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THESIS

Coaching for Mental Health: Ethical Dilemma or Ethical Development?

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LORELY LLOYD… THESIS.

Coaching for Mental Health:
Ethical Dilemma or Ethical Development?

"Anxiety is a basic ingredient of vitality".
Emmy Van Deurzen (Existential Psychotherapist).

To be alive is to experience dissonance and consequent anxiety. To be fully alive and vital means actively embracing all life's anxieties and developing both personally and collectively. The only distinction between mental good health and mental ill health is an internal attitude and an external diagnosis.

The coaching model has been used successfully for several decades in the fields of sport, business management and personal development, and I would like to propose that it now be applied professionally in the mental health field.

The existing state mental health provision is currently undergoing review in line with contemporary research, the results of experiential projects, and the burden of the increasing numbers of people needing its services. The definition of normal and abnormal mental health is being reconsidered and some therapeutic interventions are being challenged as to their long-term effectiveness.

The objective of assisting mentally vulnerable people back to independent health and well-being is at present mainly undertaken by a dedicated but an overburdened mental health care system, with its dependence on medication and therapy. The Mental Health National Service Framework, launched in 1999, recognises its limitations and the need for a holistic integrated strategy, drawing on the expertise of users as well as carers, and supporting new projects and training initiatives.

Within this assignment I wish to address the potential use of coaching to complement existing mental health provision for the depressed, worried, confused and psychotic; and also to advocate provision of training principles of coaching in all areas of the NHS and supporting services. I understand the reticence of coaching organisations that advise avoidance of some psychological conditions (LCT p8). Supporting such an apparently fragile state I have found to be time consuming, erratic and challenging, but the results are encouraging.

The Mental Health Foundation, states that "1 in 4 members of the UK population will experience some form of mental health problem in the course of this year" (www.mentalhealth.org.uk). The Department of Health informs us that depression will be the No 1 burden of care by 2010. "*By 2020 depression is expected to be the second most debilitating disease world wide*" Understanding depression. Preface. Depression Alliance identifies some factors contributing to this increase - peoples' unrealistic expectations of life as promoted by the media, lack of support systems, increasing work pressures and diminishing ability to cope with life pressures; there is also a worrying increase in the numbers of young people affected

Being human is a complex and at times unrewarding experience. Everyone has times of deep sorrow and enormous joy, and for balance life skills are required. Skills for successful living are learned from parents, teachers, friends and intimates. Without support and challenge from other

humans we can lack the knowledge and motivation to realize the potential of our individual human experience. Coaching offers practical one to one or group support, taking into account the person in context, offering management and developmental strategies, and above all respecting individual creativity and abilities. Coaching aims to identify the life skills and resources necessary for the coachee to meet their individual and collective requirements and to *"recognise and manage their internal state, and have a clear sense of purpose"* NLP and Coaching. (p.149)

Life coaching exercises the mind to optimum health, as personal coaching exercises the body.

Making coaching available throughout the health service, or at least offering information about it in the Doctors surgery, could turn a potentially chronic illness into a merely temporary problem, and support a breakthrough to becoming a more fully contributing and vibrant human being. This would provide both a personal development and life management opportunity. Furthermore, a modified coaching intervention, complementary to community psychiatric provision (for those already in the mental health system), would take into account the coachee's existing psychological survival strategies and dependencies, apathy and lack of trust, and, although needing a longer and more intensive process, could be equally successful. Arguably such interventions could prove cost effective for both the NHS and the individual.

My Personal Motivation.

Since 1993 I have been seeking holistic strategies that enable people to make positive and active contributions to the quality of their life and that of their community, working towards the "just and sustainable future" envisioned by Agenda 21 with its local and global commitments. My main areas of interest have been in grassroots community regeneration, environmental issues and mental and physical health. **Appendix 7: My Experience.**

The UK Government faces its challenge to reduce the disparity between the rich and poor, and encourage active citizenship, by policies on Social Inclusion and Mental Health. These policies have resulted in initiatives such as Healthy Cities and Neighbourhood Renewal, attempting to address the lack of money, inadequate access to information and resources, fragmented community and individual support, loss of community identity and unemployment. (http://www.homeoffice.gov.uk/seu.htm) Healthy communities make healthy people and healthy people make healthy communities.

Another possibly even more relevant area to address is the pervasive negative mindset both at individual and community level that shows up as apathy depression dependency and addiction. From my experience working in community and mental health, it appears that without support and challenge to change this negative state it becomes chronic and transferable, leading to increasing poverty, ill health and dependency on the State. Community regeneration projects depend on engaging local people - such projects soon recognise their need for community management training, self-development programmes and self help strategies if they are to succeed; the active citizenship education mentioned above.

People with mental health problems need extra confidence and courage to take advantage of this training. They need support that is tailored to the individual, consistent and encouraging. Recognising this led to my interest in life coaching with its dual focus on supporting personal development and challenging old habitual behaviour.

Mental Well-being and Life Skills.

For balanced, dynamic human 'beings and doings,' body, mind, emotions and spirit, all need regular attention, nourishment, stimulation and exercise. In this assignment I consider the mental, emotional and spiritual needs for health and happiness.

If examples of happy, inspired people exist in every life context, arguably all humans have a similar potential, the NLP model of development is based on this premise. What then are our needs and resources? The Mindfields College states: *"We all have basic emotional needs, such as the need for love, security, connection and control, and the self esteem which arises from feeling competent in different areas of our lives. We also have the innate resources to help us meet these needs including memory, imagination, problem solving abilities, self-awareness and a range of complimentary thinking styles to employ in various different situations. It is these needs and resources together, which are built into our biology, that make up the human givens. When emotional needs are not met or when our resources are used incorrectly, we suffer considerable distress. And so do those around us."* Griffin and Tyrell (1999).

Zeldin's book "An Intimate History of Humanity" examines human social and cultural development. He considers that change happens as a result of individual reactions to life experiences, and that those experiences are created by their life context. " *Nothing influences our ability to cope with the difficulties of existence so much as the context in which we view them; the more contexts we can choose between, the less do difficulties appear to be inevitable and insurmountable."* (p.13).

A human in the 21st Century is faced with a complex world, filled with choice and opportunities to use problem-solving skills. Yet one chapter of Zeldin's book is entitled *"How the art of escaping from ones troubles has developed, but not the art of knowing where to escape to".* (p. 221). The means of escape include use of legal and illegal substances, relationships, shopping, negative thinking and obsession, celebrity and even chocolate. *"Addictions blight millions of lives and are a massive drain on health and social services".* MindFields 2002 Apparently then, the ability to make healthy choices becomes a vital skill.

Zeldin believes that we all need a sense of purpose in our lives and allies in the form of friends and companions to help us keep balance. (p. 234). Companions enable us to reach beyond our own boundaries and inhibitions and can offer positive role models. The ability to find and keep nurturing companions becomes another life skill. Our ability to discriminate is partly dependent on the experiences of the adults in our childhood. If these mentors are less than able to cope with life themselves, or if poverty and abuse are their experience, then they pass on a legacy of skills deficit.

Changing entrenched patterns of behaviour requires new skills "*– commitment, control and challenge – as the ingredients of what we called psychological hardiness. Hardy people should be able to face change with confidence and self-determination, and the eagerness of seeing change as opportunity* " Emotions and Health 1992 (p.6.)

