

A scoping review of mental health coaching

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Coaching psychology has been used successfully in various health and wellbeing contexts, but there are conflicting views as to whether coaching is an appropriate form of mental health support. Since mental health is a relatively new area for the application of coaching, a scoping review has been conducted to delineate the current state of research in the field. This article reports on two aspects of that scoping review: first, it describes how the fledgling scoping review method was adapted for this research study, offering recommendations for future scoping reviewers. Second, implications of the findings are discussed, with an exploration of how the potential of mental health coaching could be leveraged in future practice and research.

Keywords: mental health; coaching; mental health coaching; scoping review; research methods; critical appraisal.

ONE OF THE MOST striking features of coaching psychology is its applicability within a diverse range of areas. Traditionally, coaching psychology has been used to enhance performance in the realms of sports (Merian & Snyder, 2015), academia (Prevatt & Yelland, 2015) and employment (Ladyshevsky, 2017). Alongside the widely applicable intervention of *performance-oriented* coaching is *lifestyle-oriented* coaching, in which coach and client work collaboratively towards the client's personal goals, sometimes with a specific focus on health (Bora et al., 2010; Olsen, 2014). Coaching has been shown to be effective in supporting a variety of health improvement outcomes such as weight-loss, smoking cessation and increased physical activity (Liu, Irwin & Morrow, 2015). The present author's own foray into the field of coaching occurred somewhat by chance, by unexpectedly acquiring a post as a Wellness Coach in a local health improvement service. Combined with a passion for innovative and non-medical approaches to mental health support, this naturally led to an interest in how coaching psychology might be applied to supporting people with their mental health difficulties.

A scan through the pages of this publication (and other coaching journals) reveals that mental wellbeing is becoming increasingly of interest to coaching psychologists. However, the focus has tended to be either on psychological wellbeing as an add-on or by-product of executive coaching (e.g. Timson, 2015; Weinberg, 2016), or more commonly on the boundary between coaching and mental health (e.g. Buckley, 2007; Szymanska, 2006, 2007, 2009). The tendency to view coaching and mental health as entities to be kept separate was at odds with the idea that coaching might be applied specifically to supporting people with mental health difficulties; a conundrum the present author was interested in learning more about.

An informal preliminary literature search was conducted using an online search engine. In keeping with the themes noted above, it transpired that the topic is surrounded by debate and contention. It is apparent that there are some organisations using coaching for mental health support and strongly endorsing the approach (e.g. Mahari, 2016; Bora, 2012), whilst others argue fervently against it and suggest that it is inappropriate, even dangerous (Jenner, 2014; Olsen, 2014). However, advocates on both sides of the

debate have failed to back up their claims with evidence. This prompted the author to conduct a robust literature review to find out more about what, if any, research had been completed in this field (which can be termed ‘mental health coaching’). Scoping review methods were employed to answer the research question ‘What is the current state of research literature on mental health coaching?’.

The remainder of this article reports on two key aspects of the review: First, it explores how the scoping review method was adapted to the review in hand, offering thoughts on how future reviewers might best leverage this method. Second, it discusses implications arising from this novel application of coaching psychology, by exploring the potential of mental health coaching and ideas for future research. The full research paper and supplementary documents can be read in Bishop, Hemingway and Ashencae Crabtree (2018).

Scoping review: An evolving method

Scoping review is a relatively new research method, designed for exploring the state of a research field and highlighting directions for further research (Arksey & O’Malley, 2005). It differs from systematic review in that it aims to understand the nature and extent of research on a topic, whereas a systematic review seeks to

synthesise evidence that meets particular quality criteria (Grant & Booth, 2009). Table 1 denotes some respective features of systematic and scoping reviews to clarify their distinct functions. Given the fledgling nature of mental health coaching and apparent sparsity of evidence, scoping review was deemed the appropriate method for the research question in hand.

The original methodological guidelines for scoping reviews were produced by Arksey and O’Malley (2005), who set out a six-stage framework as follows:

Stage 1: identifying the research question

This includes defining key concepts within the question.

