

## 'You play to your separate strengths and respect them'

Jackie Sykes and Chris Welford talk to Ian Florance about partnership working

Many psychologists now lead portfolio careers, mixing independent consultancy, one- or two-day-a-week contracts, lecturing and writing. Others are self-employed 'lone wolves'. These sorts of arrangements make up in variety what they lack in security and work-life balance. Partnership is often seen as the most fragile of organisational arrangements: if two people who own a business fall out (and the cliché is that they usually will) there's nowhere to turn.

But here's a counter instance: Jackie Sykes (nee Scullard) and Chris Welford

have not only run a company (Sixth Sense Consulting Ltd) since 2010, they've also just completed the even more mysterious process of successfully writing a book together. They describe themselves as 'rather different people'. I quizzed Jackie and Chris about these issues, and others, in a quiet bar near the Festival Hall in London.

I began by suggesting that if they are different they must have taken different routes to psychology and their partnership. Jackie answered first. 'I wanted to be a psychologist from my early teenage years. I've been asking why

people do what they do and why they are different since I was very young.' Were there obvious other influences? 'Some of my parents' friends were psychologists and I read about the subject from a young age. I quickly decided it was a way of helping people – of contributing to the world.' This motive often leads people into clinical or educational psychology, but for Jackie occupational psychology was her first and continuing love. 'People spend so much time at work that psychology has a critical role. Doing bar and other work as a teenager I got interested in teams and how you could work efficiently together. I studied at Hull and became Professor Dave Bartram's research assistant. Dave is one of the UK's leading experts on psychometrics, so it was logical that I should in turn move on to work at a leading psychometrics publisher. But I wanted some client-facing experience and I cut my teeth at leading assessment-based companies.'

A big change came when Jackie moved in-house as Head of Talent and Assessment in Centrica's HR department, then became a business partner for Centrica's call centres. Jackie had moved from study, to psychometrics to consultancy to in-house work. 'Working in-house is important for younger occupational psychologists – it teaches them the reality of work environments, the language that's used, political aspects of work life. Without that understanding you can't be credible in any role. You also learn how to sell yourself and what you're offering in a less target-driven and risky context than, say, a consultancy. But, after all the diverse experience, I found I particularly enjoyed working in consultancy roles. I love working with people to enable them to be the best possible version of themselves.'

Jackie and Chris met at the consultancy Penna and stayed there for five years. 'We'd won a half-million pound deal in the first three months. We were always wondering if we could this on our own.' This seemed a good moment to ask Chris about his road to



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psychology, and just how different they are became immediately apparent.

### '...here I am, 30-odd years later'

'I have no idea why I did a degree in the subject – maybe my interest in the human condition springs from an unhappy childhood. Anyway, I originally wanted to study medicine. I loved biology as a subject, but I hated chemistry so, in the end, medicine didn't appeal. I got interested in thinking and feeling rather than the physical aspects of humanity and ended up at Manchester studying psychology. I suspect I got more out of the supplementary reading than from anything else. When I left I wanted to become a psychotherapist, but I felt I was too young and inexperienced. I liked work and enjoyed working in HR at ICI – I found pharmaceuticals interesting and ICI was embracing the whole idea of a learning organisation.'

When ICI, as Chris puts it, 'did the splits', he thought about becoming a management consultant for a short time. 'It sounded fun and glamorous, and I thought I might do it for a couple of years before deciding on a proper job. And here I am 30-odd years later. I worked all over the world in public and health sectors for KPMG then moving to PA Consulting began my love affair with London.'

Chris did a postgraduate degree specialising in employment law. The connection between law and psychology is something I've noticed a few times in these interviews.

'In the later years at PA Consulting I got interested in the human development movement and formally trained in psychodynamic and gestalt approaches. I realised I still really wanted to be a psychotherapist.'

