

Coaching in the Mental Health Gap

Dr. Lisha T. Wallace The Bindu Institute Roundtable: Professional Coaching

Abstract

There is a gap evident in the world as far as mental health is concerned. The availability of mental health professionals combined with the ability to prevent a mental ailment has created a pending mental health crisis. Coaching in the mental health gap is a multifaceted approach to a mental health problem set. Combining tools from mental health counselors and techniques with mental health coaches and consultants provides a new model for alleviating and preventing a mental health crisis. While counselors utilize various therapeutic tools to assist a client on the reactive side of mental health, coaches and consultants at The Bindu Institute explore tools such as self-care assessments to assist the population on the preventative side. By approaching the problem set from both avenues, the pending mental health crises could be crises no more.

Keywords: mental health, coaching, consulting, counseling, self-assessment, self-care, The Bindu Institute

There is a gap evident in the world as far as mental health is concerned. The availability of mental health professionals combined with the ability to prevent a mental ailment has created a pending mental health crisis. Combining tools from mental health counselors and techniques with mental health coaches and consultants provides a new model for alleviating and preventing mental health crises. This article is written as a supplement to a Roundtable presentation and live panel presentation in the SBL 2023 Annual Roundtables responding to a question about how professionals are using coaching. In this case, coaching is being used as an additional service at The Bindu Institute to assist clients toward satisfactory mental health.

My Personal Story

I was a member of the Air Force for almost 24 years, doing nothing directly related to mental health. At the beginning of my career, I worked on jets. Then I went to college, and after I graduated, the Air Force allowed me to work in space operations. Both had extremely high and extremely low moments, and I am grateful for all of them because of what I learned in the process. However, I did not realize (or would not acknowledge) my mental health and what was brewing under the surface.

In 2018, the Air Force moved my family and me to the beautiful Northwest Florida Panhandle. My family and I presumed this would be the final assignment before retirement, but we wanted the chance to live here first. During my previous assignment, I began a doctorate in strategic leadership through Regent University, and my emphasis was on coaching and consulting. I was enhancing my professional and personal development beyond anything I had imagined, and I was even more intrigued by the concepts of coaching and consulting. Therefore, you can imagine my interest when I noticed a building I passed during my drive to and from work with a sign that read, "The Bindu Institute - Counseling, Coaching, and Consulting." Through another sequence of events, my daughter became friends with a girl at school, and her mom was a counselor and the CEO of The Bindu Institute. I eventually got to talk to her and asked what they did for coaching and consulting. She said, "Nothing ... and we are considering dropping it from the business model." I replied, "Well, if you can give me a couple of years, I am working on a doctorate, and I plan on retiring from the Air Force. Maybe I can do something with it." Looking back on it, I am amazed to witness God's plan coming to fruition!

However, those couple of years lasted slightly longer than I expected. The Air Force has a fun way of deploying a person right before they plan on retiring. When I returned from my deployment, I discovered I had cancer. It was Stage 1 Colon cancer, so I am very blessed with the prognosis. However, the cancer resulted in multiple surgeries, which required some recovery time. Then, the Air Force conducted a medical board, which is mandatory for individuals with cancer. I finally got to the point of requesting retirement! Yay! Or ... yay?

Turns out that my medical journey, combined with some other life events I did not deal with correctly, put my mental health in a tailspin. I started a series of worrying and stress that spiraled out of control and resulted in depression and a general anxiety disorder. Frankly, I am still dealing with some of it. However, that brings us to how I started thinking about combining mental health with leadership, coaching, and consulting education.

Comparing Definitions and Roles

Mental Health vs. Mental Disorder

People often use the terms *mental health* and *mental disorder* interchangeably; however, they are not the same thing. Since there is not a worldwide accepted definition of mental health or mental disorder, it is worthwhile to note what separate organizations include as a comparison. It is also interesting to review the similarities and differences. The World Health Organization (WHO) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (World Health Organization, 2022b). Comparatively, the American Psychological Association (APA) states, "Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life" (American Psychological Association, 2018a).

