Victoria Walker (PGR): OK. So I guess just to start and just, I'll be getting some general reflections and feedback from you about about the survey and prompting where I can for sort of reminders about it. And so I guess. Thinking back to before you completed the survey and what did your anxiety diagnosis mean to you?  
Georgie: So I was diagnosed with generalised anxiety disorder and panic disorder back at uni, the panic disorder being the the the primary one which for me made a lot of sense because it was kind of the case of like theme of having the panic attack, particularly in public. I kind of knew it was gonna happen, and it was one of those things that I was I kind of accepted because I've always been kind of a a a bit of an anxious person. But it was so like situation was also being unique. So it's yeah, it's better now, but yeah.  
Victoria Walker (PGR): Yeah, and- and I I guess sort of like after completing the survey because that there's the survey did ask about things like it did ask about anxiety, being also asked about things like autism, autistic traits and camouflaging. Have any of your views sort of changed about it considering those things?  
Georgie  
Yeah, in the in the- umm- I've never been where- that- I've I've never been thought of. Never had anything to do with, like also I've. I've never kind of had the inclination they shouldn't- that I could feel I'm kind of masking or camouflaging I could I could- like when you're trying to hide things. I love. I like like I can kind of see that little bit more than that. I definitely I've never had an inclination like before or since that I've I'm I'm on the spectrum. Umm.  
Victoria Walker (PGR): Yeah. And and I, I guess it one of the statements that was in the survey about camouflaging and was in social situations, I feel like I'm pretending to be normal. And is that something that you feel like you can relate to?  
Georgie: Yeah, a little bit it, particularly if it's kind of like because I'm I'm very much introvert. Like I'm very much an introvert. So kind of like big crowd so. I don't like it.  
I try in like large groups and they're like family because just because I don't feel comfortable that I I I guess it definitely it's something that it's very unknown to me. It's very anxiety dependent. So I definitely see kind of then like just like OK what am I doing like do I know anyone can I like follow them and then kind of yeah.  
Victoria Walker (PGR): Yeah, absolutely. And I I guess like after you completed this this survey and it sort of gave you the sort of the information at the end and the option to sign up for this. Was there anything from completing the survey that's surprised you at all?  
Georgie: I don't think so. I don't really remember what I put in the survey, to be honest, I'm gonna be completely honest. So I don't think so. I don't really remember what I put together.

Victoria Walker (PGR): That's fair. It's been a bit of time. It's been a bit of time.  
Georgie: Yeah.  
Victoria Walker (PGR): But yeah.  
Georgie: Mm-hmm. Yeah.  
Victoria Walker (PGR): And OK, so I guess if I go to the the next part, so the next part of it was then about the experience of of thoughts that could be associated with suicidal thoughts and and and I guess you'll you'll perceive, you'll, you'll perceive risk level, I suppose. And so one of the statements that was in the survey was these days I feel disconnected from other people. What's that like to sort of consider those sorts of statements?  
Georgie: Not stuff now obviously like I I did have like really bad, I have had a really bad situation to point where I tried to take my own life before. And I definitely do feel that part as where I am, I feel like I'm very much separate from people, but I think actually I actually just changed, I changed jobs recently and that's actually really helped. So that's actually really useful, because actually my teams really, really good and actually a lot of us are kind of there's a couple of us who kind of have like, had either either had or now or have had in the past because I've seen. So it's actually it's quite easy to talk about that sort of thing obviously working for the NHS, it's not like too separate. That mental health and physical health, that everything varies.   
Victoria Walker (PGR): Yeah.  
Georgie: So, yeah. So now. Because I'm in an environment, that is, is it kind of accepting of like something a rough day like you can just go like to talk to someone, but definitely in the past I have I have not had that. Yeah.  
Victoria Walker (PGR): Yeah. And I I guess- when you decided to to complete the survey, what sort of drove you to do it?  
Georgie: I I think because I I mean with my own experience of like suicide and suicidal ideation and and so attempting to see I think it's a I think it's very important to talk about like I’m a big, big, big advocate for getting help and to put it in the forefront. You know, things like depression are very- are quite in the forefront currently, which is good. I think anything that can obviously like help other things and other areas of- of the like think that anxiety which is like still very much and I know and people don't really understand at all so I I'm always a massive advocate and I will always like be if I can- I feel I can contribute any way. I will always do so.  