### 'You need the same values'

Both Jackie and Chris agree that, after all this time, they still enjoy working together and that their success in cooperation is as much to do with their complementary differences as with anything else. It's been apparent from the way they've answered my questions: Jackie is very considered, careful and precise in what she says, Chris is more emotional, perhaps more self-critical. In their written self-description they describe it this way: 'A strategist and conceptual thinker with a deep and sometimes disruptive curiosity into the human condition, and a pragmatist who plans, organises and gets things done! Different people, different styles but with a shared vision of bringing the very best

in business psychology to everyday organisational life.'

Chris in particular sees this difference as one of the keys to their success. 'You play to your separate strengths and respect them. You may have different skills but you need to have the same values, otherwise it won't work. Jackie is a great project manager and saw setting up the business as a mega-project – an area I admire but can't necessarily do.' The other key to working together seems quite simple: 'People who get on get things done.'

They talk about the company in a way that provides a model for others seeking to follow their path. 'We're on the cusp of changing,' Chris adds. 'You need to develop continually and up your game. There's always more meaning to squeeze from the world.' Jackie: 'We have offered a fairly standard menu of services – assessment for selection, talent strategies, reacting to change, coaching, leadership development and team building. But we're differentiated by going into things at a deeper level and by our understanding of the roots of behaviour. Originally we seemed to be a me-too business, but that's not sustainable. So we introduced the psychotherapeutic concepts which Chris had been particularly interested in and which are often ignored in organisational work. I got very interested in transactional analysis.'

Chris says that 'a key question is how to bring the principles of psychotherapy and psychoanalysis into this area... Psychologists have a fetish about the scientific paradigm, but in my view it's not the only way of understanding the world. The other issue is how to get invited to do work because of a strong reputation rather than because you've had to go out and actively sell your services. Again, this is a transition any partnership or company has to make otherwise you die of exhaustion.'

### The democratisation of knowledge

They describe their new book *Staying Sane in Business* (see [www.sane.works](http://www.sane.works)) as a 'calling card, a way of establishing our reputation professionally'. It's perhaps no surprise that with the advent of e-books, self-publishing systems and online book marketing sites that a large number of professionals, including psychologists, are writing and releasing books at the moment. A quick leaf through the contents suggests it does exactly what it says on the tin – looks at how you can stay sane in the often insane world of work through your own efforts and the

help of others. This implied cross-over of clinical, therapeutic and business disciplines is critical in a highly pressurised business world and raises questions about the organisation of psychology as a profession.

'It's the most frightening and exciting project I've ever undertaken,' says Chris about writing the book. 'I was haunted by questions like – Is it interesting? Is it insightful? Why should anyone care?'

Did they find it easy to write together? Jackie is clear. 'The key thing was to discuss the base ideas and agree on them. Then we divided up the task of writing. I researched and penned the resources section, which is a major part of the book. Chris wrote the base text. In a sense it's easier to write a book together – if one of you loses impetus the other can help you keep going. And you feel responsibility to your co-author. Deciding who the readership was going to be was critical. We decided that we wanted to write specifically for people who find business books boring.' Chris adds, 'I see it as an attempt to democratise knowledge. We're saying that work can be a dangerous place, that it is OK to ask for help, but that techniques like mindfulness are not something you have to get someone to do "to" you. You can practise them yourself. It's a privilege to share knowledge you're lucky enough to have gained, and I think psychologists should think more about this mission.' Jackie adds, 'That's why each section of the book can serve as the basis of a workshop and why we're also creating a website to go with a book to which anyone can contribute.'

The book is now launched, the workshops are available and the website [www.sane.works](http://www.sane.works) is up and running. This integrated approach seems a good model for psychologists who are thinking about writing something beyond a research paper. It's not just about putting words on paper but on conceptualising the book as another business project and reflecting some of the networking ideas that social media have introduced.

We've reached the end of our conversation, but Jackie succinctly sums up one of the main themes while posing a wider challenge. 'I wish people would embrace the idea of dual qualification coaches – that a diversity of approaches can create real effectiveness in applied psychology, not to mention in businesses.'