Both definitions assert a manner of well-being and the ability to cope as a determinant of mental health. Therefore, it is reasonable that the definition of a mental disorder would detail a decrease in well-being and the inability to cope. The definition provided by the WHO states, "A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning" (World Health Organization, 2022a). The APA defines mental disorders as "any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors." (American Psychological Association, 2018b). The leading U.S. federal agency on the research of mental disorders, the National Institute of Mental Health (NIMH), further divides mental illness into two categories: any mental illness (AMI) and serious mental illness (SMI). AMIs are any mental, behavioral, or emotional disorder and can range in mild, moderate, or severe impairment. SMIs are mental, behavioral, or emotional disorders that impose a serious impairment on a person's functions, which could also limit major life activities (U.S. Department of Health and Human Services, 2023).

While there are plenty of worldly definitions, mental health and mental disorders are not defined directly in the Bible. However, the Bible does speak to people becoming ill (*English Standard Version Bible*, 2001, John 11:1, Acts, 9:37, 1 Cor. 11:30, Luke 7:2), God bringing sicknesses to people (*English Standard Version Bible*, 2001, Ex. 15:26, Deut. 28:59–61), and people healed from sicknesses (*English Standard Version Bible*, 2001, Matt. 4:23–24, 10:1, 14:14, Acts 28:8, Luke 5:17.) The Bible also speaks to issues currently

associated with mental illness, such as anxiety and worry. Mainly, the Bible declares people not to be anxious about anything (English Standard Version Bible, 2001, Phil. 4:7–6, Matt. 6:25) and to cast anxieties on the Lord (English Standard Version Bible, 2001, 1 Pet. 5:6–7) because "anxiety in a man's heart weighs him down" (English Standard Version *Bible*, 2001, Prov.12:25). However, there were people described as anxious in the Bible. King Zedekiah expressed anxiety when speaking to the prophet Jeremiah regarding whether enough Jews would go to the Chaldeans and give him up (English Standard Version Bible, 2001, Jer. 38:19). King David was also often anxious (English Standard Version Bible, 2001, Ps. 38:17) and expressed many emotional ups and downs throughout Psalms. Furthermore, Isaiah 53:3-6 speaks to the Messiah who was "a man of sorrows and acquainted with grief" (English Standard Version Bible, 2001). In an article on Hebrew word lessons called "Cast your Anxiety," Sarah Fisher (2020) mentions this is a big reason why we can cast our anxieties on God – He gets it because He lived it. Therefore, He is the one who can truly help us through it. Since He gets it, God also provides people in different professions to help guide others back to better mental health.

Counseling vs. Coaching vs. Consulting

Counselors, coaches, and consultants are similar in wanting to help people be better and succeed. They are also similar in that they tend to specialize in a segment of the population. However, coaches and consultants are not commonly associated with mental health directly. They also receive different education, utilize different approaches, and focus on the future versus the past.

Mental health counselors are licensed professionals trained to care for people suffering from cognitive, behavioral, and emotional elements of mental health and those addicted to substances. States dictate requirements regarding education and licensing, as well as how mental health counselors conduct their business (Khan, 2021). Coaches are professionals who focus on wellness and assist people to become more fulfilled by achieving goals and making progress in their lives. Some organizations set requirements and provide coaches' certifications, but they are not adopted worldwide (Cherry, 2022). Consultants are professionals and specialists as well as subject matter experts within a specific topic. They come alongside clients to improve organizations, systems and processes by providing advice or complete the work. They are not required to have specific education and tend to rely on professional experience to provide expert advice. (Biech, 2007).

All three are employed within The Bindu Institute, but since the sole mission area of The Bindu Institute is mental health, counselors, coaches, and consultants use their different capacities to focus on the mental health of the individual, organization, and community. In an article called "Mental Illness Prevention and Mental Health Promotion," the authors note, "Primary prevention occurs before any evidence of

disease and aims to reduce or eliminate causal risk factors, prevent the onset, and thus reduce the incidence of the disease" (Compton & Shim, 2020). Coaches and consultants are employed to focus on preventing a mental health crisis, while counselors tend to be on the reactive side. Therefore, having coaches and consultants available for preventative mental health is necessary to alleviate the mental health crisis the world is experiencing. This model is under development to assist with a mental health gap that is prevalent due to people not taking care of their mental health, which could result in a mental disorder.

