s life affected?

**Plan**

Does your client have a plan? The best indicator for change (whether recovery from a mental illness or resolution of a psychological issue) is recognition of the problem and a plan to do something about it.

The PPP system of questioning is © Andrew Buckley
Continuing a coaching relationship with a client who is showing signs of mental illness may lead to serious consequences for an incautious coach. In cases where the relationship continues even without any obvious problems, the coach could find himself having to answer some difficult questions about his professional conduct:

- From the sponsoring or paying body that thinks it has agreed to pay for work-specific coaching with an expectation of results;
- From a professional organisation and indemnity insurance provider, should his conduct be questioned. Many coaches are now members of professional bodies, which all have codes of ethics and good practice that include statements about not working outside competences, and referring clients who would benefit from therapy or similar treatment to an appropriate professional. The insurance provider will expect the coach to abide by these codes, and stepping outside these professional boundaries could invalidate the insurance cover;
- From the client, who may not understand that coaching is not therapy and, initially, think he is being treated appropriately for his psychological problems.

Finally, some words of caution:

- Signs of mental illness are all around
- They can be seen in many conversations
- Take a balanced approach before deciding what action to take;
- View the client holistically when making a decision
- Remember to view issues from the client’s perspective
- There may be a rational explanation for the unusual, even the bizarre
- An unusual personality is not mental illness

But:

- Mental illness kills
- Years of hardship may follow if signs are ignored or left untreated
- Early recognition is key to a positive outcome for all

When in doubt:

- Take care; ask an expert
- Take care; do not become part of the problem
- Take care, of yourself to avoid future issues and blame.
Case Study

Michael is a chief executive of a small, but high-value, service organisation. He has been in post just over a year and it has been suggested by the chairman that he enlist the help of a coach, with a view to engaging more proactively in the strategic side of the business.

The first two sessions focus on planning the activities of the CEO; Michael seems inappropriately to be spending too much time on day-to-day management rather than allowing a competent team to manage this. He reports some success in letting go and not being as involved, but two issues come to light: his personal life has become very stressful and this is having an impact on his work; and he says he knows he should be working more strategically but avoids this by keeping busy with real, but unnecessary tasks.

There follows a phone call from Michael, who is very distressed after a weekend of anxiety, inability to sleep and outbursts of anger that ended with a friend insisting he saw his doctor. His doctor wants to sign him off work and has prescribed antidepressants. Michael asks the coach to help with this: he says he’s taken a couple of days off sick and doesn’t want anyone at work to know about his problems.

The issues are that the coach has not been employed to support the CEO with a personal psychological problem, but to help with developing a more strategic way of working. Whether or not the coach has the training and experience to offer a ‘helping by talking’ relationship while Michael overcomes his presenting problems, offering this would be outside the boundaries of a coaching relationship and, probably, the specific contract with the client and organisation.

A ‘best practice’ outcome could be for Michael to seek help elsewhere, through his doctor, a therapist or similar. The coach could then continue, with caution, making sure that the activity of coaching on strategy continues. Additionally, care needs to be taken that the coaching contract is not used by Michael as an emotional ‘dump’ or attempt to get therapy by the back door. The coach could, alternatively, put coaching on hold for a few months until Michael is able to focus on work without the impact that his personal circumstances are having at present.

The coach should handle any break in coaching with sensitivity, so that issues of confidentiality are managed.

When meeting a client like Michael, the counsel of a supervisor or similar professional support is extremely helpful.