Victoria Walker (PGR)  
And so. I'm going to start off just by thinking about some general reflections and feedback on the survey that you completed and and the survey looked at things like anxiety and autistic traits, but also camouflaging of autistic traits as well. And so before completing the survey, how did you relate to your diagnosis of an anxiety disorder?  
Beverley Umm. I guess it’s had quite a big impact on my life. So think about quite a lot and- and I don't really know what question means, sorry.  
Victoria Walker (PGR): That's OK. So did you have a sort of a way that you thought about anxiety in relation to yourself and do just the word anxiety sort of evoke anything for you and how, how did you sort of, I guess, relate to anxiety as a whole?  
Beverley: I guess I'll find it quite hard to separate it from myself, like I just feeling very anxious person and that kind of shapes you, what I do and how I have like, relationships with people and like why they can manage in like, life. So it's kind of hard to think that separate from from me if you know what I mean.  
Victoria Walker (PGR): Yeah, yeah, I hear what you're saying that that you felt like you were an anxious person, so anxiety sort of felt like it was almost a part of a part of who you are. Is that right?  
Beverley: Yeah.  
Victoria Walker (PGR): Yeah. OK. I suppose after you've completed the survey did  
any of that sort of relationship, did that change? Did that change at all after completing the survey?  
Beverley: Um not that I really thought about, you know, I don't know, I haven't noticed that it's changed. Yeah. No, not really, I don't think.  
Victoria Walker (PGR): Yeah.  
Beverley: Sorry.  
Victoria Walker (PGR): You don’t have to apologize. That's OK. Because the survey asked about quite a few different things, and it was whether that sort of influenced your relationship to anxiety at all. But if it didn't, that's fine. And so I'm I guess one of the things the survey asked you to consider is statements that could be linked to autistic traits. And one of the examples was I have a hard time dealing with changes in my routine. And what was it- What was it likes to to answer those sorts of questions?  
Beverley Um. I can't remember in the survey if it said. It was about being linked autistic traits I don't know because I feel like it's a bit of a long time ago I filled it in. Only I think. And. (pause)  
Victoria Walker (PGR): OK. That's OK. Take your time. (pause) OK.  
Beverley: Sorry, it's been weird.  
Victoria Walker (PGR): OK. I guess one of the things so on the Umm, so when you filled out the survey, there have been a page at the end that described what the study was. I was asking you about and that was one of the things they explained in there was that it was asking about the relationship between things like the experience of anxiety but also what we might consider to be autistic traits. That's not to say it is autism. It's to say that there are a lot of us will have autistic traits and and we may not be autistic, but also what we call camouflaging. So it explained a little bit about that in the sort of the final page of the first survey and and about how we may or may not, sort of. I guess if we experience autistic traits we may camouflage them. So that's not to say that anyone has these or not. It's just that the survey asked you about those sort of things. And one of the examples was I have a hard time dealing with changes in my routines. That was just one of the examples that there was about 30 questions about that sort of topic. And I guess all I was asking was that if as you were completing those sorts of questions and I understand it was a long time ago. And but if there was something that got your interest from that, as I suppose that you volunteered for the second part of the study. So I guess just think I'm just sort of asking questions a little bit as to as to what might have contributed to that.  
Beverley: Um. Yeah, I didn't know. I feel like. Only thing is, my family often joke though like ohh. She's a bit autistic. I mean, that was general on the spectrum like. I don't know. I think it's just family joke. But sometimes I think ohh like not say that I'm autistic back and sometimes see traits in myself and I think my family will say that. Like I feel like I don't know that if I think I would just attach too much like negativity to myself if I thought if I thought that.  
Victoria Walker (PGR): OK, I guess that I guess I'm interested in. That's when you say you would sort of attach negativity to yourself. What does that? What do you mean by that?  
Beverley  
Like an error, I feel like. If you think of like. I don't know, just like there's this stigma around it, I guess and it's not something you would really want to be or to have as like a label.

Victoria Walker (PGR): So when you say, is that something you would not like to have as a label? Is is that to do with with just the stigma or is is that something that you feel about what that may mean?  
