Victoria Walker (PGR): Umm so we'll just start by having some sort of general reflections about some of the topics that were covered in the the survey. So we'll start off with sort of anxiety and autistic traits and the camouflaging aspects and so to take you back to before completing the survey, what did your anxiety diagnosis mean to you?  
Danielle: I'm I was. I was- it's bloody annoying is what it means to me. Umm I was diagnosed, I think it was- I started showing symptoms towards the end of 2019 and then I was diagnosed pre pandemic probably around the January 2020. And then spent pretty much most of 2020 in in sort of doctor's appointments and in the end, I ended up being referred to as a psychiatrist to try and help me. And it's really irritating because it's the one thing that just doesn't go away. I I was medicated for depression for a long time and- and unfortunately, it then became treatment resistant, so I was dealing with two things at once. I didn't know that could happen and it's just really irritating because it just feels like it's the one thing that I can't seem to manage as well as the other things I've got. Other health issues I can kind of manage them, but the anxiety just never goes away and it's just really, really frustrating. My mother had it as well, has it? She's not dead, but Dad's dead. My mum's not dead. I always just thought can you not? Can you just not do this? And then I ended up having it too. My daughter suffers with anxiety too, and she is actually autistic. And my partner also suffers from anxiety as well, so it's just like this kind of big thing that if it wasn't there life would be so much better. Yeah. Yeah.  
Victoria Walker (PGR): Yeah. And I guess so it's a it's a relatively new journey for you in terms of getting that diagnosis. Has that sort of then the meaning and the relationship to that diagnosis, has that changed over time since then?  
Danielle: To start off with. I was really, really resistant to the diagnosis and because of my experience with my mother and the kids. And I think the symptoms that I I was getting was so physical, that I was- I was concerned that if it was going to get sort of dismissed as they felt what felt like being dismissed as just anxiety, that that would be difficult and that goes back to sort of my experiences when I was a clinician, I used to be a physio, on intensive care, so I used to come across a lot of people with anxiety and work with people through it. And although I never ever judged anyone with anxiety, it was always quite a big barrier to treatment and stuff like that. And so to me it just felt a bit like, oh God, I really don't want that to be happening to me. Yeah.  
Victoria Walker (PGR): Yeah. Yeah. No, I can. I can understand that and I guess-  
Danielle: -Yeah. Yeah-   
Victoria Walker (PGR): -thinking about umm, some of the things that the survey was asking about, so you've mentioned that that your daughter's autistic and the survey did ask about autistic traits as well. And so one of the statements that was in the survey that that is is linked to an autistic trait is-  
Danielle: -Yeah-

Victoria Walker (PGR): - ummI have a hard time dealing with changes in my routine. And I guess, is that something that that you relate to?  
Danielle: It didn't used to be, but I think maybe it is a bit more now.  
Victoria Walker (PGR): Yeah.  
Danielle: Like through my work when I was working, I didn't really have a routine. I kind of go in and see what happened, and then you just go and deal with it. And I used to deal with that fine. And I think now that I don't work and I'm kind of not doing a lot. Yeah. I was like, I don't very much like. I don't like it when my partners working from home, for example, but then I'm not sure whether that's because he's just making lots of noise and it's just, yeah, pain in the arse. I'm not really sure if that's more to do with change of routine. So I could say, let's, let's just say a little bit, maybe a little bit now. Yeah.  
Victoria Walker (PGR): Yeah, but that's not maybe something that was life long. That's more something- OK-  
Danielle: -No, no-  
Victoria Walker (PGR): -yeah. OK.  
Danielle: Yeah.  
Victoria Walker (PGR): Umm, and I guess we spoke just before about about camouflaging, masking and and what one of the statements in the survey was in social situations, I feel like I'm pretending to be normal.  
Danielle: Yeah.  
Victoria Walker (PGR): What's your relationship with that?  
Danielle: It's different to the way that my daughter pretends to be normal, basically because she's really bad at pretending to be normal. I could tell that she isn't normal, umm, yeah, it's kind of like the whole swan thing where you see them gliding along on the surface and underneath their feet are doing that. That's what I kind of relate to from that, that my feet are constantly my, my feelings, which would be my feet are constantly sort of paddling underneath. And I tend to just try and pretend that I'm not feeling the way that I'm feeling. So yeah. I do feel a little bit different to other people, but at the same time, it's also tied up. I I have also felt different because I was a different ethnic background as well, in that my mother’s white and my father's half Indian and I grew up in a very, very white village, so I was different to other people, and so I did used to have to pretend to be normal and go like, Oh yeah, yeah, that that we do that only full well, we didn't, but yeah. Yeah.  
Victoria Walker (PGR): Yes, if there's something that umm I guess-  
Danielle: -Yeah-  
Victoria Walker (PGR): sort of knowing that you were different from your peers when you were younger, almost kind of enforced that sort of camouflaging from an early age.  
Danielle: Well, yeah, because I've always looked white. You wouldn't, unless you saw my name, you would probably wouldn't even suspect that I was remotely from from an Asian background. And it did- all all it did was make me feel like a spy. But being a spy kind of in the 80s because white people would say things in front of you and you just go. What the fuck was that? And it was like something racist because they didn't realize who you were. And I used to just like to as I got older, like let people do it over and over again and then just tell them my father was and then they just be like, shocked. Yeah.  
