Victoria Walker (PGR): Cool and OK, so, just taking you back to to the survey and thinking about anxiety, personality traits, and and a phenomena called camouflaging, which is sometimes associated with with autistic traits. And so I guess so thinking to about anxiety in particular before completing the the survey and what did your anxiety diagnosis mean to you?  
Emily: I guess it meant a lot. It meant finally kind of understanding.  
Emily: Why I felt the way that I did and they're not still not being able to make sense of it, but it gave it kind of purpose of why I thought certain things or felt a certain way or couldn't do certain things or found certain things difficult because I guess until you have that kind of confirmation from someone else. It's that, like permanent feeling of like impending doom. Like you're just going mad all the time, you know, to kind of having that affirmation from several people is kind of like, OK, no, I can kind of start to wrap my head around this now and work on living with it and dealing with it.  
Victoria Walker (PGR): So is it something that you have a like a positive relationship with now or is it still a bit of a bit of both?  
Emily: Probably a bit of both. I would say it's more of a- it's probably never positive, but it's it's- it's more something that I guess I can know when I feel a certain way I can logically think it's because of this, that that is happening. It's not because of some other reason that I can't control or like comprehend. It's there is always a reason as to why and it's at least I can pin it on that. So it's more of a kind of understanding of it, even though it still is frustrating.  
Victoria Walker (PGR): Yeah, absolutely. And I guess the the survey asked quite a few different different things and sort of after completing it and if you can think back, did did- were any of your views challenged about anxiety or did anything or did anything sort of spark for you after completing it?  
Emily: I can't remember specifically, honestly. I know that I generally when- I generally dread talking about it as I imagine most people do, but I definitely always find it quite cathartic whenever in that situation that you kind of can offload and let loose, because even if you're talking to people you love it's it's not the same as being in a space where there's someone being like. Just go for it. Just tell me everything. Just get it all out there, you know, and kind of, especially when it's especially when it's someone that you're not facing on the day-to-day like it's great. I I have people around me that I can talk to and that are really supportive, but it's different. Having that thing of just having a person where you can just, like, get it all out there, feel like you're almost ridding yourself of it a little bit. So I remembered that I would have definitely had that sensation. Yeah.  
Victoria Walker (PGR): OK. Yeah. And is that something that sort of I guess attracted you to doing this part of the the process as this obviously the survey was one part, but then there was this one thing in for for the interview bit. So what sort of drew you to want to be interviewed?  
Emily: I guess it's just one thing to help in like any way that I can because like I spent a lot of all my life having anxiety conditions and I also have OCD that I've had from being really, really young. So kind of just I guess because when I went through the whole thing of having like loads of different types of therapy, seeing loads of different therapists, and then eventually I saw one that really just it made a massive difference. And I guess just having that made it kind of be like anything that can help anyone else you know, even if it's gonna make like a speck of difference, then I'm happy to make myself uncomfortable for a little bit. So hopefully do something.  
Victoria Walker (PGR): Yeah. No, that makes sense. And and I I guess thinking about a phenomena that I've mentioned in the in the study called camouflaging. Are you familiar with that term?  
Emily: Not really, no.  
Victoria Walker (PGR): Yeah. So it's it's also in the same sort of umbrella as masking. And so sort of like adjusting oneself in situations to fit in, but it's something that we know is very tiring, very taxing and it can cause sort of a burnout and and in the survey, one of the questions that was around camouflaging would have been characterized by a statement such as in social situations, I feel like I'm pretending to be normal.  
Emily: Mm-hmm.  
Victoria Walker (PGR): And is that something that you can relate to?  
Emily: Ohh yeah massively. And especially because of kind of having the OCD diagnosis as well as an anxiety disorder, I mean they kind of intertwine with each other anyway, but having that, definitely. I’ve spent years, you know, being in social situations and kind of feeling like it's a performance in a sense of pretending that you're not thinking the things that you're thinking or you're not feeling the things that you're feeling or you're not spending the whole night worried about going, you know, getting back home again or, you know, kind of just pretending that all those things that are happening aren't actually happening. Definitely.  