Victoria Walker (PGR): Yeah. Yeah. Which is, which is great to hear. And like a, I guess with the statement about being disconnected, it sounds like your experiences have helped you feel connected to other people.  
Georgie: Yeah, I'm very open. I'm very, very open with, like, my own struggles. Like I I I've got. I'm kind of. I'm enough away from it now. That actually I don't mind talking about it. I'm like, I'm very quickly over my life. I'm like, I don't really. I I very occasionally get like depression, but I don't- and I also recognize that like I I'm in the position where I've been on medication in the past because I was like, I don't wanna go down that path again. So I've kind of lived through enough. I've had enough different experiences with my anxiety and my depression and very different ways that actually a lot of things don't surprise me. Like if so- and say someone says something. I might not be able to relate it because it hasn't happened to me, but I will kind of understand feelings going through because a lot I've a lot happened to me in a very short space of time, so I kind of I can understand a lot more.  
Victoria Walker (PGR): Yeah, yeah, yeah, I understand that. And I I guess- thinking about that, obviously, the survey sort of sort of asked those sorts of questions about like thoughts that could be a link to suicidal thoughts. And so I guess thinking about that you're that you're very open about these things, but do you do you feel like those sort of questions in the in the survey are appropriate to be asked do you think for women with anxiety?  
Georgie: I think they have to be, I think, I think I think with particularly with women with autism it should be like investigated I guess I don't know what like where does that kind of research? So I think it's I think kind of about time and obviously some people like in not in my situation that they would be like oh I don't don't feel comfortable talking about that but obviously that's fine that's that's it they might not be as removed as I am from it and enough enough years passed, but I think I think so little, particularly with suicide and suicide attempts, is kind of spoken about it. Still. We kind of I think it has started. We need to try and go past it, not just not just for men as well as saying same thing we need to kind of like push past the thing of we don't want talk about that that's that's not something we want to want to approach, it's not yeah it's something that actually so. No, I did. This did happen to me. And no, I I was feeling these things and and I think it's now we've kind of gone past the anxiety, we need to push you kind of doing the big things we actually need to go into the deeper things that like OK why? Why are we doing these things? Why do we need to like so I think. I I don't think it's always comfortable, but I think it is necessary.  
Victoria Walker (PGR)  
Yeah, absolutely. And and so the- the model that's that I've used on the on the survey is called the interpersonal theory of suicide, and it's got three components to it.  
Georgie: OK. Yeah.   
Victoria Walker (PGR): And and one of the components is called perceived perceived burdensomeness and and that's characterized by statements shows. Yeah. And that sort of characterized by things like these days I feel like I'm a burden on society.   
Georgie: Yeah.  
Victoria Walker (PGR): And and so I guess is that something you have experience of?  
Georgie: That that was a huge part of me like that. I didn't. I never used to. Like I I still, I still struggle with it now. It's still a big part of it for me. It's kind of like there's always been there, but it's like it's still there a little bit there. I did not want to tell anybody because I did not want to burden them with my own stuff, I thought I can do it, I can, like, work it. I can like, and I can, actually, I wanna do it, figure out myself. I didn't want to, particularly because my in my third year university. It wasn't just me, but we had a lot of- a lot of issues when it went on for us, like we're two different families and it was me having issues. And I even went when I started having- when I went to Vermont for a little bit in 2018. I think it was like six months. And and my best friend there, I started having like some some anxiety and depression, which is when I was like. I'm gonna get medication because I've been down here before and I don't wanna go down there. And at one point I started having like I felt a bit of depression coming on. So I just text my best friend. I was like, I know you can't do anything and I'm fine right now, but I can tell you this. I mean, to give you my all my drugs, like all my painkillers, just keep me safe. Because that's what that's what I used last time. I used painkillers, if I go down that path, but I'm fine. But I need to tell you. And I was like, I didn't want to do it because I still didn't want to be that burden. But I knew I had to. Learning from obviously the past. And she texted me so that I knew didn't want to do that.

They also knew that the fact that you were telling me you were in a better place, you were in an OK place.  
Victoria Walker (PGR): Yeah.  