Another human craving is for a sense of self, with its need to belong and live by fundamental values, in order to feel the peace of mind to live in the present, reconcile the past and have hope for the future. *"Increasingly, therefore, it is being recognised that failure to acknowledge and meet spiritual needs and values jeopardises not only the health of the individual and society, but also the planet itself. Advocacy of spirituality as the key to healing is therefore becoming more*

commonplace”. Graham 1995 (p.163). A 2002 report by a leading mental health charity is advising that *“spirituality should be taken seriously”* 26.4.02 (www.mentalhealth.org.uk)

Without focus Victor Frankl believes that a crisis of meaninglessness is created, typified by boredom, cynicism, apathy and pointlessness, which becomes depression, addiction and dependency and is *“ reflected in conformist and submissive behaviours… ”.* Graham. 1995 (p.169). . Addiction and depression are a potent combination, *“Depression weakens you. Weakness is the surest path to addiction”.* Noonday Demon (p.242). **Appendix 6:Addiction.**

This crisis of meaninglessness, or angst, was seen as the exclusive preserve of religion and philosophy but is now being addressed within the therapeutic field, as many people no longer follow these traditional paths *“Existential therapies have developed a therapeutic approach that encourages clients to face up to the reality of their existence and… help clients build up a more and more detailed picture of how they experience their world, such that they can make increasingly informed and constructive choices.”* Mike Cooper. 2001 (p.34).

Raj Persaud believes that for mental well-being *“ control is the cornerstone of mental health—being able to manage your mood, temper or attitude is the key component of staying sane.”* *Staying Sane (p.96).* He also extends the concept of mental ill-health *“to include a lifestyle, attitude or behaviour which produces suffering or distress in others as well as in yourself”* and includes attention to individual values. Staying Sane (p. 101).

Ultimately each person is responsible for past, present and future life. The wisdom and courage to make the best choices requires learning and using life skills and living by aspirational values. *“Professional/personal coaching addresses the whole person – with an emphasis on producing action and uncovering learning that can lead to more fulfilment, more balance and a more effective process of living”.* Co-Active Coaching (pg.xi)

Mental Health: Past and Present.

The mental health system has evolved due to the need to take care of and protect a minority of vulnerable people from themselves and others, and to protect the majority from disturbance by these ‘damaged’ individuals. It is a system consisting of the carers and the cared for. In essence it defines those exhibiting normal and abnormal behaviour.

Historically *“normal behaviour in one country might be considered abnormal in another, and the same problem applies to historical epochs. e.g. years ago in the West, giving birth to an illegitimate child raised questions about the mother’s mental health. In some Arabic countries during the Middle Ages there was a disease known as love. The symptoms were really rather severe...loss of weight, concentration, sleep and interest in life ...the treatment was marriage”* Staying sane (p.102).

Interestingly radicalism and even poverty have been seen as evidence of mental instability *“Only decades ago, USSR psychiatrists were sometimes involved in diagnosing political opposition as a sign of mental illness”*, in this case conformity to the accepted norm suggested a healthy response to state control! However, a culture based on conforming to the mainstream is historically anachronistic. Current norms are generally based on the radical changes of the past. Bertrand

Russell pointed out that *"As the reasonable man changes to fit society, all progress depends on the unreasonable man".*

If *"there is no single accepted definition of mental health in any one country, let alone throughout the world"* Staying Sane (p.101), it is necessary to examine the nature of what we are trying to understand; when does healthy become unhealthy? This becomes even more important with the increasing social and economic impact of mental health issues.

Definitions and Diagnosis in current context.

Even with the progress of time and medical advances there is an increasing rather than decreasing burden of caring for people with mental health disorders. Dr Raj Persaud , (a doctor of medicine, psychology and psychiatry) is disturbed that medical progress and media message is leading to a *" medicalization of distress,* (as in the use of antidepressants for grief). *" It is clear… we are in danger of reflecting the belief that the experie nce of life should never include distress, and that such experiences require professional or medical assistance".* Staying sane. (p.102).

Others working in the mental health field also believe that only through experiencing distress can people further develop their 'sense of self' and that far from being a negative experience it is a beneficial one, breakdown leading to breakthrough. The experience of distress provides the impetus to change, to break outdated patterns of behaviour and to offer an oppor tunity to create new appropriate responses. *" I believe that most of what we call mental and physical illness is evidence that the way in which the person had been living up to the point of his collapse has truly been outgrown and that way of life and need to invent a new way which is more compatible with wellness. But members of our healing and helping professions construe the signals that a way of life has been outlived as an illness to be cured, rather than a call to stop, reflect and meditate, dream and invent a new self. The helping professions do not so much help a person to live as they help him to perpetuate a way of living that has been outgrown"* Jourard 1971 p.98 . **Appendix 1: Breakthrough.**

Unfortunately thirty years later the helping professions are still not attending to the cause of the distress, this need for change, but is still focusing on symptoms, as observed by an addiction specialist. *"Change is at the heart of any treatment enterprise and particularly so in the treatment of addic tion. But very few approaches attempt to understand the process or consider the ramifications.* Phil Harris. 2001.

Currently diagnosis of mental health is carried out through the NHS. The first consultation is with the GP,. *"anyone with experience of the mental health industry will know how varied practices are and how little control people have over what happens to them".* How to survive without Psychotherapy. (pg 249). The diagnosis will have an impact on specialist referrals - psychiatry, clinical psychology or counselling, and possibly involve social services and other agencies – but is still based on the GPs subjective judgement. The follow up Mental Health services *"are still in need of urgent reform. Too often, services are fractured and people fall between the cracks. I am keen to hear directly from patients, families and professionals about their experiences and the changes they would like to see".* The National Director of Mental Health, Prof Appleby. June 2000. www.uea.ac.uk. **Appendix 2:The NSF**. A pioneering project addressing these issues, training GPs, and coordinating appropriate support has been undertaken in London and now Yorkshire. SocietyGuardian.co.uk/mentalhealth 08.05.02.

Perhaps of even greater importance is the effect of the diagnosis on the patient's mental state, they already doubt their ability to cope, a diagnosis confirming this self belief further intensifies and perpetuates the condition. Additionally they may have arrived, anxious and confused, but still functioning by using their own coping strategies. Now, possibly misinterpreted and misdiagnosed, they may be labelled psychotic with all the associated personal fears, social stigma and intervention measures that increase dependency on specialists, artificial systems and the State. SocietyGuardian.co.uk/mentalhealth 08.05.02.

A scathing indictment of the mental health system and its effectiveness comes from David Smail based on his 30 years work. In *"How to survive without Psychotherapy"* 1996, he considers that domestic and societal issues are the main culprits in causing distress and that the established mental medical practice *"to incarcerate people, drug them, patronise them…. Was just to add insult to injury"* (pg.237) *" In fact none of the approaches to 'curing' people's emotional and psychological distress, whether derived from medical psychiatry, clinical psychology or the established approaches of psychoanalysis and psychotherapy, could make out a convincing case for its effectiveness"* (pg.239). Fortunately, *"there is a shift in view among some psychologists that the key issue is not the symptom itself, but your ability to retain control over it".* Staying Sane (p.96)

Many mental health conditions result from unacceptable life experiences and much aberrant behaviour is in fact an intelligent coping and survival strategy, therefore reversing the accepted definition of mental ill-health as abnormal behaviour', *" In my view, the better measure of mental health is your ability to bring yourself back from the brink.".* Staying Sane (p. 96).

The NSF and many specialists consider that to bring about a new public attitude to mental illness, it *"must be recognised as a part of everyday life and not something that happens to other people. It can happen to any of us". Henderson 2001(p.17).*

"People have long been aware of the connection between stress, mental and emotional attitudes, psychological health and overall wellbeing. However, in recent years a growing body of compelling research along with increasing healthcare costs are bringing these crucial relationships to the forefront of the scientific arena. Scientific research now tells us plainly that anger, anxiety and worry significantly increase the risk of heart disease and sudden cardiac death." http://heartmath.com/business/programs/whatis_life_management.html

Statistics show a rapid rise in the incidence of mental ill-health, arguably in relation to increasing *"environmental, social, economic and cultural*" local and global pressures. (Agenda 21). **Appendix 4: Statistics.**

Social and economic pressures manifest as reduced health and life expectancy and an increase in the financial burden on society and the state. *"Around 85% of people with long term mental illness have no job and 3 in 10 employees will have a mental health problem every year"* Guardian April 2nd 2002 Existing strategies that keep people passive and dependent on drugs and carers are becoming less cost effective, and insurance companies are actively exploring new models of effective intervention.