Victoria Walker (PGR): Yeah. Yeah, and I guess thinking about things like camouflaging and is that something that you'd ever thought of- of what you're describing as?  
Danielle: Umm, not really no, because I was kind of- I I when I was a child, I just used to not not say anything until it felt safe because I was growing up in the 80s. I was born in 1979, so I was growing up in the 80s and there was a lot more overt racism around in the 80s and there was than there is now. And so yeah, I think I knew quite instinctively that you had to kind of try and keep yourself safe.  
Victoria Walker (PGR): Yeah.  
Danielle: So I wouldn't. I was kind of camouflaging. I just used to kind of just do it and I think mixed race kids do do that, that they just kind of get used to being so I suppose it is kind of like a kind of camouflaging. You kind of you are who you are, and whichever situation, and then you just kind of change around in it, yeah.  
Victoria Walker (PGR): And is that something that's sort of persisted for you through adulthood?  
Danielle: Yeah. Maybe I think so. I mean, as a- as a professional used to, I used to just kind of be very good at changing my approach with people depending on what they needed from me. So if someone needed a bit more of warmer, they needed more sort of professional like my professionalism or they needed me to make jokes with them. I just always used to be able to tell what they needed and then kind of just change.  
Danielle: Yeah.  
Victoria Walker (PGR): Yeah. Yeah. OK. And I guess thinking about what the the various things that the survey asked about and sort of the the broad themes that that were being covered and do you think in the context of things like like autistic traits and camouflaging, do you think that they are necessary things to ask women with anxiety about?  
Danielle: I think it's necessary that professionals understand about masking and anxiety and things like that and I know that I am very good at masking my anxiety. I know that I know that I don't often appear outwardly anxious unless on having like full on dripping with sweat and trembling hands, people often can't tell. I know when I was doing my interview, my first interview to- I I I now have PIP. I now claim PIP- my first interview, they told me that I I didn't get anything because I won't couldn't possibly be anxious because I wasn't out of breath on the phone. Which, I mean, somebody needs some education. But I don't think it was anything to do with it with, with education, it was probably to do with the fact that they tried not to give it to you for the first time off, but- but you know, if that was a genuine thing that that person thought, and it just makes you think, well, maybe people aren't that well informed about what it looks like when someone is anxious, but is trying really, really hard to not appear anxious.  
Victoria Walker (PGR): Yeah.  
Danielle: And and I think, yeah, mask- masking as far as autistic traits are concerned, like my daughter at school, before they had diagnosed autism, she was often masking all day long, and then coming home and just melting down. And I think maybe if if teachers and other professionals were more sort of informed about what- what masking is and what it can look like. Maybe that would have helped her a bit more. Alright, to be honest, her teachers did pick up on it a lot quicker than we did, because at one point it switched over so she was masking more at home and and unmasked at school. When she got a bit older and that was when she was finally diagnosed because they were just like, we think something's going on and we need to get her assessed.   
Victoria Walker (PGR): Yeah.  
Danielle: Yeah. And we were just like at the- that her first assessment, my partner and I both thought we think we don't know what's going on. Then she had a second first assessment and then by that point it wasn't really- it wasn't really an any question in our minds. We we knew that she had- we knew that she was autistic and that she needed a diagnosis and more support. So yeah. Umm. Yeah.  
Victoria Walker (PGR): Yeah. No, thank you for sharing that. And I with your, I guess, experience you'll you'll know quite a lot about about things like camouflaging and masking as it's something that you, I guess that you've experienced through through your daughter and but also from your experiences when you were younger and and having to try to fit in and and put that mask on as you say.  
Danielle: Yeah.  
Victoria Walker (PGR): Yeah. OK. And I thank you for that. And umm so for the next part of the questions, I'm going to ask you and I'm going to talk about the experiences of suicidality and so and so you know, just take take whatever you need to do from this point on and just for a bit of context that-  
Danielle: -Umm-  
Victoria Walker (PGR): -the questions in the survey that related to this were split kind of into three parts of a model. And this model is called the interpersonal theory of suicide, and what that theorizes is that someone's risk increases as they experience different parts of this model. So, one part of the module is called umm perceived burdensomeness.  
Danielle: Yeah.  
Victoria Walker (PGR): And and that was sort of characterized by a statement in the survey that was these days, I think I'm a burden on society.  
Danielle: Mm-hmm.  
Victoria Walker (PGR): And and I was just wondering if umm you could describe to me if you have any experience of this feeling?  
Danielle: I don’t feel like I am a burden on society. I do feel like I'm a burden on my family sometimes, because I have so many- I have lots of health problems apart from the issues that I suffer with sort of mentally. And so often I can't physically help with stuff in the house, and my partner is working and also has to do stuff like feed the children and do washing and cleaning and stuff like that while I'm kind of lying in bed. And so, yeah, I do feel like a battle on that. I don’t feel like a burden on society, because I feel like I've served society a lot for 20 years, so I kind of feel like, well, unfortunately now I do need help and support from society so, I kind of feel like I deserve it a little bit because I’ve done so much for so many people, and possibly at the beginning that wasn't how I felt, but that was a while ago now, so I'm not 100% sure. It's quite hard to remember because everything just feels so foggy from when I was very, very unwell. Umm, but I can say now I don't feel like that. Yeah. Yeah.  