Beverley: Both, I guess, like I wouldn't want people to know that that was labeled and  
I'm thinking, I was kind of, I don't know. Well, I beat myself up a lot already and well it would probably just add at that.

Victoria Walker (PGR): So when you say you beat yourself up a lot already, is that is that from an anxiety perspective? What perspective does that come from?

Beverley: Yeah, I think I just spend a lot of time like. I don't know like thinking and thinking and thinking about things aren't going well or, ohh did that- did I come off weird that person or? What do they think of me? I don't know. There's the conversations I've had, like, years ago that I think about. I think all that didn't go well and that probably came off really badly or something. I'm terrible. I find it’s hard to like let them go and and I think once I get into that headspace, kind of like, find it hard to get out of it and and you just and yeah, my brain just spirals. And, yeah, I don't know.  
Victoria Walker (PGR): And I guess when thinking about one of the other parts of the survey was about camouflaging and camouflaging is, I guess, when we think about that, we might do things in certain situations to to mask and to sort of to blend in almost. And and an example question of that on this, the survey was, I feel like I'm pretending to be normal and I guess sort of seeing those questions there and and thinking back to to to doing that on the survey, what what it what was that like is that is and is that something that-  
Beverley: Yeah.  
Victoria Walker (PGR): - is relevant to your, to your experience at the moment, the sort of the the masking and camouflaging.  
Beverley: I think like what you just said about like presenting to be normal, uh, I feel that like most of the time like, and to the extent I don't really know, like who I actually am. Well, it's a bit deep, but like. I thought I'd just sort of like picked up how- how things are meant to be in that different situations and I can slip quite easily into looking quite normal, but it doesn't come very easily to me and then.  
I don't really know what or how I actually would would be if I was just like completely comfortable. I don't know. I don’t know. I just don't. It does feel- I don't feel like myself really very much in- in most social situations, I guess.  
Victoria Walker (PGR): Yeah. So so has maybe camouflaging has that sort of almost formed part of your who you are as well as you were saying that anxiety is part of who you are as as the sort of the the camouflage and masking in situations is that become a part of it too?  
Beverley: Yeah, I guess potentially. The only time I feel like myself is when I'm just on my own like. So I guess it kind of not part of who I am, but like just part of how I deal with life and yeah. It’s something I did quite well, like people wouldn't know but. Like, yeah, I think a lot of people wouldn't know. That's how I feel. But yeah, just kind of got to do what you're gonna do.  
Victoria Walker (PGR): So when you say you you, you're good at it. Could you, could you tell me what that means? Is it? Is it that you've you've got any examples of of camouflaging or anything like that?  
Beverley: Um. I remember as a kid, like or it would have been like a teenager.  
And I really didn't really know what was going on. I had some friends, but I didn’t feel like I fitted in with them but kind of like learned how you’re meant to be in in in like big groups and I don't love that. Like they loved being big groups of people, but I kind of learned to manage and then ended up going to uni like doing alright, like quite a lot of friends but didn't really feel like I was being myself around my friends, but I don't think a lot of my friends would have known that. So just kind of learned. So yeah, I don't know.  
Victoria Walker (PGR): I'm I'm curious as to how the anxiety and the camouflaging interact really. Do you find that the camouflaging helps or hinders the anxiety? What do you think?

Beverley: I think I can like just overanalyze everything like, if I have- I don't know. I feel like helps in a way because I Don't feel so so much like I stick out. But then I didn't feel great because I don't feel like actually me like, still like a bit fake to everyone, right? And then I can just get over anxious about that instead. So I don't know. I feel like whatever I was doing, I probably would be awkward anyway, so. Yeah, it's not great, but.  
Victoria Walker (PGR): Because it's what you've you've developed over time to sort of get through these situations. So you know it's something that has has has come from I guess that that need to get through.  
Beverley: Yeah.