In fact there is currently a radical reassessment of diagnosis *"The BMJ is suggesting that depression, for example, should be reclassified as a "non-disease. ... It is certainly an interesting move - and one that does reflect much of our research into the ways that people manage their own mental health, particularly focusing, for example, on social support, creativity, alternative*

and complementary therapies and talking treatments". . 10.04.02 Ruth Lesirge. (www.mentalhealth.org.uk). **Appendix 5: Letter**.

Current Research and Mental Health.

Much existing therapy is based on psychotherapeutic exploration of past issues, cognitive behavioural programmes and on mood moderating drugs, but with development in brain research it is being found that some of these are inappropriate and potentially dangerous.

"Most research on brain activity has until recently focussed on thinking patterns and ignored the far more tricky issue of how we express and feel emotion". Neuroscientists and Psychologists at a research conference March 2002 debated developments of the amygdala, which *"has immense potential, not just for understanding how we think and feel, but for helping people with emotional problems"*. Observer 10 March 2002 (News 5)

Orthodox medicine's focus on this area of research validates what other specialists have been suggesting for decades. Using research, experience and common sense, they have been offering a holistic, integrated approach to body-mind interaction. The MindFields model operates *"from a real understanding of what it means to be a human being."* Griffin and Tyrell (1999 p.12). **Appendix 3: MindFields Model.** This complementary research has also identified the amygdala as pivotal in emotional cognitive reaction.

Emotional and intellectual development appears to have evolved first with the emotional/ limbic system arising out of the amygdala at the base of the skull. Here gut reactions of fight and flight, pleasure and pain reside. The neocortex developed with the necessity for detached and objective action and problem solving skills with the abilities of creativity and imagination, and acts as a pattern-matching instrument - reactions and deductions based on the last pattern match. *"That pattern of perception is then given an 'emotional tag', which may or may not be 'logged' by the higher cortex, the cognitive, (thinking) brain. This means that people feel a certain way about something before the thinking brain thinks about it—if it even does. The stronger the emotional tag to a perception, or conditioned response, the less the thinking brain comes into play. Strong emotions hijack the higher cortex, prevent us from thinking clearly, effectively making us more stupid."* Mark Tyrrell. 2002 (p.9)

If stupidity and mental aberration are the result of inappropriate conditioned responses to stimuli, then for emotional and cognitive health there is a primary need to change these deeply entrenched patterns. This same premise underpins cognitive behavioural therapy, but as the amygdala's emotional reaction holds precedence over neocortical objectivity it means that soothing, creative, rehabilitative interventions are required, not thought reprocessing. Robertson a researcher on brain rehabilitation points to the efficacy of antidepressants as proving *"that thoughts change in line with the mood changing"* not vice versa. 2000 (p.26).

Useful though some medication is, *"In the USA, 8 of the 10 top-selling prescription drugs are for stress-related problems, such as ulcers, hypertension, depression and anxiety. Science is proving that dependency on these drugs can lead to additional stress from side effects or addiction"*. www.Heartmath.com. Additionally Psychiatrist David Healy claims that *" the influence of the pharmaceutical industry within psychiatry is all-pervasive"* and is vocal in highlighting the dangers of antidepressants. Guardian Education May 21 2002

Psychodynamic techniques and some forms of counselling and psychotherapy are now contraindicated in the US for depression and other disorders as a result of The US Public Service Agency Study. . (Depression and primary care. 1996. Vol. 1 and 2). Therapists have been sued for using techniques that exacerbate the anxiety by reinforcing the trauma of the past.

It has been found that a percentage 20% - 25% of the population is susceptible to compulsive and addictive behaviour. The use of some standard counselling methods increases hypersensitivity and can result in compulsive personality disorders or addiction. It is however difficult to initially identify vulnerable individuals and in response the MOD has recently ceased using debriefing sessions after traumatic military actions as it is creating greater incidences of Post Traumatic Stress Disorder.

Effective strategies to soothe the anxious mind include removal of any abusive stimulating agents, whether they be drugs, alcohol, people or environment, and ensuring that basic needs are met. A report from The Mental Health Foundation Strategies for Living (2000) states the need for … *"emotional support, feeling accepted, finding peace of mind and meaning in life, security, pleasure, taking control and having choices"* and recommends *" that mental health professionals should take a more holistic approach to mental health and appreciate that individual treatments and services may be only a small part of the strategy adopted by someone living with mental distress"* New Therapist. 2000 (p.4). Some other proven tools that are finally being publicly acknowledged are nutrition, exercise, relaxation, visualisation, acupuncture, homeopathy, self-help groups, employment and humour. **Appendix 6: Existing provision.**

Coaching as a Complementary Intervention.

The National Service Framework for the care of the mentally vulnerable is undergoing a significant reassessment of its current practice as is evident with projects such as the coordinated primary care team (referred to earlier); and reports such as *'Strategies for Living' – "user-led research into peoples strategies for living with mental distress"* www.mentalhealth.org.uk

The report recommends a holistic approach, aiming to respect the individual and their experience, provide information, offer training, highlight personal living/coping strategies. It actively focuses on self help, delivery of life skills and support initiatives enabling clients to self regulate, recognising that people get themselves well. **Appendix 2: NSF.**

The premise that **we** have the solutions to our problems is integral to the Life Coaching model.

It therefore appears an optimal time to introduce Coaching into the expanding complementary provision for the mental health service. A further indication of this opportunity is a pilot partnership between Cornwall Primary Care and CHI : Complimentary Health Initiative commencing in Cornwall May 2002.

Coaching is a practical, active partnership respecting each coachee's individuality, innate abilities and their right to choose their own future; it encourages realistic aspirations. A partnership that supports and challenges for self-responsibility and targets the active learning of skills. It helps "clarify choices, create action plans and monitor results", Co-active Coaching (p.xix). Coaching's main remit is to assist with intentional and enforced change, therefore is applicable to everyone. Coaching "is about transformation" and "its ability to make your life better". C. C.Edwards. The Thirty Minute Life Coach.p.9.

Coaching in practice appears to be the epitome of brevity with its 'powerful questions', commitment to the clients' agenda, active short-term goals and creation of long term vision - in fact the healthy man's Brief Therapy technique with consistent and extended backup. I accept that coaching is recommended only for the "worried well" but the coaching model already works as a therapeutic tool, helping people to increase physical and mental health and well-being. It supports the process of individual life long learning and changing old inappropriate patterns. Coaching aims to find the strong points, value and increase them; psychotherapy and psychiatry only deals with and so reinforces the weaknesses. Therefore I suggest the use of Coaching as a timely intervention to support and encourage mental good health.

Recommendations from a Mental Health Report: 2000.

Following recommendations are extracted from *"Understanding Mental Illness . Recent advances in understanding mental illness and psychotic experiences. A report by The British Psychological Society Division of Clinical Psychology. June 2000".*

The majority of the recommendations are so akin to the principles used by the life coaching discipline that it seemed an obvious opportunity to show them together.

