Victoria Walker (PGR): And so I guess just to get some general reflections and feedback on the on the survey that you completed. And so before completing the survey, what did your anxiety diagnosis mean to you?

Anna Um. That's quite tricky one. I was diagnosed with generalized anxiety disorder when I was about 13 or 14. So, and I'm now like 29. So that's a really long time, I think. I almost see it as part of my personality at this point in lots of ways. And I I just, it's just like part of who I am. I think I I find it quite helpful I think to have a diagnosis. I think it helps me to understand lots of like the ways that I think and the ways I feel about things.

I've also in more recent years become quite mindful that I don't like want to use that as like a “I can't do that because I have anxiety”. Do you know what I mean? Cause I think that's either way that I learn by default, like looking for ways to avoid the things that I find- I found a bit overwhelming. So I think I think broadly having a diagnosis like is quite it's quite helpful to me and understanding myself and. And how I like approach things. But I'm also quite aware that it's perhaps something that- isn't always the most helpful, I guess. Yeah, I guess quite like quite a mixed relationship with it I guess. But but not not negative, not negative relationship with it, something I'm- it's not quite quite like comfortable with and quite like I say it very much feels like part of part of just who I am like for better or worse that's that's how I kind of experience it and -And I think that makes it- Yeah, I think that makes it something that I'm quite comfortable with really.  
Victoria Walker (PGR): Is it right to say that there's been some changes over over time to your relationship with that? Yep.  
Anna: Yeah, definitely. Yeah, I think so. When when I was first ignored- and like the the thing that I'm most remember feeling was shame, like painful, painfully ashamed of of because I stopped- like I there was one point where I wasn't going to school at all. I didn't go to school for about four months, and this is what eventually led to my diagnosis. But I think because I've reached, like, such a such a bad place. And I I was so, so ashamed that. And then to get the diagnosis, didn't feel like a relief. I just felt embarrassed, like I did. And I didn't want that to be a thing that I didn't. I I felt like, what a weirdo, you know. And I think that's definitely shifted a lot in in the time because I was just saying how I don't feel uncomfortable about talking about it now. I don't feel I don't feel ashamed about it now. So yeah, that's definitely a huge shift actually, isn't it? Yeah.  
Victoria Walker (PGR): Yeah, yeah, absolutely. And and I guess thinking about the survey and the sort of things that it that it asked about and once you completed that and I know that's thinking back a little way now, but was that did did anything I guess change at all about your views about anxiety, I've to sort of complete answering some of those questions, did it did anything surprise you?  
Anna: Not not that I can really remember. I think. I think perhaps completing it along with the the sections about like suicidality, I think perhaps it it makes me realize that a huge part of my anxiety disorder is like a real like fear of death and that that like kind of seeps into all of the ways that I experience anxiety in some way. And I think so maybe that it may be like brought that home actually.  
Victoria Walker (PGR): Yeah.  
Anna: That's kind of a little bit of like a protective thing against against, like suicidal feelings, because that's that's very far away from what I experience, if you know what I mean. And so perhaps it made me like, think on that a little bit and yeah. That's very interesting.   
Victoria Walker (PGR): Yeah, it's really interesting actually to sort of hear that. And actually at the end of completing it, it was almost that it was a protective thing, that it was something that was preventing you from, I guess, having those thoughts.  
Anna: Yeah. Yeah, maybe. Umm.   
Victoria Walker (PGR): Yeah, absolutely. And. And I guess the survey also asked you to consider statements that could be linked to autistic traits, and so, and an example of this would be, I have a hard time dealing with changes in my routine. Is that a statement that you can relate to?  
Anna: Yes, Yes, definitely. And I have a hard time not not knowing what's happening next. I like, you know, I like notice and I like to know like I like to know what the day looks like, what my week looks like. I'm very much like I I would describe myself as a creature of habit. But actually, what if I think about like that probably is. And that probably does relate to that, that autistic like that, that anxiety about changes in routine and that it that's probably what underpins me being a creature of habit. So yeah, but yeah. So I do relate to that. Yeah.  
Victoria Walker (PGR): Yeah. Yeah. And it also asked about sort of camouflaging and that's something that could be sort of also called masking. And and one of the one of the questions will have been in social situations, I feel like I'm pretending to be normal. What? What does that statement mean to you?  
Anna: Very true. In like almost every social situation ever. And that's like again I I would because I quite I identify with the anxiety thing quite, quite strongly. So I for me that that's a manifestation of my anxiety and- That that. Yeah, I don't. I don't know. Yeah, I don't. I don't often feel like I'm being myself in social situations, if ever. And which is. Yeah, that's definitely something I strongly identify with. It's-  
Victoria Walker (PGR): And I guess to think of it in a way of masking, is that something that you've thought of before?  
Anna: Actually no, not on. No, it isn't. And which is odd because it's something that I like. I worked with children with autism, so that's obviously something I'm actually quite aware of because we know that that's, you know, we I would think about of that quite a lot in like a professional context in terms of the children that I work with. But yeah, wouldn't necessarily, I definitely wouldn't use the the the word mask in like to to describe myself and how I behave. But actually like, yeah, that makes a lot of sense, really. Doesn't it cause that it. Like that is what it is, I guess so, yeah.  
Victoria Walker (PGR): Yeah. So is it a bit, is it a bit of a surprise really to think of it in that way? Yeah.  
Anna: Yeah. Yeah, it's yeah.  
Victoria Walker (PGR): Yeah. OK. So I guess sort of completing the the survey and even some of the conversations we've just been having, it has it provided any sort of new insights for you around maybe autistic traits and not necessarily in relation to yourself, but about what, how we might think about autistic traits and anxiety?  
Anna: Um. Yeah, I think. Yeah, I think like like we said, like you think about masking. Yeah, I think that's. Yeah, I think it, yeah, it may, yeah. It makes me think of it in terms of. And. Because I think sometimes everything like autism or like autistic traits, we think about those as perhaps like a little bit separate from anxiety. But but when we think about people with anxiety and the and the masking thing as well. I think it brings it home like the relationship between between the autistic traits and- and like anxious, the anxious traits I guess.  
Victoria Walker (PGR): Yeah, yeah, that's that's really interesting actually to to hear you say that about that potential relationship between between them and um, so I'm gonna move to a different section now. So on this section it is going to talk about the the questions that asked about suicide and suicidality. And so it did ask you to consider statements that could be linked to suicidal thoughts, such as these days um I feel disconnected from other people and the fact that I'm going to die does not affect me. So you've already alluded to this, that it sort of felt like it was actually protective almost. And what was it like to sort of be asked in a in, in the survey about about those sorts of statements?  
Anna: I suppose it's a little bit uncomfortable, isn't it? It's a little bit.