Victoria Walker (PGR): Yeah. And I I guess and from your perspective, do you think camouflaging and anxiety are things that sort of that do you think that they that they sort of flow together or are they separate things, what what your thoughts about that?   
Emily: I mean, I would think that they definitely go together because I would imagine most people with anxiety live their life on the day-to-day and aren't letting everyone know what they're feeling or why they're feeling or how they're feeling. And they're not necessarily projecting that out into the world. So I would say that they definitely have to be linked to each other in some way, and that surely everyone that has anxiety must camouflage, surely.  
Victoria Walker (PGR): Yeah, and I guess thinking, back to the to the survey did it sort of provide any sort of insights for you about when you sort of considered maybe the questions about camouflaging and did it provide any insights into when you were completing the statements that were about camouflaging? Did they sort of do anything sort of resonate with you or provide any new insights?  
Emily: I think it definitely made me realize that that is something that I actually do because I think I've never thought about that as- I've never thought of it as being a thing. It's just something that I do. It's normal, it's normal to spend the day or whatever you're doing, acting like things are different to what they actually are. So I think that it's the same thing as like the diagnosis. It's like all of a sudden, you have a word that makes how you feel makes certain or what you're doing makes sense. When that had, I'd never heard that word before, so I'd never necessarily even struck me as- that that could be something that I was doing. It just seemed normal to do that.  
Victoria Walker (PGR): Yeah, absolutely. And I thank you for that and so the next part of the survey asked questions and that could have been considered to link to suicidal thoughts or intent. And so a couple of examples just to sort of remind you. And so these days I feel disconnected from other people and another statement maybe the fact that I'm going to die does not affect me.  
Emily: Mm-hmm.  
Victoria Walker (PGR): And so I guess it again thinking back to the survey, what's it like to sort of consider those sorts of statements?  
Emily: Its, is is funny because, I feel like it's- I live in such a permanent state of anxiety and it kind of just goes from anxious to really, really, really anxious and it very rarely dips below that. It kind of- it's something that I always say to my therapist as well as I was like my mood changes so quickly as well. So they'll be times that I'll read statements like that and I'll just feel nothing. You know, it'll just be like, whatever doesn't mean anything. And there are other times that could send my brain skyrocketing. You know, it's kind of like all these horrible thoughts and fears. Umm, I can't remember honestly specifically in that moment. How I responded to it, but I know that it could have been one extreme or the other, definitely.  
Victoria Walker (PGR): Absolutely. And I guess thinking about the the context of those statements, do you feel like they're appropriate questions to ask?  
Emily: Umm, I think so because I think a huge part of kind of mental health as a whole and having anxiety is that it- it's it's very confusing and whilst even if you don't necessarily have like a strong instinct or desire or kind of connection to suicide as a thing, I think it's something that's always the concept of it's always loitering. It's always there's kind of just this presence. Especially because in things like the media, you know that that it's always, there's always that connection of, like mental health, and suicide, they kind of go hand in hand, whereas they don't necessarily have to. But I think because of that is important to be asked those questions because it then makes you really question if that is something that you've been thinking that you might not even be aware of. You know, you could have been living in a kind of state of- I don't know. I think. I think it's important to to be reminded that that's something we should talk about. Umm.  
Victoria Walker (PGR): Yeah, yeah, absolutely. And and I, I guess it's a bit of a bit more context that and so on the survey and for those particular questions, I used a model called the interpersonal theory of suicide and that's got like- got 3 parts within it and and one of those is called perceived burden, and and that's characterized by statements such as these days. I think I'm a burden on society. And I guess, do you have any experience of of that sort of of phenomenon of perceived burden?  
Emily: I guess so. Maybe not kind of. Not kind of intensely or kind of like really life affecting, but I've definitely had that- that feeling of kind of being like I must be difficult to be around. I must be difficult to have in peoples lives because I can make doing things really difficult because I only like doing things a certain way because I'll be worrying about certain things. So definitely that sensation of I must be hard work and I must be quite draining and therefore feeling like a bed and maybe not necessarily on society as a whole, but definitely on peers and kind of family and friends.  
Victoria Walker (PGR): And what's it- I guess, what's it like to experience that feeling?  
