Victoria Walker (PGR): I guess to start with we will talk about, I guess, some sort of general reflections and feedback from some of the topics that were covered in the in the survey. And so we'll start off with with anxiety, so taking you back to way before you completed the the survey, what did your diagnosis of anxiety mean to you?  
Eleanor: Umm, mine was more stemmed with depression and then anxiety came a lot later or showed later and I've had things happen in my life, but it originated when I was like 15, 16. And then, the last two- no- what? Let me just work it out because it was in the pandemic thing. It wasn't related to the pandemic, back in February 2021, I then had a stress induced breakdown and- but anxiety been building prior to that and- it was again linked to work situation but I had anxiety in relationships from the one from 15 which I then pushed aside. Umm, I would just say like you don't realize at that age what some of those traits are or why you were doing stuff then, so I think it wasn't more diagnosis of it because I always knew that it was there. So when it was more, you're not very well now. How are we gonna- cause I've been on antidepressants for a long time. And you are in a much worse state than you were. So it wasn't- it was more- there's gonna maybe be a bit of a light in the tunnel of rather than just keep spiraling.  
Victoria Walker (PGR): Yeah.  
Eleanor: So I don't ever really remember the first bit of being diagnosed as such because so as a bit more background, my mum was very senior within the mental health team of [name of trust]. So I've grown up with someone who's known a lot about mental health and accessing it and the importance of counseling and stuff. Even if you are happy throughout my life, so nothing- whereas other people might not have that openness or awareness at home, it's always been present. So I don't think I attach it as being as much of a stigma as other people.  
Victoria Walker (PGR): Yeah. Yeah. So it, I guess the anxiety like diagnosis, so to speak, was something that sort of came as part of a wider experience. But it seems that it wasn't something that had sort of that necessarily negative connotations to it because because of the, I guess the the relationship that you had with that from your mum's experience.  
Eleanor: Yeah. Like it not maybe as profound as it would be for someone else in, like, OK, that's what it is.  
Victoria Walker (PGR): Yeah, yeah, that makes sense and and I I guess as time has gone on and you said that it sort of in in February 2021 there was there was the the breakdown and we’re obviously now in most of the way through 2022, has that sort of relationship with that changed over time?  
Eleanor: Yeah, there's definitely. I mean, I've- I put actions in place so they can be- I sold the business and- do you want me to go into more detail of that for you? For research reasons? Because obviously you know me versus a complete stranger, would it be more helpful to have a bit of a timeline?  
Victoria Walker (PGR): Yeah. Yeah. Because like I suppose if it- if it links to your relationship with that over time, then absolutely, yeah.  
Eleanor: So I- about I- well, I was a student. I, was an audiology student nursing, I worked and then bought a specsavers franchise. A lot of up and downs with being a director, staffing like management clinics, all of that and then the... and- and then it just became too overwhelming, like there was never times where you'd have a day off ever. Like, if you did, you'd constantly get calls or you'd have emails to deal with. It was never you could switch off or it never once since owning it gone on holiday and not had to deal with work every day. So there was never a downtime and you end up taking work home because there isn't any- you have your clinic, and then there's no time to do the rest of the like, the- you just didn't have time in the day to deal with being a director side rather than just a clinician, so it all sort of impacted on my work life, home balance and I've been a shit person to my partner when I'd get home because I was exhausted and then working like almost into burnout and- and then central, I'd said to central- so I said for quite a long time that, and it's too much and I need some more help and- and then it just all fested up that again, you'd think about working, you just be like, feeling sick and you- but I really don't want to be there. And just anything about it was just- I hated it and and I didn't hate my job as an audiologist or the people that I worked with at all. None of them were difficult and- and it just came too much. And I just, yeah, was ah, yeah, I just really struggled. My depression then got worse. I'd flip between taking my medication and then I'd never always experience anxiety with my depression. That could be- and that I found harder than knowing I was like sad. I couldn't like- the physical feeling of anxiety was like, worse. And like now, my hair's only just growing back and things from all of the stress so that I found was worse and I've had... yeah, it was shit-  
Victoria Walker (PGR): -yeah-  
Eleanor: -that around that time, and then I was off for about five months. I sold the business at that point. I got- I work now part time and I've changed a lot of my habits and I'm not saying that I don't get anxious or I don't know the stuff and things that make me feel really anxious, but it's not constant and it's not affecting my eating and stuff like that every day. Yeah.  