But it's meant to be what we’re supposed to talk about, isn't it? And in in most. Like conversations with with another person who you don't know very well. It's not something that it's not. And I have experience of talking about a great deal. So I suppose it feels a little bit uncomfortable. But but it's also something that feels quite quite alien to me, because it's not- that it's not part of my experience, it's it's almost like I said the very opposite. So yeah, uncomfortable, but- but not like. Not not triggering, not not uncomfortable in traumatic way because it's almost something that's just not not part of my of my experience personally, so yeah.  
Victoria Walker (PGR): So. So in that context, did it feel appropriate to be asked those sorts of questions?  
Anna: Um- It's it's. It feels like a bit jarring to me that. That why? To you know, there's your experience like that to make you feel this way or whatever because because it really doesn't for me. And it's so it's so much the opposite for me. It's so much like- like fear of death is in everything that I do and- yeah. So I guess it it it follow a bit- and I appreciate again like that's that's just me looking at it through the lens of my own experience, which is is, you know, I appreciate that for some people that and there's that anxiety and suicidal feelings and just something it feels like jarring to me. It's for me they they don't.  
Victoria Walker (PGR): Yeah, I think that's a really important reflection and and I'll go, I'll go into sort of a bit more specifics in terms of the the model that was used really. So the models called the interpersonal theory of suicide and it's and it's a sort of well established model of risk to think and to the statements they're sort of kind of go through different stages and can be used as a way of assessing someone's risk. And so one part of the model is called perceived burdensomeness. And that's characterized by a statement of these days. I think I'm a burden on society. And do do you have any experience of feeling that way?   
Anna: Um- No, I suppose perhaps like when I was a younger, when I was first diagnosed, perhaps there might have been a sense of being like a burden on on like my family. Because just just your label that they can create when you have like any kind of mental health problem that's so like for me at that time. So I just didn't understand it. My family didn't understand it. So the upheaval and the turmoil that can create is massive. And I suppose in that sense it like, yeah, I probably did feel like a burden. Not not to society, I wouldn't say. I don't think I have thought of it in those terms, but like, I guess to my family or whatever and but again like that's definitely not how I experience it now like I and also like. I'm very, you know, in terms of my anxiety disorder and stuff, it affects a lot of what I do personally. It affects my personal life a lot, but I wouldn't say it affects my career and my life. Professional life at all. And so I think, again, maybe that's a protective factor that I’m still contributing, in terms of my work life and my professionalism and I get a lot of like satisfaction from that. So I guess that no, I don't feel like a burden to society, and I suppose a lot of that comes from the fact that I I can engage in my career and I don't like. Yeah, I guess that's a bit protective of me.  
Victoria Walker (PGR): Yeah. And as you say it that it's that feeling of contributing, isn't it? So when we feel like we're contributing, we're we're not necessarily feeling like a burden because we're we're feeling like we're giving something. And yeah, and OK. So the so the next part of the module is called thwarted belonging and that sort of characterized by statements such as these days are often feel like an outsider in social gatherings. Umm it's I guess is that something that you have experience of?   
Anna: Yeah, I suppose that, and I suppose that rings quite true. But I again like I I think it's it's changed over the over the time that I've like had anxiety because. I suppose like as a teenager that's quite that's like very prominent. Whereas now as an adult like? I I don't have lots of friends. I don't have like social circles, but I like hold my people quite close and I know who those people are. I don't think it. I do feel like an outsider in many, many social situations, but I don't think it affects me so much anymore because- because there are people who I don't feel like an outsider with, like I have my place of belonging. So feeling like an outsider in other situations like is it's it's kind of OK, that's a kind of made my peace with that a little bit because I don't feel like an outsider everywhere anymore. And whereas I guess as a teenager, I probably did because I hadn't really like got that place of belonging yet and which I think is a like important for helping like balance those things. Feeling like an outsider. Yes, but I can put up with that because I'm. I'm not always an outsider everywhere, if that makes sense.