Victoria Walker (PGR): Um well, thank you for that. I'm gonna move this on to the to the next part and so the survey asked about statements that could be linked to thoughts regarding suicide. So there was some statements in the in the survey. I'm not sure if you remember that were sort of that could that could suggest and that the person might experience suicidal thoughts and so one of the examples was these days I feel disconnected from other people and another example was the fact that I'm going to die does not affect me. So there was quite a broad range of questions asked and that could sort of link or be linked towards someone who may be experiencing thoughts of of harm to self and I guess hearing those statements and maybe thinking back to to the survey where the those sort of questions have been asked of you. What do those statements sort of evoke for you? (pause) What's it like to consider them?  
Beverley: Um. They like resonate quite a lot with me. And. Yeah, I don't know, I guess.

When I think about it, I think like it's not great I'm in that place and- but- I guess kind of just- just used to it a bit like, used to it being that way like. Yeah. Not sure.  
Victoria Walker (PGR): So the the questions that were asked were part of a a model and the of sort of assessing, I guess someone's risk factors for for suicidal thoughts and feelings. And it's called the interpersonal theory of suicide. And it's put into 3 aspects, and and I'll go through each of each of those with you. And so the the first sort of aspect of the model is something called perceived burdensomeness and that sort of characterized by a statement such as these days. I think I'm a burden on society. And- can you just can you describe to me your experience if you have it of of that perceived burdensomeness or feeling that way?  
Beverley: Yeah, I do feel like that quite a lot. And I don’t know, I think it's like a combination of things like, I just feel like I've taken a lot from people, but don't give a lot of back and and that doesn’t feel great and and then like what I've tried to get help there's not much there or like, passed back in between services. So like, this feels like no one really wants to help you and, like I don't know. I feel like the things that you could do that would make me feel a bit better by yourself, like I've just not, it’s just quite hard to manage them. And like I like had to leave my job and things like that and so it like, doesn’t feel like I'm able to, like, contribute very much and- but I need more help from people. So I do feel quite like- quite like that I guess.  
Victoria Walker (PGR): Yeah. And and I can see it's it's quite difficult to talk about, so I just want to thank you for sharing that with me. And you know if we need to, if you need to take a break at any point or a pause, just let me know as this is quite a difficult part of the conversation that we're gonna have today.I I guess thinking about what you've sort of shared with me there and is that something that is parts of your relationship or sort of the way that you experience your anxiety or anything like that. So they are, they linked together?  
Beverley: I think maybe like kind of both linked to each other like, I’m also anxious that I struggled to do a lot of things I might want to do and I need to have a lot of help from people and then I get really anxious about needing a little help from people that they're gonna get really tired of me. And then it kind of feeds into each other. I don't know because it’s not the best combination and- or like all that even times I just got over and said it doesn't like- it's not gonna last very long and- yeah, I don't know. I feel like the anxiety just sort of shapes everything that I do and this makes feel like not very good at anything, and so just- that makes it hard to like accept any help from people, and so I feel like I deserve it.

Victoria Walker (PGR): I guess is that where the camouflaging comes in to almost because the help is difficult to get? Am I right in saying that it might just be easier to camouflage and blend in than it is to get that support? Is that right?  
Beverley: Yeah, I’ve kind of gotta keep- keep going, really. I think sometimes it's just the easiest thing to do and yeah.

Victoria Walker (PGR): Thank you for sharing that with me and I I guess another part of the- so the second part of the three parts of the model that I was talking about is called um thwarted belonging. And and that sort of characterized by statements such as these days, I often feel like an outsider in social gatherings, and I've sort of heard a couple of things from you from there that might suggest your relationship to that statement. But I guess if you could just describe to me that. How you how you relate to that concept of that thwarted belonging?  