Victoria Walker (PGR): Yeah, yeah. So the situation that you're in was sort of exacerbating that and sort of making it a a constant occurrence. And yeah, and it's and as you say, it's not, it's not totally gone away, but it's not got that constant sort of I guess presence?  
Eleanor: Mm-hmm.  
Victoria Walker (PGR): Yeah, thank you for sharing that and and it it sounds like the changes in your situation have been positive to to get you out of that place.  
Eleanor: And part of that is I had a really great doctor. Who was like, why? I'm not- we'll give you sick notes, etcetera. Until like you- he was very supportive and wasn't like, ever questioning any of it. So I've never felt stupid when I'd like with it, which is often dismissed. So I- I would say he played a big part of me being able to leave-  
Victoria Walker (PGR): -yeah-  
Eleanor: -which I think is hugely important. Umm.  
Victoria Walker (PGR): Absolutely. I guess to sort of think about some of the other aspects that that were asked of you and when you did the survey and there was some statements in there that could be linked to autistic traits. So one of those is so an example of that is I have a hard time dealing with changes in my routine.  
Eleanor: Mm-hmm.  
Victoria Walker (PGR): And there’s obviously other aspects, but that's just one example is, is that something that that you had considered about, I guess in terms of the traits, but also that maybe that statement?  
Eleanor: I'm controlling so I would find at work it would be difficult to give other people tasks that I can just do and I know how to do and it be quicker for me to do it versus teaching someone. But in the long run it's actually more overwhelming. Doing 10 things versus 5. And but... change. I don't know if I particularly struggle so much.  
Victoria Walker (PGR): Mm-hmm yeah.  
Eleanor: But, yeah, but I don't. I don't know. I generally have quite a steady little life.  
Victoria Walker (PGR): So it doesn't get tested too much for for change?  
Eleanor: No. Not really.  
Victoria Walker (PGR): Yeah. OK. And I, I guess the other part that I mentioned before was the- was the camouflaging side of things. So that's can be known as masking and and a statement that could be related to that which was in the survey was I feel like I'm pretending to be normal. So you've nodded there. Is that something that you- that you have you feel you have experience of?  
Eleanor: Yeah, I I would say I think it's very normal that people do that and- my close friend and my first audiologist, for example, she always points out that I don't answer her when she asks how I am. And I know I will happily look after others, but it's not my common ground to discuss myself and and it's easy to put a face on than it is to share your vulnerability and because then you have to talk about it more and that's harder. So.  
Victoria Walker (PGR): Absolutely. So it, yeah. And so I guess is the notion of sort of camouflaging or masking something you had considered before?  
Eleanor: Umm,I think I've done it for a very long time, I'd say probably- since yeah, my when I was 15-16, I did because that was a domestic- like I was in an abusive relationship. So I hid that from everyone and those traits are still things I'm trying to unlearn and- lying is something, about small things, which would at that time ended up in like physical assault versus so now it'll be like- is something like, did you throw the yogurt out or and it like? No so. And then if you go actually yeah I've done that. I'm luckily in a relationship where I can then talk about why I do certain things or I can then be like actually that wasn't right, right? So I've known I've done that for a long time, but I- I would see that more because then it was like a survival thing for me. Yeah.  
Victoria Walker (PGR): Yeah. So there's something in that. It was almost like something it was, it was necessary to get you through that time?  
Eleanor: Yeah.  
Victoria Walker (PGR): Yeah, and it may come up now, but you are able to actually be honest about it and that- that this happens and why it happens.  
Eleanor: Yes. And I recognize why I do that and stuff. Yes.  
Victoria Walker (PGR): Absolutely and thank you for sharing that. And I- I guess sort of being asked those sorts of- these sorts of questions, being asked to consider these sorts of statements, what is it like? What is it like to have to, to to consider these things?  
Eleanor: Umm, I think about how my behaviors can impact to the people around me, and how it's not fair on people that are lovely and love me regardless, have to be with me sometimes. So I think it's more I do want to change. I know that I need to change but so- I do think slightly differently because they don't deserve it.  