Victoria Walker (PGR): Yeah, absolutely. Yeah, that does make sense and. So I guess to the final part of the model, this relates to what we call acquired capability and that's related to statements that such as I'm not at all afraid to die and you have mentioned that that actually that's something that very much protects you in the way that you are. So so can you tell me about your experience of considering that statement and I guess your experience of of the opposite.  
Anna: And yeah, I. Like it's it's such an easy statement for me to consider. It's it's just because like I say, it feels quite jarring to be asked that because like. Like I, yeah, I I am. I am that that fear of death really underpins pretty much like most of my anxiety in in most situations so yeah, like, like driving has always been a real problem. Trains have always been a real problem. Like all of those things that feel- or even just like walking to the shops sometimes has been a real problem, because everything is underpinned by this idea that something catastrophic will happen, which is typical of anxiety, isn't it? But for me that that catastrophe is is like usually related to dying so that that statements quite- quite an easy one for me to consider because you know, like you say, it's the opposite for me.  
Victoria Walker (PGR): Yeah. And I'm and I guess that's something that's coming through quite clearly. Is that actually that's something that, that protects you from having those those sort of thoughts of of suicide or ending your life. And so I guess. How do you feel the survey sort of assessed experience of suicidal thoughts? Do you think it was, it was helpful or? Or not.  
Anna: Um, Yeah. When I took the survey, don't. I don't remember thinking like.  
Much about about how, um I think I think because I reflect on it in such a very personal way that I'm just like, well, that like those things don't apply to me or or whatever. So it's it's hard to say how, like. Yeah, it's hard to say. I feel like. And I remember thinking that it was like for me, it didn't feel like traumatic or or insensitive. But again, like I'm very aware that that's me coming from from a like a certain place, if that makes sense.  
Victoria Walker (PGR): Yeah, it's and it's important to have all these reflections, because they'll be a range of experiences of of sort of completing it and and how how it related to them. So it's very helpful. Thank you. And I guess. And before we sort of close off this section of the of the interview and was there anything else about the way that you make sense of your experience of, I guess, of not having those suicidal thoughts that hasn't been captured already?  
Anna: No, I don't. No, I don't think so. I don't, I don't have anything to add. I think I think it's important that like like essentially that's a a protective factor like we said, but like it's also-  
Victoria Walker (PGR): Absolutely.  
Anna: -it's very weird to me also to discuss it as a protective factor because it's an experience that like it's the root of my negative experience of anxiety, of having sense. So like while I can acknowledge that, it it like means I don't experience those things that must be so, so hard to deal with. Like while I can acknowledge that I don't, I don't experience that. It's also hard to say it's like protective because it's also horrible to like have this like fear of death as the thing that underpins anxiety like that, feels that that feels horrible and it's horrible experience in and of itself. So it's like, yeah.  
Victoria Walker (PGR): Yeah. No, I I hear what you're saying. It's it's it's not as simple as saying that it's it's, you know, it's it's a positive or not because absolutely your experience is that it's a horrible experience and we we know that anxiety feels awful. So it's yes as you say it's a different way of relating to it than maybe someone who related to those statements about suicidality more and but thank you for that. It's very helpful to have your views there. And I guess the next section is thinking about sort of mental health services and service and how professionals and can identify people's needs and so anxiety is a is a common mental health diagnosis that is given to women and we know from the literature it's one of the most common and health diagnosis that is given to women. And so I guess, can you just you you've mentioned that you've got the diagnosis at 13 and so can you describe the process of of how you gained that diagnosis?  
Anna: I'd always really struggled with anxiety, actually. And I started. I experienced panic attacks from when I was about 8 or 9. So there was quite a long period before I got that diagnosis where I was just like, I suppose struggling a lot with it but didn't know I was, couldn't name it, you know, etcetera. And then I think because I eventually stopped going to school because schools are huge, triggering for me, and so I eventually stopped going to school. And then because I wasn't at school and that was why like my mum, took me to the GP in the end. So I got my diagnosis through there and was referred to CAMHS. I was under them for a while, and had, like CBT that was like the initial- the initial phase and then. And yeah, that's that's. That's what I remember really of that initial time.  
Victoria Walker (PGR): Hmm.  
Anna: Yeah.  
Victoria Walker (PGR): And you you have mentioned this before, but I guess just to really hammer the point and how did how did actually gaining that diagnosis impact you,having that label, that name?  
Anna: I think at the time it was an incredibly negative experience for me. I'd been struggling with such like big anxiety for so long but it- obviously it was a negative experience because it it didn't bring me any relief. I think that's what I'm saying. It didn't. It didn't feel like a weight off to have that diagnosis. And although now I feel like it really helps me to.