Beverley: Yeah. I think I mean everybody, I select few groups of people. I do feel quite comfortable with them, but like. For example, like last year, lived with some girls and they're really, really sociable and they'd have, like, people around all the time. And I feel like I had to be enjoying them because it would be rude, but I'd sit there and I think like I have no idea how to take part in this- in this like conversation and I've got nothing to say. And I just felt that everyone's thinking I was really weird and- and then you kind of end up just isolating yourself because you know that you probably gonna look weird or you're going to be worried about that you look uncomfortable, and then I think when I get- it looks like I’m dealing with it like that I think if I'm in a good place, I can like, pull a brave face and look like I know what I'm doing in social situations, but if I'm not, then it's just, yes, just horrible and so you just end up like turning down a lot of like invites to do things with people.  
Victoria Walker (PGR): Yeah. And again, I'm sort of- I'm hearing that from from what you're saying that it's that there's been some really difficult experiences there and I guess I'm wondering about, how I guess you manage that, how you manage those those feelings?

Beverley: Um. Not very well to be honest. I think. Yeah, it really depends how I am like I feel if I'm doing alright- it's weird that I have these experiences about that. I'll be in a situation, and all, I mean, I'm talking. And have no idea what I'm saying, but I just know it's like there's part of me that can just kind of like detach and- and function and like manage quite well. And I said, I think that's really weird. Like who am I? And I didn't feel like that's me talking and- and it just kind of freaks you out bit so, that I kind of managed. So that's part of me that can function in those situations but sometimes, like I just deal with it by just like withdrawing completely, like I mean, like in my second year of uni with my housemates, I just- like I couldn’t leave my room for like 8 months and so I guess that's a bit of an extreme example, but like did happen and like sometimes I would just go to bed and just- yeah, I guess, feeling quite low… because- because it's got like- yeah. I just don't really want to be around people when I'm feeling like that and but that doesn't actually help very much.  
Victoria Walker (PGR): So it can become a bit of a cycle?  
Beverley: Yeah  
Victoria Walker (PGR): And again, thank you for sharing and for being so open with me and and the the 3rd and final part of the of the model is it's called acquired capability and what that sort of relates to statements such as I'm. I'm not at all afraid to die. So. So. So there was. There was a few questions on the survey that sort of asked questions, asked questions around those sort of things. And I guess- could you describe to me your relationship to those sort of statements?  
Beverley: Yeah, I guess. I've been in different places with that at different points like, I was brought up as a Christian. I don't really know where I am with it all but I think that does always factor at times and I have really thought about doing something that's been in the back of my mind. Like what- what if it was actually true and- and I ended up like going to hell or something like that. So, that's probably like the main thing that's ever stopped me from like- like doing anything about it, but I don't think I would be afraid to like to die, I guess.   
And- and that you think about your family and- and how they'd be but- I don't know. That's not how I am feeling right now, but like, sometimes that's how I feel like. And. My God. Yeah, they’d be sad, but- like probably be sad. Anyway, in the long term that will happen anyway. Yeah.  
Victoria Walker (PGR): So there's a bit of a sort of conflict in relationship going on there of that your relationship with religion in a way, sort of protects you and, but at the same time you're not sure where you stand with that and also where the conflict of and that you know the the family would would be upset. But that just says you feel that that might happen anyway. What makes you say that?

Beverley:   
I just feel like I’m- just not quite like living up to expectations. Do you know what I mean? Like, I was a high achieving kid and- and- it's like dropping out of uni and to like leave my job because- because I was not very well.  
Victoria Walker (PGR): Is that to do with expectations others put on you or that you put on yourself?  
Beverley: Both. Yeah. Yeah, I'm like- and you still think like ohh, what can my life have been like if I've been doing it better and- and like, have the energy to do things that I want to do and and and like yeah, not had periods of time where I was like unable to leave the house and things like that and- yeah, for like a lot of like missed opportunities, but yeah.  
Victoria Walker (PGR): Yeah. And and I just wanted to keep sort of appreciating that you're sharing really difficult stuff with me so and so yeah, please just take your time with it and and yeah, really I really appreciate you being so honest with me. I I guess- and this is thinking back a little way to when you did complete the survey. And I don't know how much you remember of it, but, um, when you filled out, filled out the survey and it asked about

statements that could be related to to suicide. And did you feel that after you've completed it that it it captured your experience of those difficult thoughts?  