Emily: Rubbish. It's draining. It's really, really draining. It's it's like you're having to constantly fight what you're thinking and feeling because there's always there's the demon, and then there's the other bit. You know, that's kind of there saying you know, no, it's this or that's not true or, you know, there's all these people around you supporting you and reassuring you. But then there's always the moments where it just feels like you're completely disconnected from everyone and everything. So no matter what they're saying or however they're acting, it still feels like you're alone in this situation and that either that maybe it could be better to actually just kind of isolate yourself from all those people because you know you can't be worth it for them to have all that frustration all the time, even if they're not necessarily saying that it feels like that. You think that's what they must be feeling because that's how you feel about yourself because being in your own brain is so tiring and exhausting that you could only see that other people would see you the same way.  
Victoria Walker (PGR): Yeah. And I thank you for sharing, for sharing that and the the the second part. The second part is called thwarted belonging and that's characterized by statements such as saying I often feel like an outsider in social gatherings. Is is that some sort of nodding to that? Is that something that you that you have experience of?  
Emily: Yeah, probably particularly even more so in one-on-one situations, I'll have quite a lot of interactions even with really good friends where I just feel like I'm not actually there. And it's like a kind of like an out of body experience, almost of feeling like there's a very physical disconnect between me and the other person. It's not just feeling like a bit off or a bit strange. It feels like there is physically something in between as well. I'm like, I'm not being me. And they must be able to tell that. I don't know. It's almost like I'm a different person and that they must be able to see that and they can tell that I'm not being myself when actually, that's probably not the case at all, but it's definitely. I can probably handle it more in crowds or like bigger groups of people, because there's a lot of other stuff going on. So kind of I might not feel present necessarily in this situation sometimes or it might feel a bit like I'm not really engaging or I don't really want to be there. But certainly in smaller situations and it kind of just appears out of nowhere, there'll be days where- a weeks about just what happened, and then they'll just be little day where I'll be like, oh, let's go for coffee and I'll get there and we'll just very physically feel just like I'm just not actually there at all.  
Victoria Walker (PGR): And how do you manage when you're in that situation and that happens?  
Emily: I'm trying to get out of it as quickly as possible because it's just so stressful because it's kind of you'll like questioning the whole time with the- that person can tell that something not even necessarily something isn't right. It's just it feels like something's changed. Almost like I'm not the person that I was and that I don't know. You know, like the the skin- sounds really silly. But you know how everyone jokes about politicians being lizards. So it's like that thing of like feeling like my body is transformed into something different. And that's surely they must be able to feel this kind of war that's between us when they just acting how they would always act, but it's it's a really strange- really, really strange sensation that I wish I could describe better because it it it it it does. Just feel like I'm not there.  
Victoria Walker (PGR): And, like I guess I'm just thinking out loud here, but it is in those sort of situations. Would things like camouflage and or masking come into it?  
Emily: I mean, I guess they must do. I guess there must be an element of just kind of getting on with the situation, you know, kind of just making small talk or asking questions or kind of just reflecting the attention away from me or more so that other person talking about their life and what they're up to or whatever. Umm, but it I would say it's- I would say it must happen to get through this situation because obviously you can't just meet and five minutes later it be like I'm going. It must be an element of it. But I do think there's also there's so much focus on how uncomfortable I feel that I don't think I actively perform.  
Victoria Walker (PGR): Yeah.  
Emily: But I must be performing. Yeah. Yeah, exactly.  
Victoria Walker (PGR): Yes, it's it's not like a conscious decision to go. I'm gonna say this now, and I'm gonna make this much eye contact. It's sort of it. It's just something that almost steps in to save you. Yeah.  
Emily: Yeah.  
Victoria Walker (PGR): Yeah. Yeah, sort of takes over to sort of just get you through.  
Emily: Yeah, exactly.  
Victoria Walker (PGR): Yeah. Is this OK to talk about? Is this OK?  
Emily: Yeah, yeah, it's fine.  
Victoria Walker (PGR): I appreciate it's some difficult thoughts and feelings and can come up when we're talking about these things.  
Emily: Yeah, yeah, no, I'll, I'll. I'll definitely let you know if anything feels a bit much.  