Victoria Walker (PGR): Right. Right.  
Eleanor: If that makes sense like.  
Victoria Walker (PGR): Yeah.  
Eleanor: Like just because other people haven't always been the nicest doesn't mean that those around now can- shouldn't get- they didn't. Yeah, yeah.  
Victoria Walker (PGR): Yeah. I understand what you say and I thank you and and, I guess this this sort of area of of research that have sort of spoken to you about has sort of being on this sort of I guess having done the survey and being part of this interview. Has it sort of provided any any insights for you about things that you may consider?  
Eleanor: I don't know, I think. I'm always happy. I don't mind talking about things that have happened in my life.

And I've gone through enough therapy, now that I think that- I've not obviously worked through it all, because there are still things that get to me and but I don’t have as many hang ups as I used to, so I don't it doesn't- I don't mean the same way. There are obviously rough patches and there's some like days in the year which are worse than others, but I think again, possibly because of the family that I'm in that are very open about mental health and stuff that I don't- it's- it's not as profound, like learning about some of these or reopening doors that maybe haven't been opened for others.

Victoria Walker (PGR): Yeah. No, I understand what you're saying. And thanks for that. And so that kind of leads into the- the sort of the next section of the interview. So it's and this is gonna talk more about the suicidality elements that were asked about and just for a bit of context. So there's a model that, I guess, sort of conceptualizes, or attempts to conceptualize risk factors and- and it's called the interpersonal theory of suicide and it's kind of split into three components and I'll sort of ask you about each of those in turn as they were all covered in the in the survey. And so one part is of the model is linked to a concept called perceived burdensomeness. In the survey, there was- one of the questions was these days I feel like I'm a burden on society. Can you describe to me if you have any experience of- of the concept of perceived burdensomeness?  
Eleanor: Umm. Yeah, definitely. When I've been really crap like and that I'm having to be told that I need to be getting up or someone's helping me make sure that I eat and things like that can make you feel rubbish or that you are a burden when they're having to make sure that you do the basic human functions when, rather than getting to enjoy the nicer parts of being with someone, you wouldn't consider someone else being an annoyance with you if it was the other way around, but you do when it's yourself.  
Victoria Walker (PGR): Absolutely. And where do you think that difference comes from?  
Eleanor: Umm. In, in what way do you mean? Is it like? Where does the that feeling come from? Or? Why?  
Victoria Walker (PGR): Yeah. So I guess you said that when it was someone else, you wouldn't necessarily think that they're a burden if they were saying if they were sort of experiencing that. But for yourself, it does feel that way.  
Eleanor: Naturally. I think that I'm relatively caring of others just- but if you can help someone try to versus… so if you can like- I spend most of my day helping patients, whether that was nursing or now audiology to then need the other way around can feel well why am I failing when I can do that for someone else.  
Victoria Walker (PGR): Yeah. No, I can understand what you’re saying. And so, the second part of the model is a concept called thwarted belonging and and that sort of was characterized by these days, I often feel like an outsider in social gatherings. Is that something that you feel you have experience of that, sort of thwarted belonging?  
Eleanor  
Umm, well no, not an outsider, I can generally move into and have conversations. If I'm in the mood to, versus I really can't be bothered. And it's not that the people I'm around are not nice or interesting, it's I'm a little black and white and fixed of how much I'm willing to give at that time. Like, if I can't be bothered, then that's fine. Not for me. Bye.  
Victoria Walker (PGR): Yeah. So there's something in that like sort of, I guess your internal motivation in that situation will impact how you sort of interact in it.  
Eleanor: Yeah, not that I would necessarily feel like I'm an outsider.  
Victoria Walker (PGR): Yes. Yeah, that makes sense. And so the third part is called acquired capability and that and it's also can be called fearlessness about death, and- and that- so the statement on the survey for that was I'm not at all afraid to die and- can you tell me how you sort of relate to that concept?  