Stage 2: identifying relevant studies

This involves developing a search strategy, usually drawing on multiple sources and approaches to searching the literature.

Stage 3: study selection

This centres on generating and employing eligibility criteria for sources to be included in the review.

Stage 4: charting the data

This involves extracting relevant details from included studies, usually using data charting tables.

Table 1: Comparison of systematic and scoping reviews

Systematic review	Scoping review
Used to answer a specific research question within strict, well-defined parameters	Used to answer a broad research question, which may have an element of fluidity
Well-suited to developing specific knowledge in fields about which much is already known	Well-suited to developing general knowledge in fields about which little is yet known
Limited to specific methods or methodologies	Open to a range of methods and methodologies
Quality appraisal often determines inclusion or exclusion from review	Quality appraisal not essential and unlikely to determine inclusion in review
Aims to synthesise evidence and make recommendations for practice	Aims to delineate the state of a field of research

Stage 5: collating, summarising and reporting the results

This includes synthesising the data, conducting analysis if appropriate, and writing findings up (generally in tabular form).

Stage 6: consultation

This consists of sharing knowledge gleaned from the review with stakeholders, and may include gathering further insight from experts in the field.

Our scoping review followed this framework, with some adaptations based on enhancements proposed by later methodologists (Levac, Colquhoun & O'Brien, 2010; Joanna Briggs Institute (JBI) (2015)). Even with these enhancements, there remain some limitations to the method which needed to be addressed to complete the review to the desired standard. Adjustments included the development of a suitable critical appraisal tool and adaptations to the way in which some of the stages were conducted.

The nature of scoping review – and its application to new fields of research – means that the method allows for a measure of fluidity; for instance, the stages can be completed iteratively (although at first glance they appear as a linear process). The flexible and agile nature of the method was very important in this review. For example, the consultation stage became a key part of the literature search: authors of included studies were consulted in hope of uncovering relevant sources that had otherwise been missed. This was useful in highlighting additional journals to be screened, and it is recommended that future scoping reviewers consider incorporating a consultation element into their search strategies.

The agility of the method was of further value in that, since little was known about the topic at the outset, the research question and eligibility criteria inevitably required tweaking as an understanding of the literature was established. For instance, the initial focus was on the direct application

of coaching to mental health, but it was unknown whether any such research existed. Therefore, there could have been a need to expand the scope (for instance, to include mental health outcomes of other types of coaching) in order to glean some relevant insights. Although it transpired that this was not the case, it was necessary to refine the 'mental health coaching' concept as the evidence emerged. This is contrary to the ideas of Levac et al. (2010), who claimed that key concepts must be clarified at the outset. In this case that was simply not possible: rather, as the literature emerged it became clear how the concepts and eligibility criteria should be shaped in order to enable a robust literature search.

Another example is that the initial eligibility criteria included a distinction between performance-oriented and lifestyle-oriented coaching, the latter being of interest. It was not possible to predict that some studies retrieved would be about coaching delivered to a therapist or carer of someone with mental health difficulties. As this transpired, the eligibility criteria were refined to reflect the interest in coaching delivered to the person experiencing mental health difficulties. Another uncertainty at the outset was the nature of coaching interventions that would be reported on. This turned out to be variable, with some very clearly described interventions and others simply labelled 'coaching' without any further explanation. Since there were enough studies in the former category, it was possible for the eligibility criteria to include specifics about what constituted a coaching intervention. This was preferable in answering the research question effectively, but had such studies not been available it may have been necessary to broaden the scope to include any intervention labelled 'coaching'.

Due to these important adjustments, the concept definition and eligibility criteria were not crystallised until the actual literature search was almost complete. This was not a problem because all possibly relevant studies were being stored using reference

management software (Thomson Reuters, 2013). In keeping with the nature of scoping review, the study selection process was iterative and involved several cycles of screening.