Victoria Walker (PGR): Yeah, please do, umm OK. And so that the final, the final part of the the three stages of the model is it's called a acquired capability and that's sort of characterized by statements such as I'm not at all afraid to die and can you can you describe how you how you might relate to that to that concept of acquired capability?  
Emily: Umm. Again, it's a funny one because it kind of depends on where I'm at on that weird scale of of anxiety, of kind of like I had to when I was about- think I was about 16. I had what the doctor at the time classed as an existential crisis, which I'm not sure it was quite as intense as that, but it was. I had this moment where it was like a very profound moment where I realized I was going to die. It was like a really intense physical literal realization that that would happen. And for I think about six months after that it was it was kind of like a really intense physical reaction every time I thought about it, so it would kind of if it came into my mind, I would. You know, if I was sat on a chair, I'd like slam my hands on the desk. You know, it was like I had to, like, really have some, like, kind of sensory impact to ground myself to make sure I was like there and present. And in the room. And that has taken 13 years. So that's 14 years later of probably I still have little moments of that where sometimes someone, I don't know, I'll be watching a TV program and it will be all about death and that kind of like, huge, intense hit of kind of adrenaline and anxiety will come back. But there's also a lot more Times Now where I can quite comfortably just accept that and deal with it.  
Victoria Walker (PGR): Yeah. So is it something that you would that that you are fearful of and?

Emily: Umm. I guess so. I think it must be. I think it must be and it's- yeah, it is. Yeah. Yeah.  
Victoria Walker (PGR): Yeah, so the opposite, really. It's good for you that that the opposite is true.  
Emily: Yeah, yeah.  
Victoria Walker (PGR): Yeah. And again, this is maybe thinking back to the survey a little bit. I've given you some sort of prompts of the sort of questions that would have been asked. But but can you summarize your experience of having thoughts that could be associated with suicidal intent and and how and how you feel the survey might have assessed those?  
Emily: I've never actually had that intensely out all throughout my life, I've never really had thoughts. I've never made plans. It's never actually got to that extent and which is probably because of the fear factor of kind of not actually wanting that to happen. And I feel like this survey was good, though, because one of the first things I remember the first time I ever went to therapy, it was like, and I get that they have to really be checking, you know, that you're not going immediate risk. But I was just so like, Oh my God, all they want to do is know, if I'm going to kill myself, like, that's all they want to talk about, that's all they care about. And it was just such a kind of overwhelming thing because I was like, I'm not even thinking about that. Like I don't like that's not even cross my mind. I just want help. And I mean, I don't know if it's come with age or what, but I feel like the survey definitely helped me just kind of process my thoughts and feelings about that rather than it feel like a kind of attack of like what are all these things you've thought about, like how dark and scary that you know, it was kind of just more of a kind of assessment of? Where do you sit in this? How we you know how you gonna work through that kind of thing? It was more thought provoking than kind of aggressively highlighting that as a topic. Yeah.  
Victoria Walker (PGR): Yeah. So it's more because I guess it's sort of asks statements and whether you agree with them or not rather than I guess sort of a very yes, no.  
Emily: Yeah.  
Victoria Walker (PGR): I have statements and yeah, I suppose with the the question sort of relate into the different domains. Someone who was the administering that could take that away and go OK, well, this person's experiencing thwarted belonging. That might be a risk factor for something else and but yeah, so it's good to know that, you know, not sort of being quite bluntly some of those questions is quite helpful. And OK, is there anything else that you felt the survey should have asked when you when you finished it. Was there anything that you felt it should have asked about?  
Emily: Umm. I'm not sure. I can't remember specifically, but I feel like. I don't know if they asked about other diagnosis or experiences? Did it? Yeah.

Victoria Walker (PGR): Umm it asked about anxiety and and it's sort of gave a little text box that you could put other things in. It didn't specifically go into those other diagnosis.  
Emily: Yeah. Which obviously I know that it's it's to do with anxiety, but I think that was the only thing that I thought-  
Victoria Walker (PGR): -Yeah-  
Emily: -Either from my personal experience, at least, they're all kind of linked a lot of things have kind of intertwined with each other and other life experiences and things like that. So for me it allows me to make more sense of them when I can explain all of them rather than singling one out. But I do get that what we're doing in this situation is to do with anxiety, not necessarily other things that could impact that. Yeah.  