Eleanor: Umm. I've been very up and down on my thoughts on death. I think I've- no, I'm not afraid of death. I have lost a lot of people in my life and my partner has lost some very close friends. All right, this week marks one of my best friends dying last year. But- and I personally don't fear death. And I'm like, it'll happen. I'm scared of being in an accident that will last for days and be very painful. But death comes, and will happen, but I don't want it to be painful and prolonged.  
Victoria Walker (PGR): Yeah. I'm really sorry that it's coming up to a really difficult time of year and- and it it seems that, umm, that for you that there's not that necessarily that fear because it- it's something that happens, but it's there's almost like a preference on that it's not painful and- how- how are you? How are you doing?  
Eleanor: Alright, been a bit weepy. But-  
Victoria Walker (PGR): -yeah-  
Eleanor: Umm. That will always happen when people are- yeah, he was great so.  
Victoria Walker (PGR): Yeah, yeah, yeah. And I guess, like, the smile that you have, there is obviously some- there's some positive memories there as well too, yeah.  
Eleanor: You can't change the past. So.  
Victoria Walker (PGR): Yeah, absolutely. And but yeah, just take just take your time and if you need to have a pause or anything, just let me know.  
Eleanor: Thank you.   
Victoria Walker (PGR): Umm. So. I guess so there was those three concepts of- there's the umm perceived burden, the thwarted belonging and the acquired capability and I guess those are all sort of, I guess, factors that may contribute to someone's experience of suicidality. And I was just wondering if you could, you could summarize your experience of maybe some of those, some thoughts or feelings that could be linked- to linked to that if that feels comfortable to do so?  
Eleanor: Umm, I have never- in the- when I was younger, I have self harmed but I've never in recent- I mean I'd contemplate especially a lot when I'm very depressed. I'd rather not be here. And that existing would be a lot, not existing would obviously- it would be a nice outcome, but, umm, I don't- for example, see an item, and like I want to self harm with it. Like I- but I know there's a 2- there's a difference between active like self harm and I don't- I think I would rather not be here, but I'm not in the place where I'd actively do anything about it.  
Victoria Walker (PGR): Yeah. Yeah.  
Eleanor: So don't worry about that. Thanks.  
Victoria Walker (PGR): Yeah, okay. And I guess so- I guess from- from your mum's perspective, you've got a lot of her passed on experience of mental health services, I suppose from- from her perspective. Is there things that from your experiences and also the experience that you have that your mum maybe has described to you that you feel like should be considered when we're sort of thinking about suicidality?  
Eleanor: Umm. I think access has been a massive difference I'm- I don't see myself- I have- my brother has the bipolar schizophrenia and also a drug addiction. So I've seen very close hand growing up how other mental health can be much more severe and volatile in- if he's having an episode, like if he's on a high or a low and how that changes things, and as we’ve chatted about in the past, that you- how important like crisis teams have been in those situations of actually being able to call, someone's there within half an hour, that- whether it's their safety or someone elses versus I do really worry now about not necessarily for me, but how difficult it is for people or if they are feeling low that often they could get referred, but they won't be seen, For what, like 16 weeks? As like first point of call, depending on your CCG, I think that's really scary and I think it's really scary that more people are gonna be heading that way because that their living situation is putting them in-  
Victoria Walker (PGR): -yeah-  
Eleanor: -and I wish there was more funding for people to study. And that accessibility was there, but, not in this government.  
Victoria Walker (PGR): Yeah, yeah, yeah, sadly not. I think that- that sort of leads quite well into sort of the- the second-half of the interview actually which is going to think a bit more about sort of services and things. And so I guess framing it for anxiety, which is a common- common sort of diagnosis that's given to to women and you said that sort of your process of gaining that diagnosis was something that happened, umm, over a fair bit of time, but something that you experienced from being a bit a bit younger and so was there actually a point where there was a diagnosis given to you and what was that like if it happened?  