Georgie: So I I still feel it now. I don't want to burden people like, but I know I have to do something. I force myself to do it because I'm like, no, they need to know. Yeah.  
Victoria Walker (PGR): Yeah, absolutely. So there's almost like a battle going on. Yeah. And. But I'm glad that that the side won of actually, I need to tell someone this.  
Georgie: Yeah, there's that. Yeah. That. Yeah. It's like personal burden. Like. Yes, that's me. Like, we don't have that. That's what, like, that's probably one of the biggest things. I would always struggle with and still struggle with now, but better because the experience I’ve had.  
Victoria Walker (PGR): Yeah, absolutely. No, thank you for sharing that. And. And so the so the next part of the the model is called thwarted belonging and that's characterized by feeling like an outsider in social gatherings or with other people. And is that something that you have got experience of?  
Georgie: A. A little bit. Yeah. I'm sorry. I'm like, I always really struggle in big groups. I really do struggle in like, really, big groups, even if it's family. Like- my sister's five years older than I am like she's like somewhat interested, but like is better with like large groups.  
So it was always kind of like cheated talking. It's always been like that all, like, if I don't know people, I will basically just talk. It's kind of always been the same thing. I've always had that kind of almost like social anxiety, almost thing where if I don't know someone or I or it's, it's a lot of people that I don't know. I basically just kind of shell and I and it's- it's quite challenging for me, and my family know that- my family, like, know that like if I'm with loads of faces, I'm not gonna talk, so they tried normal stuff. Get me with their people to like. So I give up. I'm gonna hang the kitchen and cause there’ll only be like 2 people rather than 20. So it's somewhat, yeah, that's it's just social anxiety like.  
Victoria Walker (PGR): Yeah, yeah, absolutely. And so the the final part of the model relates to something called acquired capability and that's sort of characterized by some by statements of I'm not at all afraid to die. Umm, can you describe how you sort of have related to that sort of feeling?  
Georgie: Yeah, like in the past obviously when I have been suicidal, had had the ideation. Obviously when I tried to take my own life. I don't know what to say. I I didn't. I don't ever remember saying. I'm not afraid to die, but I was like I when I first heard like the first. Like, which is well, OK, get some help. I was like logically thinking about ways of of how I would take my own life. So I I didn't like specifically ever think I would say I'm not afraid. But it was more like, my own thoughts saying you're not afraid, it's fine.  
Victoria Walker (PGR): Yeah.  
Georgie: Like this is how you're going to do it basically. Like so yes, when it was like really when my when my depression was really, really quite bad. And I don't think I don't think I ever say I'm afraid to die. I think I was- it's kind of unevitable, but it's not like a sort of I won't do anytime soon.  
Victoria Walker (PGR): Yeah, which I'm very which I'm very glad to hear. I I suppose from thinking about that and the sort of the three aspect model there, so like the perceived burden, thwarted belonging and the acquired capability. And do you feel that that sort of maybe at the time when you were experiencing suicidal thoughts, does that adequately capture the experience that sort of three steps?   
Georgie: Yeah, definitely. I was like an almost kind of goes in like kind of in order of like the the perceived burden is definitely something I still struggle with, that was always been my biggest thing. And then the second one was- is thwarted belonging and then the not being afraid to die it always yeah always goes down in that level of how bad it affected me in a sense. Yeah, but the the fear- the fear of death is not really something that like sticks now. Well, so I don't- I think they will be seen that I don't think I will always have this. I don't think that's something I will never lose like the burdensomeness, I don't think that’s gonna happen. Yeah. Well, I don't wanna worry about it.  
Victoria Walker (PGR): Yeah. I I guess tying it a little bit with some of the earlier parts, um do you think things like camouflaging plays a role in that model?  
Georgie  
Yeah, I think definitely with like the kind of capability, I would say like uh, because I because I I if I know someone people were like ohh they're happy and everything and I think that is common like with social anxiety. So I just don't talk and but that's how that's how I thought that's how I was masking. I mean I've like definitely improved now. But I mean when I was young, I have memories from when I was like five or six, and I was like at my, like, Nanny's House, for example and she had friends over. I was like, happy, lovely kid. Now you can sort of talking as soon as I I didn't know any different. She and her friends, came over. I didn't say a word for like 2 hours and so it's that's definitely something that like it's not it's not actually camouflaging it's just it's almost just like it's becoming a shell of a human being. It's almost that's kind of how for me it's it's that it's more like the social anxiety for me it's so. I don't necessarily know if it’s camouflaging in that sense, when I'm kind of trying to mimic other people. It's almost like not knowing how to do that. In a sense, it's like I don't know how my brain almost like wants to be able to do it, but it's like has like a it freezes almost. It's something that's almost is almost like the opposite of it, where it just doesn’t know what to do.