Beverley: If I'm being completely honest with you, I can't really remember. I really sorry.   
Victoria Walker (PGR): That's OK.  
Beverley: Yeah.  
Victoria Walker (PGR): Yeah, I guess I wonder and it might be an easier question is when you finished it, did it leave you thinking that something was missing?  
Beverley: Um, I don’t remember, sorry.  
Victoria Walker (PGR): OK. And I guess we've talked a little bit about the the, the model that I've just spoken about and how that sort of characterizes things and- and I guess I'd want to ask you about, is there anything else about the way that you sort of make sense of your experiences of those of those thoughts and those experiences and that hasn't been captured within our discussion so far?  
Beverley: I don't know, I guess- I feel like it's something that's like changed over time, like- and maybe when I was a kid, kind of the last part, what people thought, me and- so like, I probably didn't really- I remember feeling like I didn't really fit in, but I didn't really mind that much and- but like- it's one of these things like as times gone on, you care about more and so I think maybe it's something that's like- I really do remember like learning like I think I need to learn how to- like- fit into social situations because ideally I would have been a teenager, I think and- I feel like- the, yeah- the like feeling that I'm just like, pretending is like something else. Maybe gotten more- like over time and- and my anxieties got worse over time and everything's got worse overtime. But- and- I don't know. Sometimes I think maybe if I just stop caring so much. Maybe I'll be be alright. I don’t know. Yeah, it's hard to do. That would help. Yeah.  
Victoria Walker (PGR): And it's a hard thing to do as well to just gonna stop caring about what other people think.  
Beverley: Yeah.  
Victoria Walker (PGR): Well, thank you for that. And so I'll, I'll move on to the the next the next part of the of the interview and so um this is about what might improve identification of peoples needs and so anxiety is a is is a sort of a common mental health diagnosis that is is given to women. I guess could you describe to me how you how you gained your diagnosis and sort of where you got that from when it was your experience of it?  
Beverley: I kind of already had thought, Oh, something is not quite right. Like in me. I am more anxious than than I should be. But you kind of tell yourself you’re just making a fuss about it, everyone gets a bit anxious from time to time. But- I think it was- yeah. Well, it was my mum, and she, like, took me to gain some help- was like- it was in my second year of uni when I got stuck in my room. So like, I didn't really understand why, but then suddenly I just couldn't- I couldn't leave the room without having a panic attack and had to like- I couldn't use the kitchen and I couldn't- like it was very ridiculous. But yeah, yeah. Wasn't great. So my friends were like, you need to go see the GP, and the GP was like, Oh yeah, you’ve got anxiety, yeah. But they didn't really help that much and prescribed medication, didn't really help anything other than prescribing beta blockers and they were quite good. And but- um, so I think I kind of knew in my heart like I’m probably a lot more anxious than than the average person, but it took for me to be like- to like completely stopped functioning before I could have admitted there was a a problem maybe. And even though I was, I wasn't gonna go and seek out the help I needed that push from friends. Yeah, yeah.  
Victoria Walker (PGR): And you said that it it, it didn't really help I guess, did you feel that getting the diagnosis helped with understanding your needs?  
Beverley: It helped me in like communicating and getting support from uni because I had a diagnosis and it made me feel a bit better about like trying to take care of myself bit more and let thinking of -and like this is a really busy week. It's not gonna help. And maybe there's something that I can like cut out and just cause I- yeah. I think it made me feel a bit better about like doing- doing things and like, maybe letting people down a bit because I knew that I probably needed to. Otherwise it's gonna make me feel worse and yeah, I think maybe we could just, yeah, like made me feel a bit less bad for about doing things that might help. Yeah, but it hasn't, like, gone away.  
Victoria Walker (PGR): Yeah, yeah, I understand that. And I guess to sort of link on to that, when you were getting the diagnosis, was there anything at that point that you felt was missing?  
Beverley: No, it depends what you mean like, I mean the help that I needed that was kind of missing like no one gave me any help and- and- yeah, I was popped on a waiting list.