*"Section 15 (*in its entirety*) : Implications of this report for mental health services."*

- *"A 'one size fits all approach that sees all psychotic experiences as arising from one cause, and the only answer as lying in one particular type of treatment, cannot be justified from the evidence. Services therefore, need to adopt an individual and holistic approach".* The nature of coaching demands total adherence to the individual's needs in the fullest context of their lives using their internal and external environments.
- *"The nature and causes of mental health problems are complex and incomp letely understood. Services must therefore respect each individuals understanding of their own experiences. Service users should be acknowledged as experts on their own experiences".* Clients set the agenda at all times in the coaching process and are respected as being the professional in their own life (though often they need initial support to realize this.)
- *"Staff attitudes are particularly important. The effectiveness of any treatment depends on a good trusting and collaborative relationship between the service user and the clinician". (Having decided on a course of action the person may well then require...assistance that will enable them to carry through their chosen course and help them to review their decisions from time to time in the light of the events. But that is not compliance, rather collaborative alliance")* (page.63)" In coaching the 'designed alliance' is a relationship that is designed to meet the exclusive needs of the client. The regular review of timed goals and assessment of progress is a major component within this design.
- *The use of coercive powers can undermine collaboration between service users and clinicians. Such powers should not be further extended.* Coaching respects the rights of each individual, and encourages free will and self-determination. The coach always requests permission of the coachee before offering information and advice. Coachees are reminded at all times that they are in control of the relationship. Progress depends on realistic goal setting and coaches have an obligation to make these achievable and recommend any additional appropriate support
- *Service should be based on the recognition that recovery is possible and that recovery means different things to different people. Psychological therapies should be readily accessible to people who have psychotic experiences. Help with housing, income, work and maintaining social roles can often be as important as 'treatment' or 'therapy' ".*

Coaching believes that everyone has the innate abilities to reach their maximum potential and supports and challenges them to decide what their needs are. It advocates that their whole life be addressed in their existing and desired context.

- *People who have personal experiences of mental health problems become experts as a result of their experience. Their help may be particularly valuable in supporting others, helping to improve existing services and develop new ones and in training staff.* Coaching already teaches the model of whole person support as recommended in this report. Coaches use their own experiences to support their coachees if requested and appropriate. With an average of 1 in 4 adults experiencing some form of mental health problem during their lives, there is an already existing pool of experts, who with life coaching skills can provide an enhanced support.
- *"Training is needed nationally to educate all mental health staff about the information contained in this report. It should also be part of the basic training of all the mental health professionals."* This report advocates the teaching of life skills and strategies for the patients and teaching principles and values to the staff. Life coaching has both those agendas at its very heart. Training all staff in life coaching could be economically and therapeutically cost effective.
- *A large-scale campaign of public education is needed to break the vicious circle of social exclusion and mental health problems. Prejudice and discrimination against people with mental health problems should become as unacceptable as racism and sexism.* Though it is a worthy aspiration, the lack of awareness that alienates those perceived as socially different and unpredictable, is culturally entrenched and perhaps it would be easier to try new definitions. Life coaching is already marketed as a strategy for life management and increasingly used by people for all areas of their lives. The use of life coaching strategies and recommendation of life coaches could prevent an initial diagnosis of mental ill health. Use of these strategies even after a mental health diagnosis could reassure the patient that they are not on the path to social exclusion and no longer able to contribute in the real world or a normal human.

Ideally I would like to see personal and group coaching available on prescription as part of a package of primary and preventative mental health care. Offering coaching would give a new perspective on emotional fragility. Coaching is promoted heavily in the media and is largely seen as a management opportunity not a mental health strategy, therefore the prognosis will already appear more positive. The use of coaching at this stage could also be an effective diagnostic procedure without negative side effects – helping to identify the real needs and eliminating those individuals who need more therapeutic interventions. (Report: Doctors surgery intervention: Ashenden etc 1997 Family Practice 14☹160-175).

My proposal, that coaching be offered at the Doctors surgery, would take very little modification of the existing model, just a willingness by the coach to accept that emotional vulnerability can be a normal temporary reaction to life's excessive stresses.

The initiatives taking place through the NSF, though encouraging, still leave a large number of existing 'clients' with their dependencies on specialists, social services, benefits systems and medication. A modified form of coaching – a combination of coaching and therapy – could help. . I have recently discovered NLP and realize many of the techniques I use come from that discipline. It offers a positive, practical partnership as recognised in 'The NLP Coach' by Ian McDermott and Wendy Jago.

Coaching could offer a continuity and commitment that is missing in mental care provision due to insufficient resources and staff and which has resulted in a lack of trust for many within the

mental health system, both clients and staff. Continuity is available in the private sector but at a cost and unsurprisingly poverty is a contributing factor to mental ill health. The voluntary sector picks up where all else ceases, but it is a fire fighting measure, dependent on dwindling numbers of volunteers and erratic funding.
For working with people already in the mental health system the existing coaching model would need some modification

It is important in this potential field of coaching that the coach has credibility or personal experience of mental health problems. With 1 in 4 of the population experiencing mental health problems there cannot be a lack of personal 'professional' experience with coaching expertise. For authenticity the coachee needs to feel that their coach identifies with some of their experience and be reassured that there really is hope.
The opportunity to experience positive dynamic people can be therapeutic in itself. *"Being with positive people makes me feel better"* Coachee. The coaching relationship provides positive role models, (coaches are expected to continue their own personal development), with the energy and motivation to challenge their existing negative mindset and to create an atmosphere of determination until it becomes automatic. Emotional people are highly suggestible and Helen Graham writes *"there is a growing recognition within orthodox medicine of the need to inspire rather than dispirit patients and of the therapeutic importance of positive emotions, attitudes and hopes"* Picture of Health. 1995 (p.187) also 'Making it Happen report' 1999 (p.169)

A new book *"Life Coaching: A Cognitive-Behavioural Approach"*. Neenan and Dryden 2001 aims to offer a problem-solving outlook to therapists.

"Lifecoaches are a new breed of counsellor, motivator and consultant all rolled into one. Developed in America in the last decade, the idea emerged because everything in life got complicated—from wor k to relationships. Lifecoaches claim they can help you live the life you want" " Lifecoaches are not miracle makers or therapists. They are individuals trained to hone in on ways that help you express your personal needs, and then aid and encourage you to find solutions for them". Dolly Dhingra. The Guardian October 8 2001. (Page 12 Office Hours).

The external environment needs the same attention as the internal one as the human sense of identity and self-worth is bound up with domestic, social and work roles. Benefits to the emotionally vulnerable come from "*a regular routine, social contact, externally generated goals, opportunities to use skills, and social status"*. The inhibiting role of 'patient' can prevent access to these benefits. "*Individuals may develop greater self esteem and greater acceptance by others if they have a more socially acceptable role in addition to that of 'mental patient'". Mental Health Report p.55*. Coaching with its focus on developing life-enhancing roles, influenced by its origins in management, encourages the coachee to explore new directions in order to fulfil these roles and make an active contribution

Personal Practice.

The focus of my coaching is to support and challenge for lifestyle change, to become fully alive. I do not differentiate between whether the change is self generated or caused by a breakdown.

It is refreshing when I am able to use the clear coaching strategy of the GROW model in a coaching session. The stumbling block is in deciding on a clear issue with a coachee who is locked in polarized negative thinking, but when one is identified the following process flows.

What do you want? What will achieving it look like? What have you done about it before? How did that work? What haven't you done? With a magic wand, what could you do? What is the first step? What could stop you? When will it be achieved by? How do you feel now?

Finding the clarity to decide and act is what I feel coaching is really about. It is a pleasure to introduce the GROW process to coachees, some of whom have never experienced the training or learnt the life skills that support clear confident, decision making and thinking.

Following are some conclusions resulting from my experience of using coaching with existing clients of Social Services.

I have found that the coaching partnership is a very powerful tool for highly dependent people. Their absence of self-esteem renders them powerless and there is a pressing need for energy and inspiration from another source to move them out of their paralysis. Paradoxically too much emphasis given to the coach could be the last straw for their self worth, so emphasis on the "invisible coach" is a vital component.