Victoria Walker (PGR): It's helpful to know though, it's very helpful to know that actually thinking of the broader picture would be something that would be helpful. I thank you for that. So I guess just to close off this sort of section of the interview, before we move on and is there anything else about sort of the way that you make sense of your experience and that hasn't been captured already in the interview?  
Emily: Umm. I guess. I guess kind of just that sense of like that. A lot has already been captured, but I guess mostly just that the the anxiety can exist really in its own thing, it doesn't have to be connected to suicide or kind of really dark thoughts. It can just kind of be very permanent. Just lives here, you know, it's just it's a real prevalent kind of just everyday thing that is just there and that kind of there are so many traits that are just kind of drilled in almost you know that they're just so normal that they've been there for so long that I can't imagine it's they're almost like a comfort sometimes because I know that that's how my head's going to work and how it's going to react to certain situations that if it didn't, it would be like, Oh my God, why is it not doing that? I guess that kind of essence of that really. Umm. Umm.  
Victoria Walker (PGR): Yeah, yeah, the it’s actually quite a a a fluid experience and that that, that as you say, it's sort of lives lives there. But how it sort of I guess shows itself and how how you experience it can really change?  
Emily: Umm yeah.  
Victoria Walker (PGR): Yeah, that's really good to know. Thank you. And so I guess the next part of the interview is gonna think about how sort of services and how professionals can, I guess help is the hope and so, so anxiety is is quite a is is quite prevalent mental health diagnosis and particularly given to women and, can you can you describe to me the process of how you gained your diagnosis?  
Emily: So. If we go, if we do that one, it will basically I'd- so I've I've had some variation of anxiety and depression and OCD as long as I can remember, I remember being five, you know, and having quite obsessive and anxious traits and the time when I actually got my proper diagnosis, I've gone through rounds of CBT before and never had a diagnosis or anything. And then about like four or five, maybe four years ago. Umm, I basically come out of a very abusive relationship and was really poorly, you know, that had kind of heightened all of those things 10 fold and had started having another round of CBT with a different group in London and and the lady that I was seeing there, I was just kind of quite concerned just about the way that I was thinking and the way things were feeling, so I got referred to another group in London that I can't remember what they were called now and which was for people that were basically experiencing psychosis, and people that risk to themselves or kind of borderline personality personality disorder. And it was basically them that gave me the formal diagnosis, which at the time I was having a period of psychosis alongside anxiety disorder and a proper OCD diagnosis, which I've never got before as well. So it's kind of quite a lot at once.  
Victoria Walker (PGR): Yeah. Yeah, I can imagine.  
Emily: Yeah.  
Victoria Walker (PGR): And and how did gaining that impact you?  
Emily: I remember it being very, very, very emotional because I remember feeling. I remember reading, you know, kind of doing that thing of, like, I remember sitting on my the bedroom floor of my mum's house at the spare room and, like, Googling how I was feeling, you know, and kind of looking on the NHS website and it kind of being like, I don't know, just reading those things and being like, Oh my God, it has to be this. This has to be the reason that I feel this way, so I guess just like actually having you know, with several medical professionals as well in a room, you know or just being like, this is what it is and this is what we know that it is, you know like now we know what it is we can actually cater your help like your care to get you through all of this and like help you be able to live with it and get on the other side of it. It was just really grounding and really, really emotional to- to actually finally be able to understand that, like all those horrible things. When I mean they are my brain being a bit mean, but you know also just being like the these are people now that I understand them and they can help me, I don’t have to deal with it on my own anymore because they're going to be able to help me work through it. Umm.  
Victoria Walker (PGR): Yeah, absolutely. And I guess it sounds like even though it was a quite an overwhelming experience and a lot of information to take it and at that time, was there anything that you felt should have been asked or considered?  
Emily: What do you mean?  
Victoria Walker (PGR): So did you feel like there was at like when you came away from it? Was there anything that you felt was missing from them process?  