And I could have just really, I don't know, like at that point I like, I couldn't leave my room, I was losing weight cause I couldn't eat, like I did really need some help and- and- but there was nothing really there, so that wasn't great.  
Victoria Walker (PGR): Do you feel that not enough avenues were sort of explored for you at that point?  
Beverley: Um not at that point, I think. Yeah, I didn't know as time went on- and- and that, like developing an eating disorder and then I feel like I don't know. GP Now has tried all avenues of help for me, but I keep being turned away. Either I got like turned away from the eating disorders team because my weight wasn't low enough, and then I turned away from the charity- like eating disorder charity- because I was having lots of suicidal thoughts and said I was too high risk for them. And then I got turned away from another team because of the eating disorder. So it just feels like, if you look at one problem, then it's OK, but if you've got more than one thing going on then you just get passed from person to person and  
that the only way I've managed anyhow it was just by paying for it myself, but then then- like since I had to leave my job like I've had to, like, stop that- so yeah, I think that like the main thing that's missing is like somehow like would have just liked some help and someone in- but you shouldn’t have to get to the point until like you're really ill before someone will actually help you.  
Victoria Walker (PGR): Yeah, I'm- I'm really sorry you had to go through that. And it it seems, yeah, it it seems like it was an awful experience to be passed, as you say, be passed around to get any- to to try access any support to the point where you where it's hard to sort of pay for therapy and which which I can imagine isn't isn't cheap. I guess when we're thinking about this, the research is looking at women with experience of anxiety, and more specifically, I guess considering your experiences what do you think could be improved and by sort of services be that GP or or teams or charities to identify the needs of women with anxiety?  
Beverley: Umm. I don't know. I feel like one of the main things that stopped me from getting any help in the 1st place was just me thinking like, oh, it's kind of normal, and I feel like many men feel that way too, but I feel like that's maybe a especially sort of thing that  
women- women often feel and- and I think I thought ohh like, when I was a teenager, lots of girls are very anxious, right? Like it's nothing. It's no big deal. You just think if someone had said like, I don't know. If someone had like, given you a chance to- given me a chance to like sit and chat about it and maybe realize all this, maybe something a bit more than just being like a bit of a nervous teenage girl. And like someone had to acknowledge that and, like got me a bit of help earlier, maybe things would have got so bad I don’t know. And I'm not sure. I don't think that really came across, but.  
Victoria Walker (PGR): I think I get what you’re saying, that, you know having having those sort of conversations at a younger age and I guess I'm, I'm wondering who, who do you think would be best place to have those conversations?  
Beverley: I guess schools like I don't know. I would have panic attacks in class and I have to leave when I was like 14-15, but no one ever like- I feel like that would have been a prime time for someone to check in and be like you OK? Do you need any help? But they would never did but I think, like yeah, I think schools must see a lot of it. And- all right, kids, all there at school like that would be a good time. I think it would be a good time for me then, but maybe teachers, just to say they haven't got time to to do that kind of thing, I don't know. And I think would have been like- surely must have been quite obvious for people that something wasn't quite right Um maybe. See, I think it probably would have been a good time for them to have done it.  
Victoria Walker (PGR): Yeah. And I guess we've spoken a bit about your experience of maybe camouflaging or masking to do you think that for those sort of suggestions and do they need to be different for people who may camouflage or mask?

Beverley: I’m not sure how. I don't know that. I think if when I was at school, if someone had gone up to me and said like, ohh you alright, probably actually would have said I was fine, so maybe it's not actually that helpful, I don’t know. I’m not sure what what would have helped. Um- because I think I would stay like focused on like making sure that I look like I was sleeping and I was alright, that someone had actually offered me any help. I probably would have said no and, I'm not really sure what would have been a better way and- yeah, I don't know. Um, I'm sure there is a better way.  
Victoria Walker (PGR): There's a question. And and so I guess some of the things you've suggested and they they they could be helpful to someone who's who's masking. And if that conversation was maybe had earlier before, maybe it gets to a point where it's difficult to stop.  
Beverley: Yeah.  