Victoria Walker (PGR): Yeah. Well, I'm glad to hear that. And it seems that the relationship with the the perceived burdensomeness is to do with the people around you and your your close network, yeah.  
Danielle: Yeah. So you can feel just a bit use- useless, but then at the same time I will have my daughter sort of like in bed with me talking to me about things that she needs to talk to me about. And then I'm kind of like, well, actually then I'm not so useless, am I, because I'm helping with that. Yeah.  
Victoria Walker (PGR): Absolutely. So it seems that it, I guess your experiences with your daughter sort of kind of buffer- those can buffer those feelings.  
Danielle: Yeah.  
Victoria Walker (PGR): Yeah, yeah. I'm glad to hear that and and so the- the next part of the model is something called thwarted belonging, and so one of the statements in the survey related to this was then I feel often feel like an outsider in social gatherings.  
Danielle: Yeah.  
Victoria Walker (PGR): And I guess that links back to some of the stuff we've already spoken about and, I guess is that something that you have experience of as as well, yeah?  
Danielle: Definite- definitely, but I think I think now- I feel more like an outsider because the stuff that I deal with sort of like. And the fact that my father died when I was 30, people don't want to talk about that. When I was working, people found it very, very awkward to talk about intensive care and the that setting. And so it was often quite difficult to find- I often find it quite difficult to find things to talk to people about because there's often so many things that are just quite taboo that I can't talk to people about and they find it very awkward. I find it quite awkward to be open with people.  
Victoria Walker (PGR): -Yeah-  
Danielle: -but yeah, I do often sort of see people chatting away and like, like, like talking about nothing and I'm just going… I'm bored.  
Victoria Walker (PGR): Yes.  
Danielle: Like go home and watch Real Housewives of Beverly Hills. Yeah. Yeah, but then I think I don't know, it's difficult to tell because obviously I have questioned if there is an element of neurodiversity to myself. I have questioned that because there's there is perceived to be such a strong genetic link or and that's becoming more and more evident. So I have kind of questioned it and just thinking well, this is the reason that I feel like this because I'm neuro diverse and they think it is- but obviously I’ve questioned it and it's difficult to kind of tease that out with all the other experiences, because I know that I'm not the same and I know that I've had quite a few big experiences that other people haven't had and then that's before you get to chronic illness as well, because talking about chronic illness- to be honest I'd rather not talk about it with people because you get the sort of social work head tilt, well, you’ll be alright. And I'm just like, well, no, no. I'm not going to be alright but, people fix on that. You say yes, I'm fine. And so often that's just what I say because I don’t really want to talk about today's plethora of of of symptoms.  
Victoria Walker (PGR): Yes, so that can impact on, I guess, the feeling of belonging in social situations and-   
Danielle: -yes, yes, so yes. So you kind of feeling like you don't belong for various reasons. Yeah.  
Victoria Walker (PGR): Yeah. So yeah, as we said before this like multiple layers to this isn't there, it could be multiple things that contribute to that that feeling.  
Danielle: Yeah, well, you know, I think human beings don't belong… they're not like sausages, are they? Like, the same thing. Yeah, I I remember talking about that, but sort of related to this with discharge planning, people like the, the, the governance of human beings and patients as being just like these sausages in a factory and that they came in through the front door and then left the other the other end being fixed, and that obviously like no, that's bullshit because different people, people would have different experiences and they have different illnesses and their bodies can pick up on different ways, so you can't just see it like that. I don't remember why I was… I’ve gone off on a tangent about sausages. What was that? I can't remember. Sorry. I can't remember what I was saying. Yeah. Yeah.  
Victoria Walker (PGR): We were talking about belonging, but I think that this is really important to think about how people's experiences are very different and how they they've come to where they are can be based on a lot of things that have come before, that people might not know about.  
Danielle: No. Yeah.  
Victoria Walker (PGR): Yeah, absolutely. I like the sausages analogy. And OK, so the the, the, the 3rd and final part of the of the model that I'm that I've been speaking about is called acquired capability and that can also be related to as fearlessness about death. Umm so in the survey, there's there were some statements related to this, such as I'm not at all afraid to die.   
Danielle: Yeah.  
Victoria Walker (PGR): And and I guess if if that feels OK, would- could you describe to me if you have any experience of of feeling this way and what that was like?  
Danielle: Oh I'm not afraid to die at all. The only thing that would make me would be that the people that I'd be leaving at home, leaving alive, that's the only thing that would would make me afraid of it.  
Victoria Walker (PGR): OK. Yeah. And is, is that to do with, I guess, a relationship with with death that it's something that's to to be expected or is it something else?  
Danielle: Umm. Both. Umm. It just happens, and everyone's gonna die at some point. But also you know, to me, death would be the end of a lot of very difficult things that I experience in my life everyday. So it would make sense that it's fine and I’m not not frightened of at all.  
Victoria Walker (PGR): And and thank you for sharing that with me. I know that that it's quite a difficult thing to talk about. Is, is this really OK?  
Danielle: It's fine. Yeah, I'll tell you if it's not.  
Victoria Walker (PGR): OK, OK. And as I guess some of the things that were asked about in there was about that statement and but I guess what you're saying to me there is that something I guess that keeps keeps you going is the people around you?  