Mind the [Mental Health] Gap

Based on my experience in the Air Force, followed by working with the counselors at The Bindu Institute, I became aware of a gap that exists between a person entering the spiral of worry, stress, and anxiety and when they enter the danger zone of a mental disorder. This gap is the segment of time between when a person can make life adjustments to prevent a mental disorder and when they desperately need a counselor in reaction to a mental disorder. In the spiral depicted in Figure 1, a trigger is a life event or a buildup of smaller stressors that leads to worry and stress, which then leads to anxiety (Mayo Clinic, 2018). The point where intervention from a mental health coach or consultant occurs is before the trigger or at the beginning of the spiral. Intervening at this juncture works best to guide the person back to a more balanced level of mental health.

Figure 1: Spiral in Reaction to a Mental Disorder



As alluded to earlier, The Bindu Institute's sole mission is mental health, so no matter the person's role, be it counselor, coach, or consultant, the focus is the same—mental health.

However, counselors, coaches, and consultants utilize different methods. The counselors ask questions to diagnose and help clients overcome their problems. Counselors focus on past, present, and future events depending on the diagnosis). The coach partners with the client to set and achieve desired goals using deep, pointed questions. Coaching generally focuses on the present and future. Most of the workload is levied on the client. The final role is a consultant who provides the client with advice, suggestions, and information. The consultant tends to conduct lots of research to give expert advice to the client. Therefore, more of the work is levied on the consultant.

Who is Coached and Consulted in the Mental Health Gap

In the mental health coaching and consulting model, the population that would benefit the most from a mental health coach is born with a less severe mental disorder (in the NIMH's category labeled AMI) or has not been diagnosed with one. Once a person is diagnosed with a mental disorder, they are on the reactive side of mental health and should devote their energy towards time with a counselor learning how to manage their illness. When their mental health has improved, as determined by the counselor and client, the counselor can refer the client to the mental health coach to learn more preventative methods, such as creating new habits or developing life goals and incorporating practical methods to achieve the goals.

Self-Care and Mental Health

The Bindu Institute's first focus when it comes to preventing a mental disorder is selfcare. The National Institute of Mental Health states that incorporating self-care into daily life can have enormous paybacks for a person's mental health because "self-care can help you manage stress, lower your risk of illness, and increase your energy" (U.S. Department of Health and Human Services, 2022). The primary tool for mental health coaches and consultants is a self-care assessment tool with eight categories: physical, emotional, spiritual, professional, social, personal, financial, and space (see Figure 2). It is similar to the Wheel of Life® commonly provided to clients by coaches. However, the self-care assessment provides prompts to assist the client in grading the category with the Likert scale method. The assessment uses four options, so the client cannot remain neutral in all categories. Four options force the client to choose a higher or lower number scale, which gives the coach or consultant a better understanding of how the client believes they are doing in each category. The asterisk helps clients note that despite the grading, it is an element of self-care they want to work on. The asterisk provides the client with control in the grading process.

Figure 2: Self-Care Assessment

				1	I do this poorly or not at all
Rating scale					I do this ok or sometimes
					I do this well or often
				4	I do this very well or most of the time
				*	I want to work on this
		-		<u> </u>	
1	2	3	4	*	Physical Self-Care
					This section is where I start a client if all things on their assessment are equal because it includes the fundamental truths, such as eating, sleeping and fitness.
1	2	3	4	*	Psychological/Emotional Self-Care
					This is an important section to help the client understand their emotional intelligence. I determine if they can identify and work through their emotions as well as spend time focusing on positive emotions by talking about problems in a healthy manner, finding reasons to laugh and recognizing their strengths and achievements.
1	2	3	4	*	Spiritual Self-Care
					Spiritual self-care involves connecting to a higher entity outside of the person. The activities that a person rates to determine how well they function in spiritual care are things like praying, meditating, setting aside time to reflect and acting in accordance with their morals and values.