I don't know like understand myself and it helps me to- it helps me to challenge the negative thought patterns that I have because, you know, I can see that that's that's I'm thinking this way because of anxiety. I'm not thinking this way because this thing is dangerous or whatever. Whereas at the time like the main thing that I thought was was ashamed, painfully, painfully ashamed, I sobbed all the way home after like that GP appointment. And I don't I don't remember a great deal about about that time. But I do remember sobbing the entire way home because I didn't want to be the weirdo with, with, diagnosed with this thing and also like at the time this was, I don't know like 15 years ago or whatever. And I didn't know anybody else who had anxiety. It wasn't something we talked about a great deal. It wasn't. It's it's much more prominent now, isn't it? It's much more. And and and at the time it, it felt like it's singled me out, it felt like. And I felt like I was the only person who I knew who had this like thing hanging over them but. Yeah. I felt really, really ashamed.

I I suppose the way that I perceieved that then is very different to how I do now. But yeah, at the time it didn't bring me any relief. It didn't feel like a weight off it. It felt. It felt horrible. Yeah.  
Victoria Walker (PGR): Yeah, yeah. And I, I guess um back at that time when you sort of had that it was quite young, really 13, isn't it and- was there any sort of, I guess having the name for it, did it help to understand your needs?  
Anna: Not no at that time. Well, I suppose. Getting the understanding with a process that came after that, so getting that I suppose, yeah, getting that diagnosis did unlock like my access to those services. So even the CAMHS and then having CBT and that's how you kind of learn about- you have to learn about what anxiety is and why we experience it, and that that actually was helpful. So I suppose, yeah, it did unlock those things. But that was very much like a process that happened over like weeks and months and- yeah, the initial like initially getting the diagnosis itself was very negative. But suppose it it did, it did help me to get understanding because that's what got me like under the CAMHS team and then- and then got me like the help that I needed at that time I guess so in that sense it was a positive, but that definitely wasn't how experienced it at the time and also like like accessing the CAMHS services, I had to go to this place that's quite far away, not like like as far away as I know lots of people have to go but it- it just it felt like a whole burden on my family. My parents have to take time off work to take me there because it was like a 40 minute trip away or whatever. I felt really ashamed to go there. Like I didn't want. I didn't want to be there because I'm so ashamed of why I was there. So. Yeah.