Danielle: Yeah. Yeah, and that that's what I know that I'm not at risk to myself because I know that I'm not gonna follow through with it. I'm just, you know, just from a logical sort of sense that- that's why I'm not afraid, because it's just gonna be the end of a lot of horribleness.  
Victoria Walker (PGR): Yeah, and no. And I'm really sorry that that you you're experiencing so many difficult things that sort of built built up to feeling this way.  
Danielle: Yeah.  
Victoria Walker (PGR): And it sounds like that you've got a, a, a lovely family around you.  
Danielle: Yeah, yeah.  
Victoria Walker (PGR): Umm. Who? Who else is in your family if you don't mind me asking?  
Danielle: I've got my partner, who we've been together since we were 21, so for 21 years and I've got my son who is 5 who is also presumed autistic, which we are waiting for his assessment to come through. And then I've got Kitty, who's 11, and I've got- no not 11. She's 10. She's nearly 11. She's very keen to be 11. And then we have one cat, one dog.  
Victoria Walker (PGR): Ohh all lovely, I'm so busy. I'm busy house.  
Danielle: Yes, very noisy. That's why I can do this- I can do this now. But in like 2 hours? No.

Victoria Walker (PGR): Yeah, would be chaos.  
Danielle: Yeah.  
Victoria Walker (PGR): No, no, thank you for sharing that. And I guess one of the reasons why I asked about sort of about each parts of those of that model is then I guess. Do do you feel like those sort of areas so that the perceived burden, the thwarted belonging the and the acquired capability, do you feel like that they are appropriate things too, to ask people about.  
Danielle: Yeah. Yeah.   
Victoria Walker (PGR): Yeah.  
Danielle: Yeah. Yeah. Yeah. Yes.  
Victoria Walker (PGR): And as I suppose we know that some of our questions, the ways that we ask about suicidality at the moment is sometimes quite direct and blunt. I suppose in terms of the- it might be asking, have you got any intent to hurt yourself? And whereas I suppose yeah, absolutely. Whereas I suppose what this looks at is because obviously those questions are important. But suppose this looks at things that could increase risk as well, so things like how someone feels like they belong, their sense of burdensomeness and then obviously the acquired capability as well, so, I guess is that other other parts of your experience and that you feel like should be asked about?  
Danielle: Umm. A really interesting question, and I don't think I've got an answer for you that I could be honest about. I think like these are quite good things to ask. But yeah, I'm not sure about other things to ask to be fair.   
Victoria Walker (PGR)  
That's OK, that's OK. It's suggests that the model is is alright.  
Danielle: Yeah, yeah.  
Victoria Walker (PGR): But, I guess we've also talked about things like like camouflaging as well and and I guess I'm wondering, is that something that you think could could also be sort of added in to to our understanding?  
Danielle: Yeah, I think it could, I mean. It's it's, it's just difficult to because mental health is so subjective. I think it is quite hard to kind of unpick people. Umm, and therein lies the problem really. Doesn't it? Like different people experience suicidality and anxiety and depression and different ways, so I guess you kind of, yeah, I think- I think, there's kind of like more of an understanding about what what masking actually looks like as well. I think that's- yeah, that's where you kind of need to start and then move on from there. Yeah.  
Victoria Walker (PGR): Yeah, absolutely. And it and I would wonder if that sort of education could be two way as well because there might be people who who do it but don't have the sort of, I guess they might not know they're doing it or know that or know what it is. Yeah. Yeah. Yeah, absolutely. No, thank you for that. And I'm gonna move on to the next part of the interview now, which is thinking about we've sort of touched on it already, but it's starting to think a bit more about about services and professionals and- and so anxiety is, is, is a prevalent mental health diagnosis, especially for women.  
Danielle: Mmm.

Victoria Walker (PGR): So I guess one of the things that I was curious about is that you said earlier about getting your diagnosis umm back in prepandemic. Umm, can you describe the the process there of of how you gained that?

Danielle: OK so I was having symptoms where I was having waking up in the night with night sweats. My blood pressure was all over the place during the day I'd have episodes where I'm getting very, very sweaty. I was having palpitations and like just a feeling like that there was something awful was about to happen. So I'm I'm doing endocrinology. Yes, because I have Hashimoto's hypothyroidism. And also I had very, very severe gestational diabetes, which is and I was diagnosed with the Hashimoto's just after. Basically they found out there something with my thyroid while I was pregnant, because they do- they did the thyroid work up as part of their GDP, cause I was on a lot of by the end of despite following everything to the letter I was on like 170 units of insulin by the end. And because you have to have you have to stay under one because of that and also because of what was going on with my thyroid, they were concerned that there would be something wrong with my baby. So anyway, there wasn't anything wrong with him, but I carried on seeing him because of that and then as part of I think I saw him for- I think I saw him for a follow up. I can't remember exactly how we- how I ended up talking to him about the symptoms that I was having. So then I started having lots and lots of investigations. I had to have all sorts of stuff done and for two separate conditions that they thought I had. But then my my symptoms while that was going on continued to get worse and worse and worse. And and then they ruled out the things that it could be the sort of tumors that they thought it could be and stuff like that and then but I was still quite poorly and was suffering quite a bit and I ended up going off sick. I think it was October, maybe October, November 2019. And then I just never went back to work and didn't really get back to the point where I felt I could go back to work. Then I was retired due to ill health. Umm, probably about a year later that my GP said like, OK, well, all of that stuff was negative. I think maybe this could be anxiety and then it was just very, very difficult to get under control and I think that's the thing that I find quite frustrating about anxiety it- that it's not easy to medicate. Umm so I I'm still on- I'm on pregabalin to try and mitigate it, but I'm not really sure if that does anything and I've done like a course on like how to deal with it, how to manage it and stuff like that. And really the stuff doesn't really help when I'm really feeling like shit. It doesn't really help. And so I’m in the situation now where I'm like 2 years down the line and diagnosed with GAD and I kind of just have to get on with it. Yeah. Is that what you are asking me?