Although I aspire to using brief questions, I struggle with putting this into practice. The ability to respond to powerful questions seems initially impossible, thwarted by emotional and habitual blocks of self-isolation and medication. A communication desert with the gremlin as dictator! Tests my abilities, yet despite my frustration, I am improving. A sample dialogue of first sessions would consist of approx 99% my input, (yes, I do try open questions). I am throwing in words and ideas, suggesting similarities/differences, grabbing at possibilities, having to accept that a "yes" or "no" is a triumph, mainly "yes" as "no" is far too challenging. A subtle difference in the tone of their response is sometimes my only indication of progress and the coachee is far too shut down to detect any change themselves, fortunately when pointed out to them, they can sense what I have observed, it feels like teaching a lifelong blind person to see. Sessions can be prolonged and take monumental effort. Thank goodness for metaphor and image work, initially the images are of my invention and interpretation, but this unfamiliar language slowly becomes part of assessing development and adds a new creative skill.

All goals and actions need to be very simple, both to remember and to implement, as medication and lethargy are difficult to work against. It is akin to carp fishing; hours and hours of patient coaxing, trust and rapport building, creating a strong partnership. It can take enormous commitment to keep my energy level up and my mind flexible.

I certainly agree that for the coachee it is "a relationship in your life with a person who is sometimes more committed to what you want in your life than you are". Co-active Coaching. (p. xix). Finally through sheer slogging on both our parts, there is an epiphany or insight and the gremlin loses one of its many heads. The problem then is that the next head appears to wear a different face and it is left to me to keep reminding that we have been here before and succeeded.

Stuck is safe, change is awesome and giving up is a possibility any moment. Taking responsibility and making a commitment is hugely difficult and painful. The gremlin isn't just an irritant or inconvenience it is an ogre of monumental proportions and I have found it necessary to slyly circumvent it, not openly defying it at first. I act out the smug excitement of progress, allowing the coachee their virtual satisfaction.

Because we are dealing with major negative self talk and entrenched self abusive habits I have been trying a programme of daily encouraging and assessing phone calls for the first 3 weeks with a weekly review - thereafter calls every other day. In time, as the coaching alliance strengthens we can openly joke about life and the gremlin, self deprecating in a light healthy way instead of the dark doom laden self abusive one

Unfortunately there is the danger of substituting one dependency for another. I have to be vigilant and constantly remind the coachee of their increasing power. The carp fishing analogy keeps reminding me to pace myself and trust their process.

My own personal experiences have been vital as I am supporting vulnerable people at the edge of self-destruct. Some crisis sessions have just been marking time until a metaphorical sunrise. To acknowledge their hell without giving it any more power is delicate territory. I keep in mind my own values, and continue to learn. As the 'invisible coach' I hold their hopes and aspirations until they can own them for themselves. To be positive but authentic at all times is vital. Relapses are frequent and disconcerting, so I keep an attitude of "one step at a time".

Challenges to Coaching.

Unfortunately due to the severity of some coachees state and my insecurity I may not have been firm enough in holding them accountable to their goals. Possibly wisely, for all the reasons outlined above, but there must be a pivotal point where I can push for their greater self-responsibility. It is noticeable that obligations to their CPN (Community Psychiatric Nurse) are given priority over their commitment to a self-generated goal, obviously then there is an ability to prioritise their efforts, so how do I detect where to make an effective intervention?

I believe that dependency on state benefits has a strangle hold on full recovery. Enough survival strategies have been learned to tolerate unacceptable conditions, so why should anyone jeopardise their existing security for a 'pipedream'. Extra incapacity benefits can create even more chronic dependency. As clients have to exhibit more symptoms at benefit renewal assessments, it becomes a strong disincentive to become independent. They may appear to be lazy, but there is greater stress and a genuine fear of inability to cope if abandoned by the state.

Other threats according to David Smail are dependency on *"institutionalised authority"* and *"cultural opinion",* he considers it takes *"an unusual independence of spirit"* to reject this. How to Survive Without Psychotherapy p 241. I find it frustrating supporting coachees who define their life by someone else's diagnosis, are in awe of specialists and are seduced by the promise of 'magic pills.' Mixed messages from carers can increase fear, as was the recent experience of a young client who admitted feelings of suicide to his CPN. Their reaction was the removal of all his pills, (reinforcing his self belief that he was incapable of self care), and the CPN then left him as his hour was up. Form filling and box ticking assessments can be even more potentially dangerous. One question e.g. "Do you hear voices?" repeated enough can result in the suggestible client hearing their normal internal dialogue as 'voices' thus reducing their ability to discriminate and take control of their thoughts and consequent actions.

Coaching is about helping people deal with their personal gremlins, (mind patterns that prevent them seeing their big picture and potential). Mental imbalance requires the same help, the only difference is that the gremlins here appear gigantic. Gremlins feed on negative thought patterns,

so an active change of attitude is the most effective aid to recovery. Aspiration and commitment are two vital components, both very difficult for depressed people. Paradoxically, suggestibility becomes a tool to lift coachees' mood by contact with positive people and humour, the repeated suggestion 'you will feel better' becomes true. Coaching works if you really want to change. Unfortunately, depressed people don't want to do anything and can give up for a while. Fortunately, enforced change happens whether we like it or not, and the positive experience and practical benefits of coaching are remembered. The time consuming process of establishing trust and rapport has already taken place, and a new level of commitment can ensue.

Depression is perceived as socially undesirable but acceptable, whereas psychotic behaviour is seen as aberrant. Viewed in the full context of an individual's life, behaviour diagnosed as psychotic can be an intelligent response to unacceptable conditions. By using relaxation and visioning techniques and the creative language of image and metaphor the coachee builds up a new inspired picture of their self and their future. In so doing the individual finds *their own voice* and sets *their own context* within a complex and challenging world. **Appendix 8:Psychosis and Creativity.**

The diverse needs of individuals, especially those recovering from trauma, require multiple support strategies. Although I consider coaching to be an excellent component I believe it is vital to have effective personal and community support programmes and access to intermediate employment initiatives (e.g. social firms, volunteering, LETS and Time Banks).

My ideal therapeutic coaching model would draw on NLP, Imagework, Brief Therapy, Human Givens and local community initiatives - a holistic combination of thought and action! NLP Coach 2001 (p.23).

Training and Education.

My second proposal in the use of coaching in mental health is for the training of life coaching skills to all health service personnel, volunteer agencies, carers, 'befrienders' and families.

Several current reports encourage existing service providers to seek and use new effective training programmes. "With a plethora of new initiatives emanating from the Government's modernising agenda, the importance of training and education in achieving effective change is becoming increasingly recognised…. with new and exciting partnerships". mentalhealth.org.uk
.*A report by *mentality* for the Health promotion service in 2001 called *'Making it happen'*, cites many proactive projects that encourage personal and service development (www.mentality.org.uk).
*'*The Capable Practitioner'* report by National service framework www.uea.ac.uk
* 5:2*"Based on effective personal development and consultation, staff should be given every encouragement, support and opportunity to undertake appropriate E and T, not only in terms of producing a more qualified workforce but also to provide personal advancement, stimulus and feeling of self worth".*(www.doh.you.uk/nsf/mentalhealth.htm)

Conclusion

In compiling this assignment I have been pleased to see many positive developments taking place in the care of people suffering from mental ill-health.

Although I have outlined the problems I have experienced, I am actually more convinced of the efficacy of coaching in every personal developmental field, especially that of mental health. Mental Health is peopled with highly sensitive individuals, clients and carers, people who work towards a vision of a fulfilled and vibrant life. With dedicated coaches in the mental health system I see an opportunity to make major changes to society as a whole. As coaching aims for the heart of personal development, so it can reveal the essence of a person and help to living a whole life without dependence on emotional survival strategies. Coaching offers a balanced attention to action, thought and feeling. Focussing on individual integrity and the use of existing resources, it acts as a life skills audit and lifestyle exercise.

"We need to learn how to invite people to explore and try more of their possibilities than modal upbringing seems to foster, so the invitation to live and grow is as fascinating as is the invitation to die. In fact, we need a new specialist—one who helps people find new projects when their old ones, the ones which made life liveable, have lost meaning". Jourard 1971 .p.98-9

Coaching offers active learning for real mental health.