This experience with defining the ‘mental health coaching’ concept gives rise to some recommendations for effective application of scoping review. First, contrary to Levac et al. (2010), it is unnecessary fully define concepts at the beginning of the process. Conversely, such an approach would have been obstructive to the scoping nature of the review: Allowing organic concept development enabled freer exploration of the literature and helped ensure that the final eligibility criteria were robust and effective. Second, it is important to ensure that the search process allows for such fluidity: If the review is on a topic about which little is known, it is prudent to start with a broader scope which can be refined later. This allows all potentially relevant studies to be identified and further filtered once the scope is finalised. Starting with a narrow scope which later has to be broadened (because no eligible studies are available) would lead to abortive work, because the search would have to be repeated using the new criteria. Finally, it is advisable that the search strategy includes a mechanism for organising relevant and potentially relevant studies: This will allow for an iterative process, ensuring relevant studies are not lost.

A key issue in previous accounts of the scoping review method is the notion that critical appraisal is unnecessary (e.g. JBI, 2015). The present author, conversely, holds that appraisal is paramount in scoping review: attempting to delineate the state of a field of research without having a sense of its quality seems nonsensical. Given that scoping review is a relatively young method, and its lack of insistence on quality appraisal, the method currently has no standard critical appraisal tool (CAT).

Consideration was given to using already existing appraisal tools, but none were appropriate for this review. The search had the potential to return studies using a

vast range of methods (and indeed it did); therefore a CAT for consistently appraising studies from various methods was required. Whilst some authors have claimed to present such a tool, this was found not to be the case: the Mixed Methods Appraisal Tool (Pluye et al., 2011) has been hailed for offering a single checklist for reviewing studies from a range of methodologies (Taylor & Hignett, 2014). However, in reality the tool is simply two generic screening questions followed by separate checklists for quantitative, qualitative and mixed methods. This did not fulfil the desired approach of appraising each study in the same way regardless of methodology.

More promisingly, Hawker et al. (2002) produced a tool for appraising data from disparate sources in systematic reviews. Theirs was a three-stage process comprising relevance assessment, data extraction and scoring of methodological rigour. Of the CATs available, this bore the greatest relevance to scoping review, but was still not wholly appropriate. Therefore, a novel, fit-for-purpose tool was developed, using that of Hawker et al. (ibid.) as its basis. The following paragraphs outline how the original tool was enhanced and modified for use in this review.

The first adaptation was to combine the assessments of relevance and rigour into a unified appraisal process. The relevance assessment had been designed to evaluate a study’s applicability to the research question, which is highly pertinent to scoping review whereby the aim is to better understand a field of research. A focus on methodological strength alone is not sufficient in understanding the value a study contributes to a field, yet the vast majority of CATs are pre-occupied with such issues. In this case, a study lacking the methodological rigour required for inclusion in a systematic review could have been valuable in shedding light on how coaching psychology had been applied in the realm of mental health. Conversely, a meticulously conducted study would offer limited insight if its authors failed to

adequately describe the coaching intervention. Therefore, quality in the context of a scoping review might best be seen to include relevance *and* rigour.

As such, the new CAT included two items on relevance to the research question (one on description of participants' mental health status and on one description of intervention). Guided by Hawker et al. (ibid.), these comprised checklists of details that should be included so that the reader can understand those aspects of the research, points being awarded based on how many details were present. These items could be adapted for other scoping reviews by replacing 'mental health status' and 'coaching intervention' with alternative key concepts.

The remaining items in the tool followed the approach of Hawker et al. (ibid.) in assessing the rigour of method, analysis, results and so on. Crucially, this included an item on 'ethics and bias', an element often deemed important in qualitative research but omitted from quantitative appraisals (see the Critical Appraisal Skills Programme (CASP) checklists for qualitative studies and RCTs (CASP, 2013a, 2013b)). Since it is possible for quantitative as well as qualitative researchers to instil bias (Turner, 2013), it was deemed vital to assess the potential for bias in all studies. Additionally, a 'readability' item was added to assess general clarity and accessibility; which it was thought was important in assessing the value a study brings to the field.

As with the relevance questions, the items assessing methodological strength were scored based on how many of a list of features were present. In the original tool, the style of the items was inconsistent: some used the checklist-based approach; others used subjective language such as 'could be better'. It was thought best to use the checklist system for all items, to enhance the consistency and objectivity of the appraisal.