Emily: The thing the thing that I think I struggled with the most was that they were really reluctant to give formal diagnosis. You know, it was kind of like- which I get that there's a lot of places that kind of, you know, they're like, we don't want to tell you have this because then people I guess, especially if you have OCD, it's kind of having that is the whole thing is that you have obsessions. You know it's like it's the hand in hand or anxiety it could provoke spiralling kind of about that then being a thing. But for me, that's what I craved for. So when there was actually someone just being able to give it a name so I could then begin to process what it was rather than it just being like all these other things going on. And I wish that had come sooner, I wish that that had kind of been figured out a lot earlier in that. I feel like actually it was never- it was never really explained exactly what all those things did and why they did those things. You know, it was just kind of like, this is what they are. We're going to get you through them. You don't need the label. Really. You know, but we, you know, you've got it now. That's what it is. But for me it was kind of like, I don't know. I wanted people to sit down like, list everything that could happen. And what all how all those things I was describing, what bracket they fitted into and how that actually was all going to work and look, you know, now that I finally knew that that's what it was I think I needed more information. Umm.  
Victoria Walker (PGR): Yes, there was- so almost felt like initially there was almost a reluctance to give you that information and then the information did come. There wasn't really enough of it. Is that right? Yeah.  
Emily: Yeah. Yeah, it was like they've just been like, OK, you can have the diagnosis, but that's it, you know, like, we're giving you the word. But now we're just gonna help you through it. But I was kind of like, no, and that's just kind of the person I am. I'm very much- I like having information. I like knowing as much as I can. So for me, it was. That's really what I wanted. Yeah.  
Victoria Walker (PGR): Yeah, yeah, absolutely. And I think that's more than fair enough. So absolutely and I guess. Even thinking about some of the stuff that we've discussed in this interview so far, is there anything that from what we've discussed that you think could be sort of brought into those sort of processes and thought about?  
Emily: I actually feel like the questions kind of relation relating to suicide are actually really helpful because as I was saying like that kind of blunt approach of when you first go into a doctor's and you fill out the questionnaire or you know I've had CBT where every single week you've had to fill out the same paper questionnaire of how likely you are to go and do something. And I get that it's a formality, but it's also it feels like they're just doing it to check that you're not gonna go do something silly. I can't imagine how many people in that situation, it feel like they might actually sit and write on that form. Yes, I'm going to go do that because they know the consequences are going to be that the police are going to get phoned or a doctor's going to get phoned. You know, I feel like that as the topic just feels so like all we're doing is making sure that people aren't doing it. We're not actually helping our brains provoke, like all of our feelings about it, so I feel like the questions that we spoke about today actually allow you to kind of perceive more of your understanding of that and where you really sit with it rather than it just being this like yes or no, you gonna go do this thing which I've always just thought it's such a ridiculous question.  
Victoria Walker (PGR): Yeah. So this comes again, actually inviting a conversation.  
Emily: Yeah.

Victoria Walker (PGR): Yeah.  
Emily: That's about the deeper workings of your feelings on that topic, not just the actual final step of what that would be. You know, it's about actually how you've got to those thoughts and feelings and how you can process them. More on that on the journey.  
Victoria Walker (PGR): Yeah, absolutely. Because there's, there's a difference, isn't there between, I guess, the concept and the model’s aspect of thwarted belonging for instance, but then also having that active-  
Emily: -Yeah. Yeah, absolutely.  
Victoria Walker (PGR): Yeah. OK. And umm like, I guess to think a bit more specifically and about sort of the population groups that I'm that I'm speaking to and is there anything that you think could be improved and to identify the needs of of women and especially who may experience anxiety or other mental health difficulty?  
Emily: I don't really know. It's quite hard, isn't it? Because I feel like- I feel like we're such an awkward point in the world where, you know rightly so, services advocate for men's mental health because men don't talk about things properly, like they just don't. But we also still live in this era of like, ohh women are so emotional. And women talk about everything. And women share their feelings when actually it's not true, and it's not- I feel like having that feeling that women are more comfortable talking about things makes people think that they're telling everyone everything, but they're not. You know, we might be more comfortable saying if someone upset us or annoyed us, or like showing physical responses to emotion like crying or shouting, but I feel like that's very, very different of the conversation about having like severe anxiety or having another mental health condition because they're nothing to do with just being able to talk about your emotions, they're totally different things. So I feel like the- there needs to be more of a kind of advocation for when something is not not normal, you know not a normal way to be feeling or expressing an emotion or dealing with a situation.  