Victoria Walker (PGR): Yeah, absolutely. No, thank you.  
Danielle: Yeah. Yeah, I mean, it was quite, I've- I in a way, I feel quite lucky for that because I wasn't told it's just anxiety go away, which so the opposite thing has been true of lots of people that I've met through the years through work, where it wasn't just anxiety and it was something else. So I was, I was pleased that they took it seriously. Umm.  
Victoria Walker (PGR): Yeah.  
Danielle: So it's kind of like the opposite thing really. You could see it as jumping through hoops or you could see it has been being thorough. And I think I saw it as being thorough. Yeah. Yeah.   
Victoria Walker (PGR): Yeah. And I think that's it. That's a a really good way of seeing it is that they were actually- they tested a lot of things for you. And as I say, they didn't almost sort of undermine your experience and not do those tests.  
Danielle: No, and I think women of my age sort of early 40s. I think that is quite a common thing that you're basically seen as being a bit mad, possibly perimenopause or and basically just go away, stop ringing and yeah.  
Victoria Walker (PGR): Yeah, absolutely. Yeah. Yeah. And-  
Danielle: -Yeah. So I think we've got problems off you go. So that, yeah, that could have been that. And so I've never felt like there's like an underlying thing-  
Victoria Walker (PGR): -OK-  
Danielle: -that isn't being dealt with, yeah. Yeah.  
Victoria Walker (PGR): Yeah. Yeah. And I guess once you've got that sort of and that diagnosis that it was- that it was GAD, what impact did that have on you?  
Danielle: To be blunt, I thought ohh for fuck’s sake because because I knew that it's not treatable. Really. Not really treatable. Like I I speak to a therapist- with therapist once a fortnight now. But yeah, it's just kind of something you have to live with.  
Victoria Walker (PGR): Right.  
Danielle: The only thing that really sort of seems to help a fair amount is exercise, but the problem that I have is that with my other stuff that I've got going on, I- I'm finding it quite difficult at the moment to do it- to commit to an exercise like regime that I like, I would like to-  
Victoria Walker (PGR): -yeah-  
Danielle: -yeah, but even then, like it doesn't always work. So it- yeah, it's just frustration that you're kind of left with this thing that you're gonna have to live with forever and it's quite- it's it's debilitating um, because I find that I can't do the stuff I used to do, like for example, I don't drink alcohol anymore. To be honest, hardly any. I think I drink- the last time I drank was my son's birthday, which was in July. And that was one drink. And I couldn't drink any more than that because I just find that I- and that- that was just- that's not who I am. It's not who I was like I used to be able to drink one bottle of wine as opposed to like one, like glass of it. And so, you know from a- from an anxiety perspective, that's pretty good, but from- that's- that's very good. But from a social perspective, it's quite difficult when the whole lot of- but people, people, bond like over a few drinks, isn't it? So it's just quite difficult. If I'm frustrating that- that that's why I've been left with.  
Victoria Walker (PGR): Umm- and does that sort of link in with some of your experiences of maybe feeling like you don't belong?  
Danielle: Well, yeah, because I'm not gonna- umm I'm- there's this common trope amongst mums of my age that where it's just like, put the kids to bed to bed, have a glass of wine, which I think is quite reductive and a bit like frustrating and a bit- a bit basic. But you know, going out and letting off steam other people can do that and I can't- it's not- and that's not just an alcohol thing. It's because, like being in a pub is like the last thing I wanna do. I don't wanna be in a room full of- full of- full of people and be sat there feeling anxious and not being able to look- like even have glass of wine to take the edge off it. It's gonna make me feel worse. Yeah. So that would. Yeah, yeah, that would- does contribute to that.  
Victoria Walker (PGR): Yeah.  
Danielle: Yeah.

Victoria Walker (PGR): Umm I'm- I guess thinking back to and so obviously you underwent a lot of tests and then it kept then- ultimately- ultimately got to the point of the GAD and was that- I guess anything at that time that you felt should have been asked or considered?  