Victoria Walker (PGR): No, absolutely.  
Georgie: Because Ohh, we're really anxious. Ohh, we're around lots of people, it's-  
Victoria Walker (PGR): -yeah, and it almost goes into shutdown.  
Georgie: Yeah.  
Victoria Walker (PGR): Yeah, um, yeah. And I'm, I guess moving on to like the the next part of the interview, which is gonna think about like services and about how to sort of identify peoples needs. And so anxiety is one of the most popular-  
Georgie -please more funding-  
Victoria Walker (PGR): (laughs)-yeah, the interview’s over-  
Georgie: -needs more funding, straight up-  
Victoria Walker (PGR): es, I as as I suppose, anxiety, like anxiety, is quite a is one of the more common mental health diagnosis that's given to women, especially and can you describe what the process was like to get your diagnosis, the sort of questions that were asked, how you went about it?   
Georgie: So I remember because yeah, you as it you know I I've had some anxiety little bit but it was obviously really uni that like really like pushed me because it was like significant like I realized I I've had anxiety in the past but never like had got officially diagnosed with like ohh it's like it's like this and then came around was like ohh it's significantly worse like ohh this is a noticeable change. And I think I remember I took like, you know, I don't know what it was online, but it was like- I I know a known website that basically gave you like I just knew that was like trust a trusted website. I don't remember what it was. It said basically the likelihood you have is is, is, is, is panic disorder and generalised anxiety disorder because you got into this, this, this and this. And I think that was because it was basically a useful tool for them as much- much funding to be able to start it and then then I went and obviously after I I found the obviously had the suicidal ideation. Now that this isn't good and then went and got counseling and then they like then like yes, this is what you have then and then then they spoke about me obviously in the counselling. When I went to the Birmingham I spoke about and I think like I don't think my doctor, the doctor would have given me medication as quickly as they did. But because I said I understood, throughout this, the four years I've had this, I've done this like ohh, I've already got. She's like, right, you're sensible, you know. You know what you're doing? I was also like 22-23 that point. So I was like, I'm not an 18 year old who's just like I'm. I'm stressed. Like, no, I've been down this path before. And so we started on, we started SSRI and I'd never remember what it’s called, but it's a really like, a long name.

I was started on, like, 5 micrograms or something, but- but then you can kind of up it to roughly 10 and then basically monitor it. So I think I remember saying to my doctor knowing, knowing it could take 6 to 8 weeks for it to work, I remember seeing my doctor after four weeks saying this works because I almost had a panic attack the other day, but I couldn't go like over the hill in a sense. So I couldn't like go full blown panic attack, which would have been- in the past that would have been I'm gonna crying having an breakdown, but I thought I know it works because you get like to that point, get close to it, but not all the emotions and that good, that's what we want that that's the point of them. Which is good for me. And then then after I think probably about two months I said, right. I can feel the depression coming in. She's like, that's the come down. So I'll just monitor it. I was on that for like 18 months. I wanna say and then I was like, I'm good now. Stop reading stuff. So yeah, so it took. So I said it was an online. So I don't remember what website was, but it was quite like, it was basically trusted by by Kingston. That and the mental health team. It was one of those. It was like, yes, this is like we recommend this for to help with diagnosis and then we can basically monitor it. But I don't know which one it is.  
Victoria Walker (PGR): It sounds like that you that you that you sort of had a bit of a journey to sort of get to that but it's but it sounds like that when you actually got the the when you got to like, you got the medication all of that sort of came together to help you.