Victoria Walker (PGR): Yeah. OK and I guess it’s come into this sort of the the final part of our of our interview and it's thinking about sort of strategies for help, so I guess it's recognised that from your experience, but also from from experiences of others that support and help can be lacking. Umm and I guess can you just can you describe the type of support that you have received? I know that you said that you didn't really get it through the GP or through the the teams you were referred into but um when you have accessed any support um, what was that? What was that like?  
Beverley: I guess um, it's not like a long term thing, but at times of like crisis, I've called the Samaritans and they've been really helpful in like listening to you and yeah, I- I think they they're really good. But they didn't do anything. They can't help you long term but that they are quite helpful in those moments when you need them, and when I'm not doing well and when I was paying and seeing a therapist myself that was quite helpful and to like teach me like grounding techniques and like ways to manage with how- how I was feeling. I feel like I could have had that for a bit longer and that could be really useful. But other than that, I haven't really had much support, I had support from the UNI when I was at UNI and in terms of like thinking practically about how I was going to manage with my studies and that was quite helpful that they developed like a plan for me and like support that they put in place and like, extensions and not having to turn up to lectures if I wasn't feeling great and and making sure I always have access to the like resources that I would have missed and- yeah, I feel like if I could have had the same thing at work, that might have been quite good. But it's not. It's quite hard to speak about how, like my experience of support as I don’t really feel like I've had very much in- yeah.  
Victoria Walker (PGR): Yeah. And it sounds like the support that you did access from the university, for example, was quite practically-  
Beverley: Yeah.  
Victoria Walker (PGR): -based and yeah, and and I suppose there's quite a difference between that sort of practical level support and also the sort of emotional side?  
Beverley: Yeah, I think like the most helpful thing has been- I’ve got a couple of good friends who have like stood by me and I think like they've been more helpful in, yeah, like giving you a little nudge like I think you should go outside and, like, get some fresh air. Go for a run. That kind of thing and they can't fix everything but like, yeah.  
Victoria Walker (PGR): Yeah, it's seems that people that you're connected to providing that support is better than that sort of external support. Is that right?  
Beverley: I would quite like some external support, but that's not very easy to get hold of. Gotta kind of make do with what you've got.  
Victoria Walker (PGR): Yeah, I guess. In what you have accessed and which is which is limited and- do you have ideas on how they could have improved to have supported you better?  
Beverley: I think- I mean, I tried to access support from my GP and was under on a waiting list for ages, and I know that's just kind of the way things are because they're really overstretched. But, like support a bit quicker and or at one time I did get an appointment comes through but it was like while I was at work there was no choice about when or where it was going to be or- snd and I couldn't get the time off to go so. It’s a tricky one because I know they probably really overstretched and they can offer you what what they've got. But-  
like a little bit of choice about, yeah- when that's going to be or what it was going to look like, um, would have been quite helpful I guess in, kind of like… that was kind of my big barrier for me even getting any help because like- like because I actually couldn't physically go because I didn't have the time off work. Um, yeah, and that's like the main thing that stops me from- from going back and getting any help because well, if they offer me appointment during the daytime, I'm not able to go. I mean I can go once or twice, but I can't be doing that as like a regular thing. Umm.  
Victoria Walker (PGR): And that makes me think back to you saying that on the surface you function very well and part of that is working and getting this job. But then when you need the support, it's at a time that the service isn't flexible to that. So and when I'm just sort of thinking out loud here, but I'm wondering how that sort of relates to your experience of things like, you know, putting on that mask of functioning really well, how that makes you feel about doing that when that almost restricts you from getting the support.  
Beverley: Umm yeah, I think because it's been a whole new ball game, like starting work. So it was like another sort of thing to learn how to do that. I don't know how it works and and it’s of course stressful and in my last job I really didn't want anyone to know that I wasn't doing very well and- and I think I managed to make sure people didn't know for quite a long time until I got to the point I couldn't but that also made it more difficult to go to my boss and be like I’ve got appointment like I need to go to it and so if I could have just been honest with them, maybe I would have got some help and I'd be in a better place, I don't know. But like, yeah, like work. There I just had no idea how I was meant to be like, I don't know. I felt like I didn't know I was doing. Maybe everyone feels like they know what they're doing. I'm not sure. But and- yeah- I think I think maybe- maybe if I’d been a bit more honest with them then I could have gotten better, I don't know.  