Danielle: Umm, it's difficult because the tumour that the endocrinologist thought that I had was all of those symptoms that I was having- and my my I think my I think what happened with my GP suspected that might be the case. So at that point in time, no, I don't think that because they were dealing with what they had in front of them, I think, as like the other symptoms emerged and I started to get quite depressed as well- and- and my- basically my medication was just no longer working and but I basically ended up having to go on to another medication for my thyroid which was stupid because it had to be prescribed by my psychiatrist even because of it and it's very, very expensive. It's then at that point you weren't allowed to have it. You can have it now. Your endo prescribes it for you. Umm, but your GP's not allowed to prescribe it and so that's why it was so resistant to my antidepressants, cause my thyroid wasn't being treated properly. So no, to answer your question, no. At that point, no, I don't think they could have asked anything else, because the other symptoms that I was having were very like they, they look like the thing that I can't pronounce. Theo Chromo, Cytoma coma or something like that. I could never- I could feel- I can't remember what it's called. I have- I can remember if I like, tried to Google it, but yeah.  
Victoria Walker (PGR): Yeah, I'm looking forward to spelling that one out when I'm writing this up. (laughs)  
Danielle: (laughs) Ohh sorry- I think it's [phaeochromocytoma.]  
Victoria Walker (PGR): OK, thank you, don't worry. That's no, thank you so much. And I guess, umm. thinking about some of the things that we've spoken about even just during this interview, umm, is there anything that you feel like could be improved by services when sort of identifying the needs of of women who are experiencing anxiety?  
Danielle: I think management and treatment of it needs to be looked into a lot more because basically I was told though this is anxiety and it was kind of it wasn't. I don't think it was. It was a very sad- this is just anxiety. It wasn't said like that. But the inference that I took from it was this is just anxiety. You just need to go on and get on with it. I am- I think because doctors can't medicate it. I think that's why they're often quite dismissive of it, because there's nothing they can do about it. So they kind of just want you to go away. I really do think that that's a big part of it. I think that like management pro- I wish there were more well known management programs for it, where you're offered that kind of straight away rather than for me, that the the program that I went on to was only mentioned towards the end of my dealings with the psychiatrist. She didn't mention it at the beginning. And maybe it might have been helpful to be working through that at the same time as dealing with her. I think that might have been quite helpful. Umm. But yeah, I think it would be really just really helpful if there was more research into if there are any pharmacological treatments to deal with it, because at the moment, the way that I understand it, it is you can treat it, but then you're basically just knocking somebody out. So you could give someone Valium or diazepam or something like that, but it's habit forming and also it only works temporarily. And you can't do other things while you’re on it. Yeah, but you know, it would be amazing if there was something that I could take that would actually be successful to stop me feeling like this all the time. Umm, like there is a bit more with like depression I can- I always used to- I've been on antidepressants since I think 2009, and- and I never, ever felt awkward talking about the fact that I was on those because I used to just quite honestly say I take them. I don't feel like I have any side effects from them. I just don't wanna kill myself anymore. That was how I felt when I was-  
Victoria Walker (PGR): -Yeah-  
Danielle: -umm at the beginning then, and umm probably around 10 years. That's how I felt about antidepressants and, you know, never felt any, any shame about taking them, as I know other people have done. Yeah, that- that's what I think. I think also like the interaction between women, especially sort of my age and hormones or stuff. Umm. I think perimenopause is something that's not very well recognized or talked about and I don't think that that's something that I I don't know whether that's something that I class myself as being in the moment and. I don't know. Possibly, I’m the right age. But all of my hormones are normal. I'm still having normal periods, so possibly not. Umm, but you know, it would be amazing to have that as a more recognized thing and treatment offered for that a bit more because I know that there are lots of women that deal with that and yeah.  
Victoria Walker (PGR): Yeah.  
Danielle: And that goes alongside anxiety quite a lot. Yeah. Yeah.  
Victoria Walker (PGR): Yeah. And I I think it, it draws me back to something that you said about how some of the attitudes of professionals can be that women in their 40s are all a bit mad. So from what you said earlier and that and whether that sort of perpetuates some of that and not checking into some of those things as you say, the sort of perimenopausal symptoms that could be affecting people?  
Danielle: Yeah, I mean, I could talk about this for hours because I think it's bullshit. I think that the the reason that a lot of this stuff isn't researched properly and isn't treated properly is because women are going through it and not men. And I think the majority of people who are higher up in medicine are men. And I think if women, if men were going through what women go through, I think it would be researched a lot more. And I think it would like honestly, I do think that it would be treated better. Maybe there'd be a- maybe there'd be a cure. Who knows? But yeah. It's not, it's not researched, so who knows.  
Victoria Walker (PGR): Yeah, yeah, I have many views to also add on that, but we would probably have some great chats about this.  
Danielle: Yeah, yeah.  
Victoria Walker (PGR): Yeah.  
Danielle: Like honestly hours and and I- I yeah, I can talk about it for hours, but yeah. Yeah.  
Victoria Walker (PGR): No, I'm with you. Ohh and I- I guess to sort of loop it round to some of the other questions I've asked as well about things like camouflaging. Do you think that that's some- do you think services may identify needs for women with anxiety in a different way, if sort of- if camouflaging, and autistic traits were sort of considered?  