Eleanor: I think I will have been around 17. I had just come out of the relationship and. yeah. I think- I don't know what I was doing. I was drinking a lot, but also as a teenager you could go out drinking very easily, very young, where I grew up and- and there was like parties, drugs and stuff, but I was then- I had a- one of my issues when I'm bad is I get weird with food because I feel like that's the only thing I can control because it is something I control whereas with other things, umm, I can't, it's- and- and I think that was- cause I've not- I didn't live- I lived at home, but I wasn't there very often, and- and I've always been quite good at hiding things so, and I think that point my parents were divorced, so there was different houses as well. So it wasn't even like, they didn't not know where I was, but a lot of the time it- I had a lot of free rein that I wasn't- I didn't know one would think it was all that I'd not come home for a while. Umm, it's that I think there was at one point where my actual mother and father spoke to each other for the first time in 15 years and met up because they were like some things not right. Like something's really wrong. And then they had to- we went to the doctors around then, that took a while and to try like help and then also like counselling like therapy and stuff around that time. That- and I think that was more of the main part of it, but, umm, I don't recall so much meetings of which I was like diagnosed, obviously I don't as part of that, but because a lot of that I remember was just- I think I had a bit Stockholm syndrome after me and him ended, isn't it? And it was- I found that really difficult.  
Victoria Walker (PGR): Umm, yeah.  
Eleanor: And I blame myself a lot for why it happened. Also like things about obviously I've caused this, which I didn't. That’s just shit.  
Victoria Walker (PGR): Yeah, I have- and I guess, so that- so for you, there isn't necessarily like there was like a bombshell moment of like this is what it is. And- but I guess and if, did the sort of, I guess the- the label of anxiety, wherever that sort of came to your attention. Did that have an impact on- on you because as you say there was Stockholm syndrome maybe going on at the same time, but did- did- did it have an impact on you for it to- for the experience to have a name?  
Eleanor: Umm, not really, because again, the predominantly the first diagnosis was the depression and then the anxiety was like flagged later. But when they- I was like, why does this feel? Why physical feelings of anxiety were what would bother me more and it would then open, at least it's that and I'm not actually dying. Yeah. Yeah.  
Victoria Walker (PGR): Yeah. So it provides some sort of understanding of some of the things that were going on inside and yeah absolutely. And I guess at that time and obviously your- your parents thought, I guess, sort of drove the- the sort of the something needs to happen here and I guess from the- the perspective of that there was obviously doctors and counsellors and things like that, and was there anything at that time you feel like should have been asked or considered?  
Eleanor: Umm. Yeah, there was never ever discussion with me about speaking to the police.  
Victoria Walker (PGR): Right.  
Eleanor: And- and I think I regret that. But I wasn't aware or that actually this behaviour was wrong, and that's something I now still feel guilty about that- I would hope that they don't do anything to their partner. That's the- yeah.  
Victoria Walker (PGR): Yeah. So at that time, obviously. Yeah.  
Eleanor: I don't know, and they'll never be aware. I wish someone had- that was something that- not that you should push that on someone. But had that been an option that had been-  
Victoria Walker (PGR)- yeah-  
Eleanor: -discussed and explained to me.  
Victoria Walker (PGR): So taking that kind of wider view, almost of- so obviously the- the focus at that point was to, I guess get you the sort of the- the support for the low mood and the anxiety, but not that sort of wider, umm, wider perspective.  
Eleanor: Umm. And that I didn't have anyone really talk to me about the traits that I would then continue or to- to unlearn that until like later on when I've like, umm like- ohh like being a bit like what? Why are you being weird about like small things? That I didn't even like figure out until like my mid 20s, like nearly ten years on.  
Victoria Walker (PGR): Yeah. Yeah, and I guess, thinking about things like umm, overall sort of women who experience anxiety, umm, do you think there's anything that could be sort of improved at that point of maybe people coming for the first time to identify what's happening for them? And do you think there is anything that could be improved by services at that point in someone’s journey for women who experience anxiety?  
Eleanor: Yeah. Actually, I don't- I don't- maybe- maybe the wrong person to ask for that because it's not a new thing for me. It's a long time versus maybe someone that could recall it from the last few years. Like, I mean, I still have parts that I have shut off in my brain and then like years like some stuff I only remembered like a couple of years ago, events that were actually quite big, but I'd like closed them all, so I don't- so a lot of this has been long versus if someone had started accessing it more recently. And I don't remember a lot of it.  
Victoria Walker (PGR): Yeah, no, absolutely. And umm, I guess we've spoken a bit about things like camouflaging and stuff like that is, and I guess I'm wondering because you've said that you've maybe developed that very early into your life and- and I'm wondering if anything could be different in terms of recognizing or considering camouflaging?  