Victoria Walker (PGR): I wonder if I turned that around on its head a little bit and I wonder if work places that you've experienced could do anything to help you to share rather than put all the pressure on you?  
Beverley: I don't know what would have helped I guess. I think my workplace were probably quite good, like they were NHS, we've got mental health first aiders and people can talk to them any time, but all the mental health first aiders they were my direct colleagues and I just didn't really feel like talking to them about that kind of thing and  
I think because it was quite a tough job and everyone was just put on like a brave face and said that they were doing alright, I don’t really want colleagues knowing anything, everything like, they're not friends and so we kind of had that that boundary there like, not needing to know everything and I don’t know. Yeah. I'm hopeful in my next job maybe there might be people I could could share a little bit with, I'm not sure.  
Victoria Walker (PGR): Yeah. And I guess it's it- you'll get a sense when you're there, how that feels and the comfort level that you have with that and yeah, OK we're sort of coming to the- coming to the end, I guess considering- considering all of your experiences and anything that we may have discussed in this interview, anything that may have sparked your memory from the survey, um is there anything that you that you think that, you know, mental health services or GPs or workplaces should be should be asking people or especially women who may have an experience of anxiety as anything that you think they should be asking or doing differently?  
Beverley: I think- it's a weird like- when you get help for your mental health, it's as if they expect you to be well, like, be well enough to make appointments and make phone calls and respond to letters. I mean to be opening all your mail and- and- like I wish- I I like to pretend that I am in that place where I can do all those things, but often I'm not. I'm and I'd be quite unwilling to admit that to people, I think, to them. Yeah, like few times that I missed appointments just because I really wasn't very well. I couldn't get out of bed or was like, wouldn't be able to leave the house that day. But I feel like maybe because I do have quite a- like a need to look like I'm doing OK and not to tell anyone, that's why I missed the appointment so I just got to bury my head in the sand and that stops me from getting any help, so I think that's just the way, understanding that like, if you're needing help, maybe  
you're not going to be the best at like doing things that you got to do to- to engage with the help. If that makes any sense, I don't know.  
Victoria Walker (PGR): Yeah, it totally does. It's maybe having a more compassionate understanding of that and maybe not being so I guess rigid because it seems like there's been quite a bit of rigidity and how you've been offered appointments and things. Did anyone ever ask you sort of your preferences on appointments or how you receive, I don't know, calls or, you know, texts rather than that rather than a phone call, that sort of thing where you ever sort of given sort of any preferences?

Beverley: No and I wish I had been. Because you're not getting like, really little angry letters, but they feel like they're angry letters saying, oh, you've been discharged from our service and you’d quite like some help from that service, but then you feeling like, they’re really annoyed with me. I can't go back there then so it just feels like an extra hurdle. Yeah. So and like I hate phone calls, like especially unexpected phone calls. So I'm just not going to pick them up. And but then you end up like, missing appointments cause you didn't even know they'd been made, or like they've left you a voicemail message. But then I'm just anxious about having missed phone call that you can't even listen to the voicemail message or- like a text would have been great like, so I think if someone just asked and that's like,   
not for me- I'm not expecting the phone calls out of the blue like that would be quite helpful. Yeah.  
Victoria Walker (PGR): And that feels like quite a a small thing that could make quite a big difference and just getting your preference as to whether it be a text or or not.  
Beverley: Yeah, for sure.  
Victoria Walker (PGR): Yeah, and- I guess to the sort of then my, so this is my final question is, is there anything that you that you would like to add regarding your experiences or your views?  
Beverley: No, not that I can think of- um sorry. Yeah.  
Victoria Walker (PGR): Yeah, that's fine. So we'll close it there and I'll stop the transcription.