"The learners will inherit the earth, the learned are equipped for a world now past". Eric Hoffer.

"Turn crisis into wisdom and helplessness into inspiration".

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Appendix 1. Definitions and Characteristics of Mental Health.

Definition of Mental Health for Nursing Students. Southampton University. May 2002.
“There is no clear singular definition of mental health. In general, a person is mentally healthy when s/he possesses a knowledge of themselves, meets his/her basic needs, assumes responsibility for his/her behaviour and for self growth, has learned to integrate thoughts, feelings and attitudes and can resolve conflicts successfully. In other words mental health and mental illness are relative concepts, defined and described in relation to a persons ability to function, and basically, to have a positive self view”

Disadvantages and Advantages of the breakdown/breakthrough experience.
Disadvantages…**Breakdown**

- Once diagnosed with mental ill health, the patient is labelled and the information used by both employers and insurance companies.
- The stigma of association with any mental health condition, diagnosed or not, has long term effects on personal and community confidence.
- It is a time where people are highly susceptible, suggestible and easily abused.
- A time that can traumatise and paralyse for life. The long dark night of the soul, prolonged introspection..
- Major dependency created by reliance on drugs, social services, therapists, state benefits etc
- Misunderstanding and misinformation creating greater chasms between the ‘normal’ and ‘abnormal’..
- Escalating costs to public and private purses.

Advantages …**Breakthrough** Could it be considered an Alchemical process ?.

- A practical, firsthand knowledge of all life's experiences.
- A sensitivity to human emotions—pleasure and pain.
- A time of review, clarity and perception, coming to terms with the past, assessing the present and envisioning a new future.
- A humanizing experience, increasing social and environmental awareness and appreciation of collective values.
- An opportunity for a new awareness of personal principles and values.
- Quick to spot the inauthentic Staying sane. (p.15). (Bullshit detectors at maximum).

Some characteristics of depression and other mood disorders.
Mood swings from elation to despair/shut down. Hyper/hypomania
Black and white thinking. Polarized thinking. Attributional style
Illusion of having no control. learned helplessness pattern.
Isolation.
Suggestibility for negative especially but also open to hypnotherapy/relaxation techniques
Taking everything personally.
Physical lethargy.
‘What’s the point’ attitude.
Hypersensitivity
High dependency
Lack of trust

Appendix 2.

NATIONAL SERVICE FRAMEWORK FOR MENTAL HEALTH (NSF)

Published on 30th September 1999. It focuses on the mental health needs of working age adults up to 65 in England The Framework spells out national standards for mental health, what they aim to achieve, how they should be developed and delivered and how to measure performance in every part of the country.

Guiding Values and Principles The NSF sets out ten guiding values and principles which state that people with mental health problems can expect that services will:

- Involve service users and their carers in planning and delivery of care
- Deliver high quality treatment and care which is known to be effective and acceptable
- Be well suited to those who use them and non-discriminatory
- Be accessible so that help can be obtained when and where it is needed
- Promote their safety and that of their carers, staff and the wider public
- Offer choices which promote independence
- Be well co-ordinated between all staff and agencies
- Deliver continuity of care for as long as this is needed
- Empower and support their staff
- Be properly accountable to the public, service users and carers.

Recommendations from reports.
The National Service Framework (NSF) for mental health has generated another research report 'Strategies for Living - a report of user-led research into people's strategies for living with mental distress' www.mentalhealth.org.uk
This report, which is based on 71 in-depth interviews with mental health service users summarises their 'most helpful strategies and supports' for living with mental distress as follows: Many of these themes were replicated in the small research projects carried out by service users with the support of the Strategies for Living team - themes such as: acceptance, a sense of belonging, peer support and empowerment
One clear message from service users to mental health services is that the help that the latter provide is part of a wider package of things that service users find useful.
Very little attention has been paid to the issues of self-help and self-management by services in the past, but an emphasis on them as part of the care planning process would surely help both service users and workers in meeting standards 4 and 5 of the NSF. It would also lead to increased opportunities for people to experience individual and collective empowerment. This is particularly pertinent now that crisis and contingency plans are part of ongoing care plans."

Appendix 3. The minds innate abilities: The Human Givens (Mind Fields)

- *"the brain can experience itself as unique centre of awareness; the 'observing self.*
- *strong emotions put us in trance states, which inhibit the thinking part of the brain.*
- *we are programmed to use metaphor, in dreams and thoughts and for understanding the world around us.*
- *we have the ability to imagine—which can work for or against us, generating or solving psychological problems.*
- *we seek to explain personal predicaments and search for meaning—without meaning we suffer boredom, depression and despair.*
- *we have a need for autonomy and to feel a measure of control over our lives in order to function well.*
- *we need to give and receive attention.*
- *there are distinct differences between male and female approaches to thinking, feeling and communication.*
- *the brain hemispheres have different functions.*
- *the emotional mind (limbic system) frequently overrides the rational mind (higher cortex)*
- *we have a sense of community.*
- *the mind and body are an integrated system."*

Appendix 4: Statistics.

Following are some statistics for the UK from *"Understanding Mental Illness Report"*. 2000 (P.4) and other sources.

- *"About 1 in 100 is likely to receive a diagnosis of schizophrenia in their lifetime, and similarly about 1 person in 100 is likely to receive a diagnosis of bipolar disorder (manic depression)."*

- *"Less than a quarter of people who have distressing psychotic experiences in their lives remain permanently affected by them"*

- *"10 – 15% of the population have heard voices or experienced hallucinations at some point in their life."*

- MIND states that one person out of every 4 will experience some form of mental health problem in their life. Mental health problems especially depression will be the No 1 Health care disorder by 2010.In the UK, there are 2 million addicted to alcohol and 1 million addicted to tranquillizers.

- *"Neurotic conditions, depression, anxiety, stress etc , theses disorders can affect anyone at any time. Statistics show that 10% of the population will suffer from a fairly serious neurotic condition and a further 25% of the population will be diagnosed as suffering from depression by their GP."* *Assertive Outreach team. Cornwall.2002*

- “*Psychotic conditions include – schizophrenia, manic depression, personality disorders. Statistics show that 1-2% of the population will have a psychotic condition that can be treated through medication. However there are a number of people that do not access services and therefore fail to get diagnosed.*” Assertive Outreach team. Cornwall.2002
- “Around 85% of people with long term mental illness have no job and 3 in 10 employees will have a mental health problem every year” Mental Health Foundation. Guardian April 2nd 2002
- “*Only one in three people with experience of mental health problems feel confident in disclosing this on job application forms…three in ten employees will experience mental health problems in any one year”* report from the Mental Health Foundation Across the UK. 2 April 2002

Appendix 5: Letter regarding reclassification of depression.

10 April 2002 “The BMJ is suggesting that depression, for example, should be reclassified as a "non-disease".” It is certainly an interesting move - and one that does reflect much of our research into the ways that people manage their own mental health, particularly focusing, for example, on social support, creativity, alternative and complementary therapies and talking treatments”. However, reclassifying something as a "non disease" might seem to suggest that it's less important, and somehow less worthy of support. With GPs overstretched, is there not a danger that this may be used as a way of rationing care and support, even deciding who to strike off patient lists? This would be a major step backwards.
GPs have a vital role to play as gatekeepers to support that people with depression do find helpful - whether it be writing prescriptions for gym membership, signposting people to support groups, arranging counselling or linking up with alternative therapists. Also, for many people, medication is a vital part of their support, although not the only answer and often not a long-term one.
One of the biggest challenges is enabling people with mental health problems to seek and receive support in the first place. The BMJ's new pronouncement may make this even more to difficult to achieve, which is a risk we should all be concerned about”.
Ruth Lesirge Chief Executive - Mental Health Foundation (www.mentalhealth.org.uk)

Appendix 6: My deliberation: where angst becomes addiction?