Victoria Walker (PGR): Yeah. And I I guess thinking back to the to the time of of of getting that and you said that- it was sort of a process of sort of understanding and but at that time it didn't really feel that helpful to have that label. It was sort of brought shame and things like that. So I guess at that time sort of thinking back and was there anything that you felt should have been asked or considered?  
Anna: For me, a huge part of- a huge trigger for my anxiety back then was school, and that was never- I know now I'm like working in in the area so I know now that we kind of recognize that a bit more that like school specifically can be very problematic and very triggering for for people. Then that was not even- it was not even like considered it was not- it was almost like nobody thought that was valid. It was just like, well, you've got to go to school. So let's find a way to get you back in, which is, I guess it's kind of like practically helpful because I did go back to school in the end and got qualifications and whatever, but, I think my experience of anxiety was so rooted to being at school at that time, that was a place where I felt very, very unsafe. And all anyone would ever say is, well, have you been bullied? Because if I wasn't being bullied, they couldn't fathom that I didn't feel safe there. You know what I mean? So I think having more emphasis on how that felt to me perhaps would have I would. I would hope that's how it's dealt with now a little bit more. I would hope it's not just seen as like, sorry you gotta go to school. That's just something normal that everyone does. So let's get you back there kind of thing and a little bit more like interrogation of why I didn't feel safe at school would would have been quite helpful in that.  
Victoria Walker (PGR): Yeah, almost sounds like having a actually more of a personalized sort of, I guess, discussion about how it impacts you rather than I guess it's all quite general view of things.

Anna: Yeah, and. And also like that would have that would have built an understanding of like my triggers and and would have given me an insight into some of the patterns of my anxiety. I think that like as I recently had CBT again in the past like 18 months or so and only now do I really feel like I'm like the patterns in my thinking and my behaviour and those things are really becoming very apparent to me now. And perhaps if those more personalized things have been explored back then, perhaps I would have started to unpick those patterns and those triggers and stuff from then rather than from now.  
Victoria Walker (PGR): Yeah, absolutely, absolutely. And yeah, and I guess from and I guess to sort of bring it, bring it back to the the survey that you completed and I guess and also from our interview, I suppose. Do you think that there are things things that you feel like services could do?  
Anna: Um. It's a really tricky one, isn't it? I think my my most recent experience of CBT was was personalized and we did focus on like the things that I found really difficult to do in my life. It was like a bit a bit a bit quick. It was a bit because it I I saw I had CBT in IAPT service which I know is like like brief short like they have quite a high caseload don't they so, you feel like it was a bit brief. I did feel like it was a bit, um, let's get you doing these things. Even if you still feel a lot of anxiety about them, the fact that you can just do the things is is enough by their measures, and that that's always sat a little bit uncomfortable with me because, when you experience anxiety, like being able to do the things that make you anxious is one thing, but it's the feelings of anxiety that that can be the real problem, isn't it? So I guess a lot, perhaps a little bit more emphasis on that. And that's the yeah, that's the whole question.  
Victoria Walker (PGR): Just to sort of make the question a little bit more specific, I guess, is there things that you feel like could be improved by services to identify the needs of women specifically with anxiety?

Anna: OK, I don't know because. I don't know because I feel like I have quite limited experience of engaging with services like obviously I had CBT and that was quite recent, but I don't- I don't know. There's nothing- there's nothing that springs to mind for me, but I think that's because my experience is CBT is actually like it was broadly positive.  
Victoria Walker (PGR): Yeah. And I I guess and we've talked a bit about things like camouflaging autistic traits and things, again, this might be a difficult question to answer, but would you think that there would need to be any differences in light of camouflaging or autistic traits.  
Anna  
Yeah. Yes, yes, I think that would. So perhaps a greater understanding of of those things is important. Yeah, I think. And and actually my. That's an area that my CBT didn't didn't touch on and we didn't we didn't explore those things. And perhaps- yeah, perhaps, that would have been a productive thing to- to do because actually that that is a huge part of my experience of anxiety. When I think about it. But I've never really thought about it before because like that wasn't part of what services offered, I guess.  
Victoria Walker (PGR): Yeah. And and I guess if even questions were asked about camouflaging, would that, would that make a difference?  
Anna: Yeah, because it at least would. It would make, it would make you think about that, wouldn't it? And it would like bring that- just bring your awareness to that.  
Victoria Walker (PGR)  
Yeah. OK and we've talked a bit about your experience of CBT and I guess can you describe the the the process that you went through to to access support? How how did that come about this? The more recent one?  
Anna: So I accessed support through my local IAPT service which is and you can self refer into the service. Because I recognized that obviously I've had problems for as long as I can remember, but kind of it kind of goes like this and like there are times where it has a bigger impact on our life than other times. I kind of realized that I was gradually doing less and less and I was finding it harder to do the stuff that I need, like I was finding it really hard to get in my car and drive anywhere. I find it really hard to, like, go to the shops on my own, all kinds of stuff that you just have to be able to like, need to do. And also like my quality of life felt like it was, it was suffering. So I recognized this, I self-referred into like an online thing. So I spoke to one of their psychological well-being practitioners, and they, like, stepped me up to the CBT therapist people. And it was actually fairly quick. I think it was like within six weeks I was, I had my first session. And then we met weekly for like about an hour at a time via teams or whatever, which was helpful for me as somebody who at that time was struggling to drive myself to places or yeah, so.