Eleanor: Umm, I- it happened massively in my formative years. It's so- it's shaped- not that trauma or anxiety, doesn't at any point, but it's changed who I would have been had those things not happened at such a young age, so I didn't feel young at 15, 16, seventeen, however.  
Victoria Walker (PGR): Yeah.  
Eleanor: So, I'm not who I would have been.  
Victoria Walker (PGR): Yeah. And is there anything that services can do to sort of help people identify that?  
Eleanor: Umm, I would have said services and education. That and how people teach children or talk to children about boundaries and- and at school and everything like that and maybe like just having that being able to cater to people and not just like aww well they’re being a stroppy teenager or what like, yeah, I think lot- like I say, knowing that- that isn't, I know it wasn't right, but I didn't realize it was so- such a bad thing. I'll be like, well, if you tell them, then you protect. Why would you? That you're ruining their life when they've ruined mine was not okay. But they have done a lot of damage.  
Victoria Walker (PGR): Yeah.  
Eleanor: Yeah, I think it's not just what the services could offer, it's how can we prevent people from even needing them.  
Victoria Walker (PGR): Absolutely. Yeah. And having that, ay that education early on into- into sort of I guess, what harmful dynamics are and all of that sort of thing and can maybe get in to the-  
Eleanor: And healthy relationships at school, like having people at school that are within mental health teams to talk about how the pressure of exams can be really overwhelming for some people. And don't put everything on yourself at that age to find like all of that, I think plays an impact of so yes, services should be in schools, not just for reviews, but at low level, just being able to have a check in your family life can be shit, these kids will be upset that they can't afford that they're not getting food now at school, so there needs to have… yes, there could be support from a younger age to cover all of these. We can then have more tools for when we get older to deal with-  
Victoria Walker (PGR): -yeah. Absolutely. And- and I guess you've described that through your life, you've sort of had sort of experiences of support and can- can you can you describe that to me that- what you have sort of accessed?  
Eleanor: Umm, I have had CBT and I've gone to fortnightly and more at that one point, but like always kept, like fortnightly to monthly therapy sessions. I've tried different types of therapists like different cognitive ones, different and- and again, it's all been slightly different. And- and everyone had, like had different specialities and some you just get on with more and don't and that's fine. And- and how we looked and I would be about doing it at the time because sometimes I think actually I'm not benefiting from this not because it's not a good thing, but I'm not in the place where I'm actually wanting to discuss it, like my coping is leave me alone. Just I want to be left alone. Not only that, I feel the more someone bothers me and it feels like they're being pestering, but actually they're just checking in on me, the more I want to shut everything off. That's how I deal with stuff. Not the best, but I don't like feeling like I'm smothered and that, it's suffocating to me and I have had a lot of types of medications. Some have worked better for me. Some have made it worse. And- and recognizing the importance of going for a walk everyday and drinking enough water and making sure that I don't feel bad when I want a really long sleep, because sometimes I need to like, the really basic stuff that- it all plays into it.  
Victoria Walker (PGR): Yeah.  
Eleanor: Mm-hmm.  
Victoria Walker (PGR): Yes, there's a real range of- I guess there's the sort of external stuff that comes from like therapy and- and I guess the- the medication as well, but there's also there's things that you can do that make you feel good as well and that contribute to that. And   
I guess from like considering there's the therapy side and the- and the medication side and things like that, could any of that, your experiences in those sort of realms, could they have been improved in any way do you think?  
Eleanor: Umm. I think I wished the medical side of the profession had maybe discussed umm, the differences in like types of antidepressants. What realistically, the benefit of them can feel like or how to recognize when they're not helpful and how different foods can impact your medication and all like, so for me, one at one stage and- and I was so- umm, what's the word? Where you’re really compacted with poop? The opposite of diarrhea. What's the word-?  
Victoria Walker (PGR): -constipation-?  