Victoria Walker (PGR): Yeah. So it's almost not taking it as a sort of for granted thing that that we have that yeah of course women are talking about it.  
Emily: Yeah.  
Victoria Walker (PGR): Absolutely. And I guess and thinking about what, what I'm sort of exploring, which is sort of camouflaging, and do you think that there needs to be any differences in light of things like camouflaging in terms of the questions that are asked or how services approach women?  
Emily: I think so, because I think there is a real thing of just like it's very easy to cover up. You know, it's so easy to cover up how you feel or how you deal with things or how you experience life, and that maybe actually if that was more publicly known, people would maybe realize more that that is actually what they're doing and it's not normal to do that or I hate the word normal, but it's not, you know, I mean it's not, you shouldn't have to live life doing that. You shouldn't have to go about covering up how you're feeling or how something is, you know, how you're responding to something is, you know, and I think if actually people knew that that was a thing that was linked to anxiety and that that they could be doing that because of another reason that I think more people would have a deeper understanding of what anxiety actually is, as a formal, you know thing that's diagnosed, that's a condition and that part of that can be that you're doing all these things that you're not even realising could mean it's because of the other thing if that makes sense.

Victoria Walker (PGR): Yeah, it does, and I I guess thinking about support for people with their mental health and I mean, can can you describe the support that you've received and- it sounds like you had a few sort of periods of having things like CBT and so if kind of you could, if you could sort of summarize your experiences of gaining support from services.  
Emily: I would say the first few times I and it was just rubbish because it was just- it's hard because when you're in that situation that you need help, but the doctor has to really- or the therapist- has to really understand what help you actually need. So there has to be that kind of grace period of, you know, unless there's something immediate, like an episode or, you know, something quite drastic. There has to be that kind of like period of however, lots of talking and kind of getting to the bottom of what they actually need to help you with because most of the time, you don't know yourself. But it's so difficult because and again with other people that I've known, they've been like, Oh yeah, I've gone. But it's all like, nonsense. It's all about if I'm going to kill myself or if I'm depressed and it's like you know, people have given up so quickly and I gave up as well several times because I was just like, it's just it's just naff. It's like I'm not achieving anything. I'm not leaving that situation feeling better if anything, I'm leaving it just feeling worse because it's made me think about all these other awful things, you know, not actually like processing what is going on and what I actually need help with so it took a long time. As I said. I first went when I was about 16 and then probably finally spoke to someone properly when I was 26. So it's 10 years of being- granted, not every year- but in and out throughout the years of different doctors in different locations, you know, and it actually took getting quite unwell to get help quickly. You know, I think the only reason I actually ended up getting that help quite quickly was because I was in quite a bad way for a lot of reasons and I don't think that the anxiety diagnosis would have been as easy if it hadn't have got to that extreme, to be honest. Yeah.  
Victoria Walker (PGR): And I guess the the time when you accessed it, at 26 was was that about was that a better experience than the experiences you've had before or was it much the same?  
Emily: It was better. It was definitely better. But I think it was only better because of how bad things were. You know it was. I was kind of desperate for help. And also because of the symptoms I was having, they could tell that I was desperate for help. You know, there were literal lists of reasons. It wasn't just kind of like, oh, I'm feeling this way and I don't know, you know, I think the problem is that a lot of things can be brushed under the rug because if you say you're anxious, especially now, everyone's like, oh, everyone's anxious, you know. But it's it's just sliding scale of severity that it can be totally debilitating. It can sort of be leaving the house or having friends or and it. That's what worries me is that I had to go in like to the point that I was really unwell for them to go, actually, it's probably because you've had this thing for so many years that then has been triggered by events in your life that is then kind of catapulted into something else.  
Victoria Walker (PGR): Yes, it sounds like it's only when things gets the sort of thing the the worst point that they can get to that actually things improve that even then it's still not amazing.  
Emily: Yeah, yeah.  
Victoria Walker (PGR): So I suppose this part of the research is that I'm wanting to sort of use people's experiences and what they what to sort of think about how things could be better. And so I guess for you, what would good support have looked like?  