Perhaps we should leave the very final word to someone who hasn't been quoted too often in the pages of *The Psychologist*. Kim Kardashian is quoted as saying: 'It's fun to have a partner who understands your life and lets you be you.'

# Street triage – what, why and how?

Fiona Sweeney outlines an unusual role

As I stepped out of the car and walked towards a house that was surrounded by ambulances and police cars, closing off an entire street, I believed I was becoming involved in some sort of military siege. Myself and a colleague were greeted by six police officers all looking somewhat stunned, being condemned as the ‘devil’s spawn’, unable to enter a family home. As we entered with trepidation, we were greeted by a service user known from some time ago, sitting in the family living room reciting prayers, rocking backwards and forwards ferociously, becoming increasingly agitated. She was in the grips of psychosis. Her family, equally distressed, clutching one another’s hands desperate for help, yet not knowing where or whom to turn to. This was to be my first of many shifts working on a street triage pilot, alongside the police.

Worryingly, although the police readily have contact with vulnerable individuals, they receive next to no training in mental health. I was surprised at the amount of calls the force control room receives that involve those in distress suffering from poor mental health. However, I was equally surprised at the responsibility both call handlers and police officers are expected to bear in relation to ensuring the safety of those suffering, with no supervision and limited knowledge of conditions. What I was not surprised at, however, was that these service users are at their most vulnerable, desperate for help, yet often receiving inappropriate care, with crises not always effectively managed due to this lack of training and understanding (see [tinyurl.com/qgwcdo3](http://tinyurl.com/qgwcdo3)).

One power that police officers possess as a way of ensuring those they believe to have mental health problems are assessed, is through a section 136 detention. These have been prominent in the news recently, more so for children and adolescents, and have been highlighted as potentially detrimental for an individual’s mental state, especially when police cells are used as places of safety (see, e.g. [tinyurl.com/p6958xy](http://tinyurl.com/p6958xy) and [tinyurl.com/no8bvys](http://tinyurl.com/no8bvys)). However, working within a Crisis Team I have witnessed that police officers’ and mental health professionals’ hands are sometimes tied, based on the limited number of Health Based Places of Safety. This being said, the readiness at which a section 136



The new Street Triage team formed for York and North Yorkshire

detention is applied is unsurprising given that many police officers are unaware the mental health act code of practice states that professionals should make a decision using the least restrictive option. Therefore, someone should come into contact with services they should receive help and support in the community ideally, or be admitted to hospital without the constraints of being detained under the Mental Health Act.

There is yet to be a formal standardised measure to monitor the use of section 136 detentions, which raises concerns around the quality and completeness of the data. This being said, the Care Quality Commission reported 21,814 section 136 detentions in 2012/13, which is a fall from previous years. However, it has also been found that the percentage of individuals held on a section 136 who were subsequently detained further under the Mental Health Act 1983, has fallen to 17 per cent compared to 29 per cent in 2007/8. This may indicate that the detentions are not always appropriate. Unfortunately, subsequent data around the individuals that received mental health follow-up

after being detained on a section 136 is scarcely reported.

## What is street triage?

Street triage schemes were launched in 2013 by the Department of Health due to the increased involvement police forces were having with individuals suffering from poor mental health (see [tinyurl.com/md8fe4s](http://tinyurl.com/md8fe4s)). They involve dedicated mental health professionals collaboratively working with police officers, attending scenes and offering more tailored interventions in order to ensure individuals receive the most appropriate care.

A typical working day... is not a working day on a street triage shift. We, much like the police, respond to many different incidents involving a variety of individuals of different ages and mental health issues. We usually start the day by attending a police briefing at the point when police officers hand over their shifts. We then continue the shift by listening to the police radios, and responding to incidents we, or the police force, feel may involve mental health. In



some cases the individuals we go out to see are open to services, yet are in a time where they need additional support. Other cases involve those who have had no apparent involvement with mental health services, yet have reached crisis point.

As mental health professionals are readily available to advise police and to attend scenes, street triage has allowed individuals to receive additional input from services, and also allowed those with no support to receive the help they so greatly want.