Mental ill health is a survival strategy, though apparently inappropriate and aberrant, it is a reaction to painful and unacceptable life conditions. The healthy response to loss of any kind; person, job, self belief or ideal, is the grief process. If accepted and worked through it becomes a valuable learning resource, gaining new insights and new skills, adding to the body of contexts to draw on for a full life. If the grief process cannot run its natural course, it may become stuck in survival mode at any point, such as anger or despair, resulting in addiction to an aberrant pattern of behaviour, or substances. “*Depression weakens you. Weakness is the surest path to addiction”.* Noon day Demon (p.242). Remaining stuck may avoid more pain, but as with addiction to alcohol and drugs that are initially used to avoid or decrease pain, it no longer remains the servant but increasingly the master. Addiction to despair and negative thinking becomes a way of life.

It is recognised that for substance addicts there is no medical solution, there may be therapies that can assist the recovery process, but only when an addict commits himself to his own recovery. The sad fact is that they usually only do that, when they hit rock bottom. Also unfortunately, rock bottom is only reached when all the caring, covering up and rescuing by others is removed. At this point, the addict has an opportunity to face himself, dislike what he sees and decide to change. Likewise with addiction to negative thinking, without a bottoming out, a breakdown, there is no breakthrough. To the observer, the carer, the rescuer, this is nightmare time, as for the addict, what he sees may be more than he can cope with and there may appear only one solution, suicide.

The health care system sees death as their failure and the mental health system sees suicide as theirs. Hence a massive containment exercise, pacifying and sedating long term. The carer becomes the benevolent gaoler, with the best of loving motives but the worst possible outcome. The slow internal suicide of the addict as he increasingly loses his power and passion, giving up on himself, others and the whole world. His addiction of choice, whether for substances or people, becomes the only security in his life, a destructive friend but nevertheless a friend. Addiction to negative thinking underpins all other addictions, with its catastrophizing, taking everything personally and ricocheting between extremes. In contrast, for rounded health: "*some love themselves and some love others and some love work and some love God: any of these passions can furnish that vital sense of purpose that is the opposite of depression.*" Noonday Demon 2001 (p.15).

The connection between addictive behaviour and depression is finally being addressed by mental health projects.

Appendix 7: Community Activities and Personal Experience.

Community Activities and Experiences:
Since 1993 I have been very active with several local community, environmental and local economics initiatives, (unpaid on principle and because there is no money here). Some of these activities have been solo, but much of the public work has been done in partnership and as part of a team (though as usual, very small teams). I have direct experience instigating/running the following: Falmouth LETS. Cornwall LETS. SW Permaculture. Falmouth Green Centre. The Meridian Community Project. Gyllyng Hall For All Project (community building). Falmouth Local Agenda 21. Shared Threads (Community story cloths).. Shared Power (support group). Kerrier and Fal Credit Union. FalWheels (car share scheme). Falmouth Town Team. Falmouth Peoples Survey. Falmouth Healthy Living Initiative. FalmouthOne (Community Development Trust). Trevone (therapeutic permaculture land project). 100th Monkey (workers co-op). reallifetools website (in progress). Falmouth Living Information (community database). Hissing for real (coaching for change). 21st Century Agents for Change (WEA course). Living and Learning in the 21st Century. Being Alive (life skills programme).
Many public meetings, presentations, workshops, press releases, exhibitions and very late nights later and I am still passionately committed to community regeneration from the grassroots and to individual recovery and regeneration.

Personal Activities and Experiences:
Includes: 25 years caring for several, severely, physically and emotionally ill family members. (Stroke, Thrombosis, Heart, Alcohol Addiction, Depression,). 12 years in business, admin and accounts. Qualifications in Complementary Therapies. CertEd (FE) (specialized in

community studies). Qualification in RSA: Organisation of Community Groups. BTEC. Business Studies. Counselling and Mediation training. Three children. Several years part time working in mental health.
Some acute and chronic life experiences have given me first hand experience of 'real health and wealth' and the lack of them.

Appendix 8: Psychosis and creativity.

Lawyers know that the term psychosis has been used as a 'catch all diagnosis' if they neither understand, nor are able to treat a mental health condition. Current trend is to use diagnosis of borderline personality disorder, when the "client does not fit in a specific box or society" (mental health worker)

Raj Persaud observes, *"a psychiatric symptom should only generate concern if it prevents individuals from conducting their lives as they would like, or leads to the suffering of others... Indeed, there is a shift in view among some psychologists that the key issue is not the symptom itself, but your ability to retain control over it".* Staying Sane (p.96)

Strong Imagination by Daniel Nettles blends "*madness, creativity and human nature*" to examine this human ability of creative interpretation for mental health. Use of cognitive language to explore abstract ideas is the basis of intelligence. Psychotic behaviour and language acts out abstract awareness, adding colour and dimension to intellect. This personal language is a unique interpretation of our reality, not evidence of abnormality.

A report from the Mental Health Foundation on spirituality highlights the "potentially narrow line between hallucination and vision, which could lead to people either being seen as "psychotic" or "spiritual" depending on the interpretation of their experiences
"….but also stressed that there should be more attention paid to developing a wider spiritual or religious knowledge in other staff, including training psychiatric nurses and support workers. Spiritual or religious beliefs are important to many people, particularly at times of crisis," said Vicky Nicholls, Strategies for Living project co-ordinator, Mental Health Foundation**.** "Mental health services should learn to explore people's needs and enable them to seek appropriate support, rather than either seeing religious or spiritual beliefs and experiences as a symptom of illness or simply ignoring them." (26.4.2002). www.mentalhealth.org)

Unfortunately most psychotic behaviour as seen in mental health is the result of an individual attempting to come to terms with unacceptable life experiences, *"People who have psychotic experiences very commonly report having had highly distressing or traumatic life experiences such as bereavement, abuse and assault. The common themes appear to be extreme threat, abuse or events that lead to overwhelming emotions."* Clinical Psychology Report. 2000 (p.32). People who may never have experienced any opportunities for learning self-definition and no obvious control in their lives. Their bizarre behaviour may be out of context with their external environment but is a creative, intelligent response to their actual or internal experiences.

A case study highlights this of a patient trying to self manage using a delusion of being a grand military figure in order to cope with his fear and terror, the therapist asked*, ' Is this an ashtray?' to see if I knew or not. It was as if you knew and wanted to see if I knew...that only made me more frightened, more panicked. If you had been able to understand how crazy I had to be so*

that I could be strong enough to deal with this life threatening fear then we could have handled that crazy general". Clinical Psychology Report. 2000 *(p.32).*

This rather suggests the need for life skills and personal development instead of diagnosing and pathologising an individual by their behaviour. As we have seen/ extreme emotions make us stupid not mad/ insane /pathetic, just temporarily stupid. In fact I would like to propose that some of the coping strategies used, though apparently bizarre, are in fact a sign of mental health rather than illness., self management in order to cope with unacceptable conditions.

Research from the Institute of Psychiatry "has shown that about 4% of the general population hear voices and that voices can be seen on a brain scanner as emanating from that part of the brain that normally produces verbal thoughts or 'inner speech'. Robin Murray Guardian Society 16.01.2002 p.7

Internal dialogue is a normal coping strategy used by fully functioning people, hearing voices is an exaggeration that can develop into aberrant behaviour if not addressed appropriately. *" It now seems to me that the voices always feed off negative images I have of myself. I can think about the voices being a by product of my own self image"* this awareness came as a result of support from a therapist who initiated *"The collaborative relationship I have with Paul gives me confidence that my ideas, as well as his are important, I get to say what I want to work on—I have some power in this relationship, Paul gives me feedback and some idea of his reaction and tells me what area he might like us to cover. He does this whilst giving me a lot of power and I feel that I am in control".* Report. (p.46).
Sounds like a typical coaching alliance relationship to me. Focussing on the coachee in the full context of their life. Using relaxation and visioning techniques and the creative language of image and metaphor the coachee builds up a new inspired picture of their self and their future. In other words the individual finds their own voice and sets their own context within a complex and challenging world.