Georgie  
Yeah, yeah, definitely. I think I. And when I when I start. Sorry. Excuse me, sorry. I would like that the doctor like does that episode like like format. So they did actually offering medication at that point. And I I actually didn't claimed it because it said it said it's gonna take 6-8 weeks. I was like well that point, all the stresses are going to be over. So I actually I actually did the thing at that point which is why when I started feeling anxiety again, I ain't going back to this. So I could have had a medication at that point. But I was like, well, just monitor it and if it gets any worse there also. Yes. But I did it. I did it more preventative measure. With the the the one was bad because I was like, I don't want to go down this fast. I don't wanna get where I'm too far gone and then have to be crisis situation like.  
Victoria Walker (PGR): Yeah. Yeah. And I guess thinking about- umm at the time of getting the diagnosis, was there anything that you felt like could have been asked or should have been asked at that time?  
Georgie: I don't really remember because obviously it was, I mean it was  
4-5 and half years ago now, so I don't I think- obviously it being online, obviously that's always an issue. So they obviously it would be beneficial just to have like a one-on-one with someone to really go through because I never really heard of like or whatever example like I knew about anxiety, but I didn't actually know about the the main like generalizable sort and all that I didn't know about the different kind of variations of it. Umm, so I think would have been useful for me to had someone face to face to kind of go through all that. Yeah. So I've I've been actually seeing someone face to face, and you can't really do much. But with the online thing? You just get the diagnosis and hope for the best.  
Victoria Walker (PGR): Yeah. So even like having that having a conversation about what these things actually mean.   
Georgie: Yeah, yeah.  
Victoria Walker (PGR)  
Yeah, and OK and, so I guess thinking about services as a whole and that might be GP, that might be counsellors, etcetera and-  
Georgie: -OK-  
Victoria Walker (PGR): What do you think could be improved by services to identify the needs of women with anxiety, do you think?  
Georgie: I mean, I think that just I think they're just needs to be I more than a general like they're just given more funding in general because you don't want to get to that kind of crisis point that I was and they are like ohh God like ohh no. Like you want to- I think it needs to be more services for I think people just be like- it almost like being like a one to one therapy. That's like, if it's it's OK, like it's like therapy is like I think therapy needs to be like picked up more than anything else because it needs to be encouraged that actually it is OK to go to us if you if you are like not feeling great and actually it is like it is a safe space, I think there’s been more like safe spaces that maybe like aren't the GP that, like people, feel comfortable with, that they can just go talk to someone and not be like a scary experience. And so where if they are feeling- and, like, maybe not to the point that, but kind of price for you, but you don't want to get- we know when something is not right. Our intuition is very good. And I think it there needs to be more available services that are easily accessible. And hopefully free, preferably free, or at least some service you would hope, at least at least those spaces, even if it's just like a couple of couple of classes like, right, if you're feeling this, for example, one of the classes I went to a Kingston more before I went until like counselling, but just to kind of help them through, I think I'd like mindfulness sessions. So even like stuff like that, like kind of having like, OK, if you're if you're struggling with this whilst you're waiting here with someone and something that could help you and hear- someone who hears. Here's someone's number who actually, if you are struggling, you can talk to. It's like the second it's. I know from prison service with the Samaritans hotline for example, I think that needs to be bigged up more because obviously there is a service that's there, and and it's something that I think people know about, but like, I don't think people realize it's still open. I don't know if I- I don't remember I I until I went to the prison service. I didn't realize it was- that was still a thing. So I think it's it's stuff like that. I think it's where the free services actually need to be kind of pushed more to the front and saying these can help you before you get to scary, scary, scary point and then you have to like when no one get the point when obviously we we hear about the whole person because they they can't look after themselves and we don't- it's it's more preventive measures to kind of people understanding stuff that we need to kind of I think big it up more.  
Victoria Walker (PGR): Yeah, absolutely. And like and I guess would there be any amendments or adjustments required to that sort of provision for women who may camouflage or who have autistic traits, do you think?  
Georgie: I mean, I think they just say, but I think you need more research in that in that sense. It's like this because there just needs to be more research. See with autism. Hold on. The boys, like all the research is pretty much done on boys and girls weren’t diagnosed, and that early like, so again, it just needs to be like more research needs to be just endorsed in general needs to be done on women and like non-binary people not just off isn't every everything needs to be done- so I think that now- hopefully now it's it's hopefully umm you kind of see- you do see a trend a little little bit that it's like ohh well you actually need to like do this more because women are better at being actually like and adapting to society. So they're just masking, there just needs to be like more traits that understanding what autism means like and how it can differ between like men and women and non-binary people and and how, and also just speaking to kind of just the people and like, how like I think that's the biggest thing when speaking to people who are autistic, who have been diagnosed and like, what can we learn from you in a sense, so that hopefully we can catch earlier and actually we can help these people earlier so they're not like in their like teens, 20s or however long and thinking ohh this is why I'm different.  