Danielle: Yeah, I do. I do think that- I think- I know that psychologists, psychologists are getting a lot better at identifying masking in autism. I know that that's something that I was quite concerned about, but I mean my my now I've got to know what symptoms are and what my daughter's doing on when she presents these things. I mean it's it's so obvious that she's autistic and I think that was what that was what the psychologist that assessed has said that there's no question in her mind that she is is, is, is autistic and again, I could talk to you for hours about misconceptions around autism as well, like the fact that that that the spectrum people think that a spectrum is like a line that is linear and that you're either like a little bit autistic or you're like well autistic and trying to explain to people who know, it's more like a web. I'm trying to explain to people- that to people about the reason that my kids present differently is because their web made-up differently because it's very different. I think- I think that that would be- it is really helpful. I mean I I try and kind of spread a little bit of awareness around it like on my Instagram, every so often all kind of whack out something on my story and just show people like, no, don't be a dick. Uh. That they- that's because that's because- I feel like my my daughter often doesn't have a language or the understanding around her own thing like- like she has a lot of things I have to explain to her, a lot of things about social stuff I'm having to explain to her. We practice social situations.

Like we practiced her times table sometimes, like she'll ask me, oh well, how could I deal with this and stuff like that? And I just have to go through it with her and like, the social education side of things, I don't think kids get that. I don't think people are given that. Umm. But then again, that that could be quite controversial and I can understand why, because you have to be very, very careful with explaining to people and giving them a social education, and if you don't want it to turn into like an ABA style of thing where you're basically trying to convert an autistic person into presenting like a neurotypical person, that's basically what you're doing, then teaching them to mask and that's uh, so not great. So yeah. Yes.  
Victoria Walker (PGR): Yes, there's a balance to be had, isn't there are things that would be I guess, helpful to alleviate distress for people, but not to the point where I guess as you say, we're sort of teaching masking, which then means that distress isn't being communicated when it's actually happening.  
Danielle: Like you just have to be quite careful. I think about how that's communicated and how it's taught. And so like for my daughter, for example, I'm I'm teaching her how to interpret what neurotypical people are doing. I'm not teaching her how to how to do that herself because I don't think that's necessary. Umm, because she- she's autistic, she's and- she's- she's- she should be celebrated as an autistic person in her own right, and she should be allowed to present as an autistic person, and people should- should and I- and I- I believe one day this will happen that autistic people will be able to turn up and not feel embarrassed about stimming and stuff like that. And I think the more that you teach kids that that's alright the better really. I saw quite an interesting thing the other day that said that the world's not set up for autistic people but that if it was set up more for autistic people, it would actually be a much more friendly world for neurotypicals as well. But it was saying about how autistic distress is a bit like a Canary in a mine, and that if every autistic person is feeling incredibly distressed by a situation, then maybe that situations just bullshit and it shouldn't be the way that it is. But yeah. Yeah.  
Victoria Walker (PGR): Yeah. No, I like that analogy actually. And- and I guess a lot of the ideas that you have there are sort of I guess quite big systemwide changes and- and I wonder in light of that whether you think that what good support would look like for I guess women with anxiety, would it be similar to those sort to those sorts of things that sort of system wide change?  
Danielle: Umm. It's- it's interesting because you've got different- you have different… there are similarities, but there's also differences. Like for example like sensory stuff for autistic people. Maybe that's less evident with people who have just just anxiety and and not neurodiversity. So yeah, I mean, I think it's system wide changes as far as like how people are treated when they have autism and anxiety. And maybe like being people being less dismissive of of it being something that you, I think the common conception is, is that something that you can control? I mean I do think that anxiety is possibly a little bit over, oops, over diagnosed. Umm. I- I think often, for example, the younger generation will say that they have anxiety, where actually they are feeling a bit nervous or that will say that they're feeling that they have depression when actually they just feeling a bit down in the dumps and that’s normal. So maybe sometimes the older generations resistance to acknowledging it could be to do with that in that ohh everybody's got anxiety these days. But then you also hear older people say everybody's autistic these days so, I've just kind of just disproved- maybe just unproved my point. I'm just kind of thinking out loud. And you know, maybe people are- more people are diagnosed with anxiety because they're being diagnosed. And maybe that's a good thing. Yeah. Yeah. Yeah.  
Victoria Walker (PGR): Yeah. Yeah, and yes, there's something with the diagnosis and the understanding of of what that means for that person. And I guess it's then the access to support. And I'm I'm curious as to there's some support that you said that you have accessed and that sort of came quite late in the journey, so, are there ways that you can see that could be- could have been improved?  
Danielle: I mean access to NHS therapy is an absolute shit show. There's- I don't actually think.

I’m being dramatic when I say, I don't think I'd be alive if I'd have been waiting for an NHS therapy to help me. Umm. I- I don't think I would be actually. I accessed private therapy quite quickly and I was lucky because I had the means to pay for that and prioritized it and and- and did it that way. And I don't think it seemed that some of something like commissioners, think is an important thing, even though there are hundreds, it's it's increasing and increasing and increasing. And- and I think there's more than one thing going on, so I think you kind of need people- what helped about being in the group that I was, I did like a group thing online. So the fact that it was online was really helpful because it meant I didn't have to leave my house and go and sit in a room full of people that I didn't know. I don't think I would have been able to overcome that barrier. But the fact that I could sit there in my bedroom and talk to people who were experiencing the same sorts of things as me and maybe different aspects of it, and you could talk about the problems that you were having the same at the same time as learning about coping strategies and stuff like that. I think that would have been quite helpful right at the beginning, like maybe a good two months before it was finally offered it was. But again, I think that's that has doctors, that's the medical model because basically… how can I express this? I feel like if it's not something that a doctor can directly offer you then it's not respected as much.  