Each item in the new CAT offered a score between zero and three. The original tool applied somewhat arbitrary linguistic scores of 'good/fair/poor/very poor'. Numerical

scoring was adopted for two reasons: first, to eliminate the subjectivity of the lexical scoring system; second, so that an overall score could be awarded to each study by totalling the scores for each item.

The reason behind giving total scores was to offer some measure by which quality could be compared across studies. However, it transpired that some studies were not eligible for the full score: over 40 per cent of studies had not yet been completed and thus were not liable to be scrutinised on their results. Therefore, scores were converted to a percentage of the maximum points available for that particular study, in order to allow some sort of fair comparison. A final step was to place each study in a quartile, based on its final percentage score. This sat well with the four-level scoring system for individual items and enabled a picture to be developed of the overall quality of the body of evidence (most studies fell into the upper quartiles, suggesting a medium-to-high level of overall value in answering the research question).

It is recognised that these measures for comparing studies and defining overall quality of the body of evidence are fairly crude. It might be argued that this does not matter too much for the purposes of scoping review, particularly for a new field of research where the aim is to gain an initial and general understanding of the literature. Indeed, in this case it was certainly more valuable than the previously non-existent quality assessment method for scoping review. Equally, as the scoping review method continues to develop, there is an opportunity to consider how the appraisal process could be further refined. For now, it is hoped that the CAT presented here might offer a valuable resource to be adapted for future scoping reviews. Any feedback about the usefulness of the tool and how it might be enhanced would welcome. The complete tool can be found in the Appendix.

Whilst there was a need to address some pitfalls in the method, scoping review served its purpose well and was effective in under-

standing the current landscape of mental health coaching research. Some valuable learning took place in developing the methodology for this study, and it is hoped that others will find this learning helpful when conducting future scoping reviews.

Mental health coaching: Prospects and possibilities

The scoping review method was designed for gleaning knowledge about the state of a body of literature, particularly in new areas of research. In this case it has not disappointed in delivering such an aim, bringing rich insight into the application of coaching as a form of mental health support. The review findings (see Bishop et al., 2018) show that this field is still in its infancy (just 12 studies were included, with the earliest from 2010) and is rapidly developing (over 40 per cent of studies were reported a year or less before the review was conducted, with several still in progress). The existing evidence base and its rapidly expanding nature bring some exciting insights and opportunities for the future.

In those studies for which results had been published, mental health coaching showed a range of positive outcomes, including symptom reduction, improved self-management, better social functioning and attainment of life goals relating to education and employment (Campone, 2014; Fried & Irwin, 2016; Hsieh, 2010; Naik & Cully, 2014; Seal, 2017). Only one study (Härter et al., 2016) did not find any significant positive effects of coaching for mental health difficulties, and here no negative effects were seen. This suggests that coaching is a viable form of mental health support – certainly not harmful as suggested by adversaries of the approach (Jenner, 2014) – and warrants further exploration in practice and research. It is here that attention will now be turned, since the prospects and possibilities for the advancement of mental health coaching are many.

One of the most noteworthy studies included in the review came from Campone (2014), who presented an in-depth case study of the dynamic between a life coach

and a client with dissociative identity disorder (DID). The researcher sought to explore the coaching process, development of boundaries and whether/how coaching was helpful for the client. Given the depth of insight provided by this study, it offers a useful starting point from which to explore the potential for mental health coaching.

Campone (ibid.) studied the coach-client dyad for six months, at the start of which the client had already been seeing the life coach weekly for three years. Coaching sat alongside medical treatment and psychotherapy, and the type of work she did in her coaching was very different to that conducted in therapy: the latter was about dealing with trauma; the former focussed on progressing towards life goals. It is quite striking to read about the achievement of the client, ‘Jennifer’, in terms of social and professional goals (such as developing friendships, taking up public speaking and starting to write a book). Jennifer felt that each of her three facets of mental health support (medication, psychotherapy and coaching) brought unique benefits, and that coaching very much offered value beyond those brought about in therapy.