Eleanor: -constipated. I had loads of constipation that my tablets were breaking down. And so then that was having a big part on how much of that was actually so, being able to be like, ohh. And then then putting me on like stuff to help me with like bowel movements and then allowed my medication to work better. Like small things that had I not had my mum, I wouldn't have a clue about, and most people wouldn't, I am so… ohh. Like I said from my- when I had a breakdown, my doctor was really good. I don't think I've had that at all points. I think sometimes I was seeing as a young person that, yeah, can you really feel like this when you're young? Especially if they didn't know the history and- and then from another experience, which- sorry, one minute. (to dog) can you behave? He’s up and down the stairs playing, but with a- a hair bobble in his mouth. Umm, the- my other half’s dad has tried to commit suicide on a few occasions and moved into York Mental Health Hospital for about a year and- and now a lot of his depression is linked and anxiety is linked with health scares. So if he's worried and I really love how his doctor is with him, like, umm, he’s- he has got cancer at the minute, but a separate thing his blood pressure has been up at his last checks, which then makes him more anxious. So small things like him being like, well, you're coming in for this was making anxiety higher. Let's give you a blood pressure machine to do everyday at home where you can do it and you can repeat it. It's not out of normal and it's healthy like having a doctor that recognises triggers for certain people I think is so important and like makes his life more steady versus where you've got haven’t got that understanding and then him getting worse, which would then trigger another, so that understanding I think of mental health versus just physical health is huge.  
Victoria Walker (PGR): Yeah, absolutely. And you said that you've been- that you've been well supported as well. So I guess sort of overarchingly, what- what would good support look like?  
Eleanor: Listening. Ohh and some- some of it. And they're from me especially initially at that break. If my doctor hadn't read between some of those lines. He was not about like walking on egg shells around me but vaguely like not making a big thing about the fact that you could clearly see it, some points that I didn't have as much hair, or that my weight would be down by like a stone within like 2 weeks and things like small things like that and- and him make- making notes or just being gentle about rather than making me feel embarrassed about, but obviously those things are a form of self harm, not just having to hurt yourself, but stuff like that versus like, sit down and tell them where you're doing that or what it is with, right where I can see these things that ohh, and then just phrasing questions and then not a gentler way, but being like, just bringing it into conversation versus like direct. So it might be 5 questions and one of them is what he actually wants to know about, but it then doesn't feel right, are you like, you know what I mean? Like it's not straight to the point to make you be like, oh, is it that obvious?  
Victoria Walker (PGR): Yeah. And I- I guess it gets me thinking about-  
Eleanor: -yeah-  
Victoria Walker (PGR): -umm the mechanisms behind things like masking and camouflaging, I'm wondering if this sort of more direct questions and the more blunt ones can almost encourage a mask in response of like ohh and it's fine.  
Eleanor: Yeah, and feeling, yeah, you can feel like, silly that you're not okay. And you do those things. So, umm, yes.  
Victoria Walker (PGR): Yeah. Those little more exploratory questions that can put you more at ease and make you feel safe, I guess to- to talk about what's going on?  
Eleanor: And that it can- that other people do this stuff as well versus ohh, just you, you little weirdo.  
Victoria Walker (PGR): So I'm actually coming towards the the end of my questions, so I guess, to sort of close that off and is there anything that you would sort of like to- to add or to share regarding your experiences or your views on this on all the things that we've spoken about?  
Eleanor: I, as I said throughout would, I think- so a lot of stuff is societal based which can trigger. Obviously we all have different, umm, things in our brain that can be triggered by anything at any point but a lot of those are socioeconomic, and- and whether it's stress, anxiety, depression, it can- anyone can have them at any point throughout our lives. I wish we could address the bigger picture of what the things that cause them in the 1st place and then having the appropriate support for hopefully then less people that have it, because they wouldn't be- but yeah, and- it's- it's structurally, I think we're so wrong with how we deal with stuff. Not that the great people that do work in it don't give the all- their all, but they'll also lead to burnout and stuff because there's not enough of them to share in it. And so let's try and change the world.  
Victoria Walker (PGR): That's the aim.  
Eleanor: That is the aim.

Victoria Walker (PGR): No, no, thank you for that. Is- is there- is there anything else before we close off?  
Eleanor: I don't think so. Do you have any more questions for me?  
Victoria Walker (PGR): No, I thank you for sharing. I'll turn off the transcription one second.