Victoria Walker (PGR): Right.  
Danielle: So it's not something that's considered to be something that would actually help somebody because they can't provide it and they can't prescribe it and it's not pharmacological and you, it's not as easily evidenced based.  
Victoria Walker (PGR): Yeah, it's perhaps not that quick fix?  
Danielle: No, and I think it's the same reason that CBT has become so known as the Golden Gate for depression, it's because you can you can evidence that a little bit more than psychotherapy and and that's kind of become it's kind of become with like a medical shorthand that CBT is the only thing that helps people and nothing else will. But actually that's not true. It's just that it's evidenced a bit better.  
Victoria Walker (PGR): Yeah.  
Danielle: And you know, I'm- I'm not gonna- haven't- I haven't gone down the route of, like, why is it evidence better cause, quite frankly, who has the space in their brain for that? Not me. It's not my job but I wonder- you would wonder… but yeah. That's what I think about it. And then and I think, even me knowing that and and that’s my opinion, there's no way I could have actually said that, because at the time, because I was really, really poorly, Iwasn't doing very well. So I think it's kind of that professionals job to say actually, let's get you into this at the same time as what we're doing and that would probably be a more helpful way of dealing with things. Yeah.  
Victoria Walker (PGR): Yeah. Yeah. So I guess being a bit more responsive also a bit more flexible into the, there are options that could be more, more helpful for people, yeah.  
Danielle: But also because of the nature of funding for like support in the NHS like there isn't any. Basically this is the- the conclusion that I've come to over the years I very much I worked in it and we had one psychologist that was really, really, really helpful. Ha ha ha. The group that I was in had no professionals in it, it was just a peer education thing. That was all it was- all it was so in a way that was really it was helpful to have peers there. But at the same time, there was no professional in there. There was no one there to kind of- or for that side of things.  
Victoria Walker (PGR): Yeah.  
Danielle: Because there aren't any, but there isn't anybody. There's no posts available to do that. And I think if there were people that were able to run the sorts of things, that would be really helpful, but I think the problem is- is that all of those people have been funneled off to sort of for people who have tried to kill themselves and people who are have had a poly pharmaceutical overdose and stuff like that.  
Victoria Walker (PGR): Yeah.  
Danielle: And I understand that because, like I was in the NHS for 20 years, I know that you have to put the money where the most priorities are, but at the same time, I think you've got a huge epidemic of people that are very likely- umm well getting not very much support for it because they can't access it. Yeah.  
Victoria Walker (PGR): I wonder if there's something in that if actually allocation of resources into that sort of more sort of preventative aspect and sort of nurturing that peer relationship, and actually that could help things further down the line. But but actually our setup isn't isn't that way.  
Danielle: Yeah and trying to basically catch it further upstream before they're out to sea and people are really, really ill. You're trying to catch it further upstream when people are feeling anxiety and anxiety, feeling social isolation, feeling the things that they're feeling.  
Victoria Walker (PGR): Yeah. OK.  
Danielle: Umm, that, that, that that's not there. And I think the other problem is that you get pockets in the way that the NHS is financed as well. You'll find this if you go along. It's just like it's pockets of money and it's knowing how to access those pockets of money because often you don't know where they are. Umm. And you often don't find out about it till it's too late, and because of the nature of people going into the jobs that we go into or that I went into is because I'm not interested in any of that financial stuff, I'm not interested in any budgeting or interested in commissioning. But we don't understand the financial stuff and you're expected to and that that's interesting I think as well. Yeah.  
Victoria Walker (PGR): Absolutely. Yeah. Yeah, very much so- so umm I mean I've- I've come to the end of my questions and but I guess just to just to invite at this point is that is there sort of anything else that you would like to add in sort of in regards to your experiences or your views on any of the things that we've spoken about might be something from an hour ago or something that's come up a bit more recently?  
Danielle: I think I'd like there to be more education about autism in school. Umm, so at the moment all that kids get is you have you have autism acceptance week which where daughter hates because she's like why should people just accept me? They should be celebrating me. And I'm like you're right. They should be celebrating. And then and I think sort of autism acceptance whatever, they're gonna call it, they could do a little bit more education about stuff like that. And I think that would be better coming from autistic adults, unlike the most, the majority of my education about autism and experience of autism and what it's like to be autistic and all that stuff has come from autistic adults. it's come from- there's a autism inclusivity group on Facebook. I joined that group and that's just, I don't know if you know about it. That's autistic adults who are helping parents, autistic kids with stuff that's going on. So you just kind of basically submit your problem that you've got or what's going on or you know or just basically trying to unpick stuff and they will just answer you. The only reason I came across that was because in the other parent group that I was in, people were saying, oh, we've had to leave that group because they really, really like what they're really like rules. And you get chucked out for breaking them when I'm like. Hmm, I almost like that. So yeah, I think more peer support would be really helpful. And for young, for kids as well in school it would be really helpful if there was autistic adults who could go in and do more mentoring with them. I think that would be really helpful too.   
Victoria Walker (PGR): Yeah. No, they all sound like fantastic suggestions and-  
Danielle: -yeah. As far as anxiety’s concerned, I'm not sure about that. Yeah. OK.  
Victoria Walker (PGR): All right. Thank you so much. I'll stop the transcription.