This illustrates what is perhaps the crux of the value of coaching: its client-centred, empowering nature, which has previously been highlighted as key to its success in supporting vulnerable populations (Ammentorp et al., 2013). Corroborating this notion, earlier studies have pinpointed mechanisms that are instrumental in coachees’ subsequent health improvement, such as increased sense of autonomy, coach-client collaboration and enhanced self-efficacy (Cinar & Schou 2014; Dufour et al., 2015; McGloin et al., 2015). The notion is further reinforced by some of the studies in our review, which explored the ways in which coaching is valuable to clients. Such studies have found that the person-centred and skills-building nature of coaching are key to its effectiveness, and that because of this it is enjoyable for clients to engage with (Campone 2014; Fried &

Irwin 2016; Nsieh 2010; Robson-Kelly & van Nieuwerburgh, 2016). For Jennifer, she was empowered by a transparent and trusting coach-client relationship: the coach drew on the client's rich expertise in her condition to better understand how he could support her; they co-produced the agenda for each session and focussed on Jennifer's strengths, achievements and positive experiences.

The high acceptability of coaching for clients is an important factor when considering its potential in the field of mental health. There is mounting evidence in the realm of psychological therapy that it is not which intervention is delivered but the quality of the client-therapist relationship which most strongly predicts therapeutic outcomes (cf. Ardito & Rabellino (2011)). In light of this, since coaching is centred on communicative style and nurturing the coach-client relationship, it is no surprise that it has so far proven to be of value in mental health support. There is real potential to leverage the knowledge of how vital the dyad relationship is in therapeutic success, by exploring how coaching could be best utilised in the field of mental health.

The case for further exploring the potential of mental health coaching is multifaceted. There is great demand for innovative approaches to mental health support at present (Mental Health Taskforce, 2016), calling for empowering and self-management-based interventions. Since these are core features of coaching, it seems reasonable to consider how such an approach could be utilised in the mental health arena. Further, concerns are being raised around the effectiveness of current interventions of choice for mental health problems, Improving Access to Psychological Therapies (IAPT, 2015) and medication (National Institute for Health and Care Excellence (NICE), 2016a, 2016b).

IAPT was instated with the aim of reducing mental healthcare costs and improving outcomes (Layard et al., 2007), but has been critiqued for failing on both

counts (Mukuria et al., 2013). This adds weight to the notion that new approaches to mental health support are required. Drawing on the existing skills of coaches in other fields may be an efficient way of doing this, by offering a ready-made workforce to deliver mental health support. It has been noted, both anecdotally and in IAPT guidelines, that there is much overlap between coaching techniques and the low-intensity therapy delivered by psychological wellbeing practitioners (PWPs) in IAPT (F. Durbridge, personal communication, 4 September 2016; IAPT, 2015). This suggests that coaches are well-placed to apply their skills to supporting people with their mental health. It would be beneficial to further explore how this could be put into practice, perhaps including pilot programmes to investigate the feasibility of such an approach.

In exploring how coaches could be utilised within mental health services, consideration would need to be given to the level of mental health training required. Returning to the case of Jennifer (Campone, 2014), her coach had a background in psychotherapy, and she valued his solid understanding of how to support someone with mental health difficulties. There is an impetus currently on rolling out Mental Health First Aid (MHFA) training in various settings at present (MHFA England, 2017); which could be a useful first port of call for coaches and help negate the need for more the intensive training undergone by PWPs. Whilst there are those who disparage mental health coaching for the lack of clinical expertise of coaches (Jenner, 2014), it could otherwise be argued that it is the tendency of coaching to see the person and not the 'illness' that is the basis of its appeal. For Jennifer, one powerful aspect of the coach-client relationship was her coach's self-directed learning in DID and, more specifically, Jennifer's personal experience of it. It seemed that his deep understanding of Jennifer as an individual, not his mental health training alone, was paramount to empowering Jennifer to progress towards her goals (Campone, 2014).