Victoria Walker (PGR): Absolutely, absolutely. And yeah, it's very much why I'm doing this research is to try and contribute to that.  
Georgie: Yeah, yeah.  
Victoria Walker (PGR): So yeah, absolutely. And I guess just sort of come in to the sort of the, the the last part of the interview and I guess it we've we've touched on a few of these things already. And but I guess thinking about the support that you received, as was there things that you felt like could have been improved from the the the support that you did receive?  
Georgie: I think. I think after after like I think I think that could have been better ways, particularly in my second year, but I had anxiety where it- but it was like it wasn't too bad. There could have been more prominent things. Like, OK, if you're having this and everything and like actually like this could help you, there wasn't really anything like that. I'm really noticing like that- it's it's much better in the US with kind of therapy. It's much much better in terms of life is kind of better in some mental health. They all like therapy. They are like way ahead of us. They're like, they're like a decade ahead of us. And and like I I it's it's actually kind of useful for me to kind of see because I was in the states 6-7 years ago. So I went there when I was like 19 to 20. So like 6-7 years ago. And it's interesting for me seeing kind of that point and then therapy was kind of like it was kind of where it was now, where it's like it's still like a kind of a taboo subject, but actually it's getting better whereas and it's kind of like the UK is almost like 5-6 years behind behind them and and that side of things.So I see if I'd basically been in my third year in the States, I think it would have been picked up a lot lot quicker because they were like ohh you need help now. And I think just kind of reflecting back on things, it's kind of one of those things that I lost out and didn't have much, you know?  
Victoria Walker (PGR): Yeah, and, sorry I didn't quite catch what you said.

Georgie: Oh, sorry, sorry. I wasn't sure. Yeah. So it's terms of therapy. I think it's definitely the states are far ahead. And as I said, I I've got checked in that sense, so I think they could have been better here and also for me, my family, my family are now better because of me. My family originally was very good at talking about things, like, so what does it mean? And that's that's kind of where that can help and having to where where I did want to also because there there was a lot going on in the family that I didn't feel like I I didn't quite- I could speak to my sister. So she knew she she she knew more. My mum, I I didn't feel comfortable with talking to her about mental health because there was a lot going on.

My granddad got ill in 2016 and then passed away. That year was a lot for me and it was like ohh. Uh so. But I think after my episode, like I knew I had anxiety and depression. But she didn't obviously realize the extent. And then basically you realize that I went into like crisis mode and then they really banded together. And since then, it's definitely been a a better conversation. It's definitely been a more open conversation, but I think that it's also like kind of generational, I think like our generation is much better about talking about mental health. Whereas like my mum's generation for example, is that she's been so it's it's not- they're not as good at talking about mental health. And that's what I think it's more trouble for them. And I'm. I'm I'm. I'm. I'm because I’ve got a single mum so like it was more about I have time for this- it's generational but it's- my mum definitely got better since then but yeah it would have been- it would have been easier for me if I if I felt like, felt comfortable enough that I would, that I wouldn't just be kind of like brushed off. And if I could talk to someone like like, say now, so we we're supposed like we always have been, but I think. Having a family like that. But being able not just to like- not not able just to like talk to my sister about it. I would talk through some things with her, I I could talk to her because like her partner also suffers from, like, really bad depression. So. So she kind of through him, could kind of relate bit more whereas my mum has a has never really had that. Yeah.  
Victoria Walker (PGR): Yeah. So that connection with people who understand is really important.  
Georgie: Hmm yeah.

Victoria Walker (PGR): Absolutely. And. And I guess just sort of considering considering all of the experiences that you've had and anything that you might have discovered from either our conversation or from thinking from the survey, is there anything that you've that you feel like should be being asked or should be done differently to to get people that support?  