Victoria Walker (PGR): And was there any way that that any of that could have been improved at all for you?  
Anna: I actually was pleasantly surprised at how how like easy it was, because that that was the obviously this was like just after lockdown. I wasn't expecting to access help so readily. And so it was actually nice. Yeah, I don't know. I don't. I don't know. There's nothing that's been some obviously, like - there's nothing that's coming to mind because it was a positive experience.  
Victoria Walker (PGR): Yeah. And I'm very glad to hear that. Very glad to hear that you had a positive experience and it was helpful for you and I I I guess I'm thinking sort of overarchingly and I guess considering your experiences, so yout positive experiences, but also maybe some experiences from earlier in your life that that maybe a bit more difficult and anything you may have discovered from the from doing the survey and from our conversation, is there anything that you feel like services that could be GPs, it could be IAPT, it could be CAMHS that they should be asking or doing differently?  
Anna: Yeah, I think perhaps a greater interrogation of those, like those autistic traits that we've talked about, because I and also like- from what I understand, girls with autism are very underdiagnosed, so it's it's not like- we don't really consider that when we think about people with, you know, severe anxiety. We know that there's hundreds of them. But like you said, women are very likely diagnosed with anxiety and stuff. And you know that girls are less diagnosed with autism. So I think a more mindful awareness of the way that autism or autistic traits can manifest in women is important, so I suppose perhaps a greater like awareness of that in services.  
Victoria Walker (PGR): I thank you and that's really helpful. So we mark the end of my questions. And so I guess is there anything that you would like to to add regarding your experiences or your views?  
Anna: It just occurred to me that thinking about like what services can improve when I have my first lot of CBT when I was like a teenager when I was first diagnosed. The first person in CAMHS that I had contact with was like a much older male and it was that there was no like there was no rapport there. There was no- I think that was a barrier in that initial- so I think perhaps thinking about like the demographic of who works in services and who's paired with who. I don't know if it's OK to say that, but I I think perhaps that is important because I was like a 13 year old teenage girl, but really struggling with anxiety, you know, social anxiety, self-esteem. All of that stuff. It could be quite hard to relate to like a an older man who I just didn't feel brought much understanding to me, as a 13 year old girl. I don't know. So maybe that's like maybe that's the thing services could consider.  
Victoria Walker (PGR): Yeah. Is it to do with maybe choice?  
Anna: Yeah.  
Victoria Walker (PGR): Flexibility and options and yeah, so it almost even a a very quick question about preferences. You know, who would who would you like to see?   
Anna: Yeah. I guess maybe and also like having a bit of autonomy, if it if it's not working to be able to say like hold on a minute. This is not working with this person. And so this isn't gonna work like this is hard to do that when you're like 13 and you're in a bad way. I think perhaps giving- giving people the option or letting people know that they can, they can have some choice and some control.

Victoria Walker (PGR): The setting that out from the beginning maybe that you know if things aren't working between us. This is the sort of channel to go down. You would do this like sort of almost explaining and reassuring you.  
Anna: Perhaps contract maybe between between them and you and that like makes you feel like you got it. So yeah.  
Victoria Walker (PGR): Yeah, that's really helpful to know. Thank you. And was there anything else that you'd like to like to add?  
Anna  
Um no, I don't think so.   
Victoria Walker (PGR)  
Thank you. And so I'll just stop the transcription.