The non-clinical basis of coaching is another reason for its potential in helping to overcome limitations in the current mental health support system. It has been suggested that the medicalisation of mental health problems – a diagnose-and-treat approach – is in itself a failed system, and argued that a more person-centred approach should be adopted (most notably Johnstone & Boyle, 2018). This and other sources in the critical psychiatry literature bring an impetus for alternatives to medical treatment: an array of academic, autobiographical and journalistic accounts (Aslan, 2008; Cassani, 2017; Davies, 2013; Healy, 2016; Whitaker, 2010) highlight the shortcomings of psychiatric drugs, demonstrating that, long-term, they tend to generate poorer outcomes in terms of social functioning, physical health, employment status and frequency/intensity of episodes of poor mental wellbeing. They also illustrate the oppression experienced by mental health patients within the illness-medication approach, an issue that coaching could help to overcome.

Coaching offers significant opportunity to diminish the power imbalances that exist in the patient-professional relationship. As seen in the case of Jennifer (Campone, 2014), coaching can truly empower people with severe mental health difficulties to thrive and achieve life goals. For Jennifer, coaching was an adjunct to drug treatment, but it should be considered that for those who do not wish to take medication, or indeed be a recipient of ‘treatment’, coaching could offer a valuable alternative. This sits well with the PTM Framework (Johnstone & Boyle, 2018), which puts an emphasis on understanding individual experience and supporting people to make sense of this and move forward.

A particular area of concern in the realm of psychiatric medications is their addictive quality and the difficulty people experience when withdrawing from them (Cassani, 2017; Whitaker, 2010). Coaching support has been shown to be invaluable in helping people to give up smoking (Boccio et al., 2017; Mantler et al., 2014), suggesting that coaching can be instrumental in overcoming

addiction. Whilst smoking cessation interventions also involve medical or nicotine-replacement therapy, the coaching element of such programmes has been noted to double one’s chances of success (SmokeFree, 2017). This brings to light another potential area in which coaching psychology may be beneficial in the mental health sphere: as a support mechanism for medication withdrawal. None of the research thus far has considered the utilisation of coaching for this purpose; thus there is an opportunity to explore this possibility in the future.

Another finding from the review was that mental health coaching has been delivered in a variety of settings and styles: ongoing life coaching (Campone, 2014); group and one-to-one coaching in educational settings (Fried & Irwin, 2016; Hsieh, 2010; Robson-Kelley & van Nieuwerburgh, 2016); telephone-based interventions targeted at improving health outcomes in specific mental health conditions (Härter et al., 2016) or co-morbid diabetes and depression (Cully et al., 2014; Naik and Cully, 2014). This highlights the diverse and wide-reaching contribution of coaching, which suggests a high level of promise in its potential application moving forward.

It is especially noteworthy that coaching has shown potential in educational settings, given the current climate of crisis in young people’s mental health. There is mounting tension around the expectation placed on teachers to support children with their mental health, but not afforded the training they feel they need in order to do so effectively (Rhodes, 2018). Coaching offers a number of opportunities to help mitigate this issue: first, training school staff in coaching skills may offer some tools with which to support pupils without the need for in-depth specialist mental health knowledge. This could be particularly effective in that the same skills can be applied to supporting children in a multitude of other areas of their lives too. It would be prudent to explore whether coaching skills increases school staff’s confidence in supporting pupils in

this way. Second, there might be benefit in widening the use of school-based coaching and positive education programmes, such as Worth-It Projects (the programme on which the research by Robson-Kelley & van Nieuwerburgh (2016) was based). Using coaching to empower young people to develop the skills needed to maintain their wellbeing could be one of the most powerful potential applications of coaching psychology, and it would be prudent to explore such possibilities in practice and research.

In summary, this scoping review has offered a number of insights into mental health coaching and demonstrated some positive outcomes. As this fledgling area of research and practice evolves, there are many important opportunities for leveraging the potential of mental health coaching.

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Conclusion

Scoping review is a fledgling method which, with the adaptations noted in this article, was invaluable in gaining an understanding of the research landscape on mental health coaching. This small but growing evidence base reveals rich insight into how coaching psychology has been applied, bringing an array of possibilities for future research. The prospects and possibilities of coaching for mental health are vast, and may be a crucial piece in the puzzle of improving people's mental wellbeing. The author looks forward to continuing to follow and support this important field of work.

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