				1	I do this poorly or not at all
Rating scale				2	I do this ok or sometimes
					I do this well or often
				4	I do this very well or most of the time
				*	I want to work on this
					Additionally, participating in a cause that is important to them.
1	2	3	4	*	Professional/Work Self-Care
					Professional self-care moves beyond ensuring they have appropriate work life balance and addresses additional elements such as if they are in a profession that is meaningful to them. Other questions to consider are: Do they continue to improve their professional skills and take on projects they find rewarding? Is their workspace comfortable and are they compensated appropriately?
1	2	3	4	*	Social Self-Care
					Social self-care ensures the client is connecting with others in a healthy way by spending time with people who are positive and affords them meaningful conversations as well as participating in enjoyable and healthy activities. Social self-care also includes how the person interacts with their romantic partner.

				1	I do this poorly or not at all
Rating scale					I do this ok or sometimes
				3	I do this well or often
				4	I do this very well or most of the time
				*	I want to work on this
1	2	3	4	*	Personal Self-Care
					This is category is necessary to ensure the client knows their personal identity. Taking personality assessments is a good start if the client is struggling. Other items they can rate are how well they focus on positivity and practice gratitude as well as if they can spend time alone.
1	2	3	4	*	Financial Self-Care
					Financial self-care involves ensuring the person has emergency savings. If everything is ranked low in this category, that is the first place to start. Next, the client focuses on a monthly budget to help them practice money management and once they are secure with a monthly budget, the client can explore an annual budget.
1	2	3	4	*	Space Self-Care
					Space self-care focuses on a client's living space. Does the client feel safe, secure, and stable in their living space and is it organized in a manner that brings them peace versus conflict.

Once the client grades their categories, the coach or consultant can tailor the focus to ensure the client is working in a positive mental health direction. A client could devote energy to all eight categories in a perfect world. However, for most clients, it is not possible, and they need assistance prioritizing. Therefore, the goal is to determine which category affects them the most or makes their mental health decline, so we can help them discover behavior changes or solutions to promote that category. When clients score low across all eight categories, the coach or consultant starts them with the "fundamental truths" of self-care: sleep, food, and exercise. If those three are not aligned, it is challenging to move the client to a more stable space of mental health, and the client is more likely to continue into the spiral and require the assistance of a counselor.

Challenges

The greatest challenge with this model is identifying the population that needs a mental health coach or consultant. The number one way to tackle this challenge is awareness. The Bindu Institute is active in the community to help educate individuals and organizations on the warning signs of declining mental health, such as weight loss or gain, sleep, or mood changes (American Psychiatric Association, 2023).

A secondary challenge is financial and related to insurance. Since mental health coaches and consultants cannot diagnose or treat those with mental disorders, there is no way for insurance companies to cover the costs. However, even with insurance, the national average for out-of-pocket costs for mental health counselors can range from \$30 to \$60 per session, and a session with a coach or consultant would be similar or even higher. Therefore, The Bindu Institute is exploring non-profit options to align with in addition to state or federal grants to help alleviate a financial burden.

Conclusion

Coaching in the mental health gap is a multi-faceted approach to a mental health problem set. Combining the efforts of counselors, coaches, and consultants, all focused on preventative and reactive mental health, is an exciting solution. While counselors utilize various therapeutic tools to assist a client on the reactive side of mental health, coaches and consultants at The Bindu Institute explore utilizing self-care assessments to assist the population on the preventative side. By approaching the problem set from both avenues, pending mental health crises could be crises no more.

About the Author

Dr. Lisha T. Wallace, Mental Health Coach and Consultant at The Bindu Institute has a passion for helping people, teams, and organizations be mentally healthy. Throughout her 23-year Air Force career, she was able to lead teams, from small to large, push through mentally challenging times, and succeed. That experience is now embedded in her purpose. She earned a Doctorate in Strategic Leadership with an emphasis on consulting and coaching techniques through Regent University in 2021. It brings her so

much joy to see a person reach their fullest potential by finding balance in their self-care and aligning their mental health.

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