Georgie: Umm. I really I think, I mean I think. I think a lot of times I I don't know if it's the same now. I think. A lot of times it's like your medication. That was the the when I first went to the GP like you want medication. I was like, no, I want to talk to someone about this trying, hoping to understand it. It's slightly better now because after this is going back 5 years. So I'm hoping it's there. But I think that would have been like. Like no, I've done that. I'm giving medication and I said to him after my after my episode, I was like, if I'm off for their medication now, I would take it basically because if if it happened again, I will take it because I've been down the road. Hopefully that's not necessarily the first point of call now that like unless you say I'm good with medication. I know what I need. Like I know I've got the tools, but I still need some medication to help.  
Victoria Walker (PGR): Yeah.  
Georgie: So I- I think that would have been useful for me and like I think that's also like kind of my upbringing well, where I was like where- like we kind of like- I grew up in like, with doctors but also like kind of more of a kind of holistic kind of way because my mum did like therapy when I was growing up. So I've kind of always- I don't know how much you go and have it like this much earlier. I've always been kind of like trying on your own 1st and trying new techniques and then if that's all doesn't work and then try and basically like- that's obviously that's relevant if you need if you need medication like go for it. But I've always been particular with mental health. I've always tried to do different ways and more holistic ways first, just to see if I could. So I think it is a particularly like young kids for instance. I don't think it's good for them to like be on 20 medications. I don't think it's- if we can avoid it, obviously. So I think if there are other ways like, that's like therapy or like touch therapy or all kind of all smells, for instance, like when I was in counselling like, make sure you look have, like, make sure you have like things that actually that helps you like, that's not always I always have a set with me because I go into panic attack just to kind of bring my brain back to it and so stuff like that which is like not like I could do science like it's very like logical stuff but actually it doesn't necessarily just rely on like taking the pill.  
Victoria Walker (PGR)  
Yeah.  
Georgie: So I think that would have been useful. That's why I was like, no, I don't medication, it won't help.  
Victoria Walker (PGR): Yeah, yeah.  
Georgie: I don't- that's worked out like it felt like for me. It was NHS give you this to kind of protect. Well basically that's kind of what felt like initially. Like Ohh yeah fine. You'll be fine. I'm like no, I'm not fine. I'm really not fine.  
Victoria Walker (PGR): Yeah.  
Georgie: Yeah, yeah.

Victoria Walker (PGR): And so I guess the word that I picked up for there was holistic, so sort of having that sort of holistic view. Yeah, yeah.  
Georgie: Yeah, I'm. I'm still very much like- of you need medication go for it ain't like I'm I'm like if you're sick and you need to- do you know I remember like uni. I I remember. It was January and it was just before like Uni started back up again and I was like- like cold for like a couple days four and I was like I think I woke up that day. I was like.

I've been taking them in taking lemon tea like like lemon, ginger tea, whatever. Like I was like, this feels different. So I went to doctors NHS like just for like, it's only just started. Like, very well. I was like yes, because I knew so stuff like that, like you're going your brain when you like- something was different. This isn't working. Fair enough to go there, but I would think if you can try and do things to like help, just like yoga, like meditation or if you can find something that like helps your brain. I can't meditate because my brain doesn't shut up but my form of meditation is knitting. I just like and I like, just like craft away and like, be very, very happy.   
Victoria Walker (PGR): I think what you say there, about sort of having that sort of sort of creativity and flexibility almost in the sort of way that we can recommend things rather than sort of the one-size-fits-all approach.  
Georgie: Yeah.  
Victoria Walker (PGR): Yeah.  
Georgie: We're going away from the- I'll just take medication like. No, that doesn't- it's like, yes, that helps. But like it doesn’t- it doesn't always work.  
Victoria Walker (PGR): Absolutely.  
Georgie: The medication helps but then. But then what? Like what else are you gonna do after that? Like. Ohh, it's fine. Fix the brain and you haven't- well yeah.  
Victoria Walker (PGR): Yeah, absolutely. Thank you so much. I've just got one more question and and it's you know, is there anything that you would, is there anything you'd like to add?  
Georgie: I don't think so. No, I think that has been- hopefully it helps like in terms of like in terms of like pressing forward in terms of actually learning things.  
Victoria Walker (PGR): Thank you, I'll stop the transcription just one second.