Emily: Honestly, I think part of it would have been there actually being something beyond just sitting and talking to a stranger. You know, there would have been like- but I found out the other day about this Gallery in London that they do- they've done, basically a manifesto for young People's mental health and their whole thing is that they're wanting to fund projects for people with mental health conditions to actually come together and make art and paint and dance. And, you know, and I get a lot of people in that situation would be like, Oh my God, I don't want to go do that, but actually a huge part of it I find even now that I sometimes I have to convince myself to go and be social and every time I'm like, Oh my God, I feel so much better. But getting out and doing something and being outside and, you know, I I honestly think if they were actually different avenues that were properly funded that then you could access therapy, proper therapy off someone who can and will help you and be patient enough to help people also to have just those different- just those different like methodologies of processing things and working your way through things. It not having to be the sitting down in a room and talking to people you know, I think there must be so many other solutions of like Creative play and things that must must help people in those situations and I just wish that that was there was more understanding of even how that works and what that could look like for people to have options, that doesn't seem scary like you just have to go and sit and talk to a stranger. Umm yeah. Yeah.  
Victoria Walker (PGR): Yeah, it seems the options is quite a key part to that, isn't it? Like having that choice and and that and I guess the- the systems themselves having that sort of flexibility to be able to walk for that and yeah, OK. And I guess considering considering the experiences that you've had and anything that may have come through from either the survey or from our interview. And is there anything that you feel that services should be asking that might be different to what they're currently doing?  
Emily: I feel like people should be given the opportunity to describe something like entirely, you know, I don't. I think when if you ring your doctor say for example, you know and say I think this is happening or you know, I'm not sure how I'm feeling. I feel like there should be a real opportunity to actually sit there and go this is my process of thought around something and this is why I'm worried. You know, I used to be able to go to the shop, but now? I think about all these things before I go, or I think about all these things, you know, like actually having the opportunity to really express and explain what that thought path is and why you're worried. Because I feel like so many of those questions are so kind of just like- I don't know if they did, they just seems like they just not even scratching the surface and I feel like it's actually when people can describe an event to you or a situation that is now all of a sudden different because they're feeling all these different things that that's when you can actually come to terms within grasp. You know, maybe some things not right or maybe this is where we can make it a little bit better or these are like immediate things we can do to help with that situation. And I mean, I don't know if there are places that do that, but I've certainly never experienced someone actually giving me the platform to really describe on my feelings exactly on a situation from start to finish. It's always just been kind of answers to questions or why do you think you're feeling this way or what's happened or you know, it's never been just kind of like, oh, I used to be able to go shopping and now? You know, I worry that someone going to hurt me or I worry that I'm going to get hit by a bus or, you know, I'm worried about all the other people in my life. When that happens, I don't know. I I feel like I've never, ever been given that opportunity to actually explain until quite farther down the line. Umm. Umm.  
Victoria Walker (PGR): Yeah. So it's it. So we'll be right saying it needs to be a bit more sort of personalized rather than the sort of the the script. So to speak.  
Emily: Yeah. And just kind of giving the person the opportunity to really explain acircumstance that has concerned them. You know that kind of situation that has made them think, OK, this isn't- this isn't how I should be feeling, or this isn't what should be happening. Yeah.  
Victoria Walker (PGR): I've come to the end of my questions and so I've got one final question for you. If is, is there anything that you would that you would like to add at all regarding your experiences or your views about anything that we've discussed today?  
Emily: I don't know is there anything that you think that that you anything else you've thought of that you'd like to ask? Yeah.  
Victoria Walker (PGR): I've I've just found. I've just found it really interesting to hear your reflections. Really. And and yeah, it just it was just if there was anything that had come up for you that you like. Ohh, I should have said that earlier and I forgot sort of thing or.  
Emily: I don't think so, not that I can immediately think of. No, I don't think so.  
Victoria Walker (PGR): It'll be when I hang up, won't it? (laughs)  
Emily: (laughs) I know it will be about 10 minutes. I'll be like, Oh my God.  
Victoria Walker (PGR): It's a hard question that one, well, so thank you so much. I will stop the transcription now.