### Current challenges

Due to many of the schemes still being appraised, little research has been conducted around the models of care the pilots have adopted and the service-user experience. At a time of mental health crises, service users can report feeling exposed, having to wear their heart on their sleeve, and relive painful memories, or engage in life-threatening behaviours, simply to be heard. In these instances, street triage schemes may prove beneficial, as it allows easy access to mental health care. However, police officers attend the scene first, and they are the ones to make a judgement of whether street triage assistance is required. Having joint working is beneficial. Nevertheless, I also feel that the police may be unaware of some ethical considerations mental health practitioners adhere to, a major one being consent.

People have the right to choose whether to engage with mental health services or not, and this decision may be influenced by many factors. However, with police presence, there is a concern that service users may feel somewhat obliged, or forced to speak to professionals in fear or doubt around what may result if they refuse. It is important for all those working on street triage schemes to be mindful of this, and not only educate officers around mental health presentations, but also the ethical considerations of working with these individuals.

Furthermore, at times of crises, timely intervention and support is imperative. Street triage aims to respond quickly. However, is there a risk of being moulded

into an emergency response service?

When presented with individuals in crisis, being calm and reflective is imperative. Projecting the feelings that are influenced by the autonomic nervous system with the external stimuli of blue lights flashing and sirens sounding, would only result in professional perceptions being impaired. It is these perceptions that impact upon the lives of the service user.

Although no formal research has yet been conducted around the schemes they have been hailed as a success, with West Midlands Police reporting a reduction in section 136 detentions

([tinyurl.com/o9qnl9](http://tinyurl.com/o9qnl9)). Although this was the original intention, I feel they have done so much more. Becoming embedded in the police environment, including attending briefings, is completely alien to most working in mental health. Yet this

gives us centre stage to spread the message that the police are not on their own in trying to resolve the distress of those with poor mental health, at least for now. It is also an opportunity for us to educate the police around different mental health presentations, debrief upon past issues, and create an openness for all around talking about mental health. Equally,

I would not be alone in saying that mental health professionals like to talk. Therefore, this message is repeatedly spread.

In a time where NHS professionals are under much pressure, and there is significant financial doubt concerning the sustainability of certain services, it is easy for attention to be diverted away from patient care. After all, the NHS is considered to be a business. However, street triage has enabled me, and the clinicians I work with, to refocus upon the delivery of efficient and effective care within the community. It provides us with a constant reminder of why we chose to enter a caring profession – because we care. As a recent psychology graduate, being involved in a new initiative has been an exciting opportunity. One thing I feel that the street triage pilots have brought is openness, and willingness to speak out about mental health. There are instances now when at police briefings personal experiences of mental health are candidly spoken about. Encouraging this behaviour and enhancing individuals' insights into a range of mental health problems in different professions will,

I hope, increase understanding whilst decreasing stigma. The future of street triage schemes is uncertain, and whilst they have been found to be successful based on various measurements, I feel that there is still a long way to go in making sure high quality mental health care is delivered consistently to all individuals that require it. After all, lives are at stake.

Having the opportunity as a recent graduate to become involved in a new initiative has fed my ambition to become a Chartered Psychologist further. Fresh out of university, it is easy to become bogged down in the ever-increasing competition, and need to obtain relevant experience. It is easy to have the end goal in sight, yet become lost on the path to reach it. However, being a support worker or an allied health professional within secondary mental health services gives such valuable experience. Working within the Crisis Team has focused my attention upon reflecting on each experience whilst honing the skills learnt, and building the confidence to continually seek further challenges. This post has opened up many opportunities. I now begin a new challenge of facilitating group-based psychological interventions for offenders within the prison service. I hope to gain a place on a Doctorate in Clinical Psychology course in the near future, but continue to enjoy my journey of gaining experience on the way. I encourage anyone with a personal interest in mental health or psychology, looking to get their foot on the ladder, to take up a support role in the NHS. Innovation requires fresh ideas: ideas that new graduates can bring.



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