Appendix 9: Notes on Existing Provision.

State mental health provision: Psychiatry, Mental Health Service, Social Services,
It appears then that a symptom led, mind centred, scientifically based psychology is not able to fully appreciate or care for the multiple factors that initiate and exacerbate mental health problems

Talk Therapies
A professional therapeutic intervention is Counselling. Raj Persaud caustically suggests that *"counselling is in danger of psychotherapizing unhappiness"* Staying Sane (p 102).
The counselling tradition holds that it is necessary to regurgitate and re-digest the past in order to move into the present and future. In contrast, present knowledge indicates that successful reconciliation of the past is achieved from a position of emotional strength in the present and that current problems need addressing first by taking into account the full context of their life.

Phobias are dealt with by using the observing self, until a person can observe for their self then it is possible for another person to substitute.

The counselling also offers offer a non-judgemental, non-intervening and supportive listener. This seems to be a healing strategy but a *" 1997 study found the most effective counsellors appeared to be altering the patients' perspectives on their circumstances, in particular assisting the development of more optimistic viewpoints"* Staying Sane (p 175).

A 2000 report on counselling concludes that the use of counselling is less effective than antidepressants over a 12 month period, but other research states that "*Good, appropriate psychotherapy is twice as effective as drugs"* Joe Griffin tape.

A report on Effective Psychotherapy. Hilgarth Press. 1993. concludes that the effectiveness of psychotherapy does not depend on - academic qualifications, length of training, school of therapist, or the practitioner having had analysis or counselling themselves (in fact this was found detrimental as the therapists became depressed or anxious with the introspection on the negative in their lives). Robertson (p.25). Richard Carlson considers the only benefits of therapy may depend *"..more on the mental health and happiness of the therapist than it does on reliving past trauma and pain."* Stop Thinking and Start Living 1997 (p.4).

Psychotherapy is increasingly under criticism with books like *"We have had 100 years of Psychotherapy and are getting worse"* by James Hillman and *"How to survive Psychotherapy".*

Another danger of such an intense, intimate relationship as in psychotherapy is the increasing dependency of the client and the potential for abuse by the therapist. Alarming statistics of the latter are cited p.129 of Staying Sane

Cognitive and behavioural therapies:
Cognitive Psychotherapy, Rational Emotive Therapy, MindFields, Brief Therapies.

Proactive training in detachment and meditation techniques, teaches not "*to be dragged down into their highly habitual, almost hard- wired processing system" " ..almost the antithesis of the ruminative replaying of traumatic events. It's teaching people to maintain a broad focus of attention in the presence of these thoughts and thereby helping break some of the synaptic connections between these memories and the usual cognitive processes that follow on from them"* Robertson (p.27).

Brief Therapy Strategies are developing in response to pressure from business and insurance companies. These offer solution based therapy helping people to develop skills to live their lives more effectively. Time Limited Psychotherapy in practise. Gaby Shefler **But** they do not provide continuity in supporting progress and do not address the environmental factors that are either causing or exacerbating the emotional reactions.

Personal Development programmes.
NLP. Books. Magazines.
"Neuro Linguistic Programming, commonly referred to as NLP, is a set of tools and techniques devised to help us take charge of our lives. With NLP we can take control of our minds in positive ways that enable us to effectively change behaviours that disturb us, or enhance out ability to do the things we want to do to make our lives better". http://www.nlpworks.com/products.htm

Prescribed Medication
There are thousands of tablets to pep you up and calm you down and pills to compensate for the side effects. Big money is invested and supported by an existing cultural dependency on medication and specialists. We are left with a tranche of highly dependent emotionally sedated humans, with multiple side effects, adding an enormous financial burden on the NHS and the public purse. Antidepressants have a valid but temporary role, assisting changing sleeping patterns, but exercise has been proved to be equally beneficial without the side effects and with whole life enhanced.

Self medication.
Addiction. Drugs, Alcohol, chocolate
Addictive substances and behaviours
Self help:, self help groups,

Nutrition.
"Potatoes not Prozac". A book on nutrition for depression and addiction.
The stimulation of serotonin by a balanced diet. *"Natural Mental Health"* pg 25. Reduction of stimulants: p.26

Relaxation and stress therapy. Hypnotherapy.
"Traditional stress management programs, which are based on relaxation training, while helping individuals feel better momentarily, may not sustain physiological and psychological benefits. The HeartMath programs, which focus on reducing emotional reactivity and promoting balance in the moment, have been shown to produce long-term, profound shifts in hormonal, immunological and cardiovascular systems".
http://heartmath.com/business/programs/whatis_life_management.html#emotionalmis …heart disease no 1 disorder, anxiety linked with heart disease. Important to address the anxiety soon heartmath
Stress workshops are effective interventions to reduce anxiety and offer clearer picture of physical and mental health and how they interact. p 172 of 'making it happen'

Imagework and Visualisation
One of our inherent abilities is that of creative imagination. It underpins our personal understanding of our life experiences and literal language. Contemporary imagework has evolved from the ancient shamanic tradition and is used both in personal development and therapy. Mainstream psychology is now seriously researching this previously taboo territory. Ross Heaven 2001.

Inspiration and mentors
For the depressed and confused it can seem an impossible struggle to find any point in getting up in the morning, let alone living.
Peer support
Self help groups
Positive role models
Peer mentoring pg 180 'making it happen'

Physical Therapy
BTCV Green Gym
Physical rehabilitation strategies are proving as affective for emotional recovery as for brain and body. Ian Robertson a specialist in brain rehabilitation is adamant that emotional rehabilitation needs active, disciplined, repetitive behaviour. *"What we know from rehabilitation in brain damage and from learning in general is that it takes thousands of repetitive trials before you can change a habitual pattern of behaviour and create a new default activity." "therapies that get people to do things are more likely to cause a change in behaviour and feelings than those where people just talk and respond"* Ian Robertson .2000 (p.25). *"passive attention isn't as effective as active attention in sculpting and shaping our models of reality in the brain."* Robertson 2000 (p.24).

Context/Environment/Social/Employment.
Family Therapy
Community Initiatives.

Environmental Issues
Community: Charities, cultural initiation rites.
Volunteering
LETS
Social Firms
"The Unbalanced Mind by Julian Leff *"examines a wide range of psychiatric disorders and argues that many mental illnesses are due to cultural rather than biological factors ".* Research by the USA Army during the Vietnam conflict convinced the medical teams that there would be a major heroin addiction problem among the returning troops. A massive addiction programme response was initiated but found to be partially unnecessary as those soldiers returning to stable family/ social backgrounds soon adjusted to a drug free environment, whereas those returning to less stability and poverty continued with their addictive behaviour.
Having control in the immediate environment is also vital.
"There are social factors such as poverty and isolation that contribute to the mental distress that people may experience." Henderson 2001(p.17)

Values.
Religion. New Age. Cults. Gurus. Philosophy
The mental health system does not successfully address personal or collective values. Therapists attempt to support and make sense for the patient, but may not be able to understand the 'nitty gritty' of each individuals motivations and how they express their values in their whole life.

Education: schools, colleges.

Humour
An essential exercise is to activate the laughter muscles. A massage of the internal organs as well as lifting the spirits. *"The Art of Medicine, consists of amusing the patient while nature cures the disease" Voltaire.* The Listening Hand (p.198). Alas, the mental health system is not known for its humour.

www.
Access to research and real life experience. Surfing the net may be laborious and potentially isolating but it can meet some basic human needs, stimulating the mind and forming social even intimate relationships. (Another addiction?).