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I knew I was interested in radio. And I went to volunteer on hospital radio when I was 14. And I used to do a truly terrible really, Sunday request programme. And I used to go round the wards beforehand collecting requests from the patients. And I used to go and chat to them. And I got really intrigued by the things that the patients would talk to me about and tell me about. And they didn't really want the record played but they would save up their record requests so that I would talk to them basically.

And elderly ladies would tell me the terrible symptoms they had but that they didn't want to bother the doctor and tell them. And this got me really interested in the psychology of that. Why were they telling a 14-year-old girl this and not telling the doctors and not telling the nurses. And I used to say to them do you think you ought to tell a doctor or do you want me to tell the nurse? Or something like that, and they'd say no, no, I don't want to bother them, I don't want to tell them.

And so then when I was looking for something to study at university I thought psychology would be interesting. I wanted to do something completely different that I'd never done before and I thought psychology would be really good and it's a really interesting combination. I liked science subjects and art subjects and it's a really good combination of that.

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So I, before university in my year out, I worked in a local BBC radio station and then while I was at university studying psychology all the way through I worked part-time in local radio as well whenever there was time for me to do that as well as studying. And then afterwards when I did postgraduate work in psychology I carried on working in radio. So I'd always had these twin things of radio and the psychology.

And then when I went to work in radio at first I was doing stories on anything, you know, horses and crafts and all sorts of things. And then after about 10 years of doing that I managed to make it so that more and more things were to do with psychology and to do with health. And now everything I do is to do with psychology and health, and so it's all, it all meshes together really nicely now. It all fits. It's much easier now everything's about one thing.

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I think when people tell their own stories of their mental health difficulties it's really extraordinary and it's really powerful and, you know, academics can explain things brilliantly and can tell you about the research they've done but there's something about hearing people tell their own stories which is just really compelling and amazing. And I'm always amazed at how many people are happy to do that and not embarrassed to do that and I think that's really interesting and I really like it when I hear people tell their own stories.

So when we did the All in the Mind Awards earlier this year and also two years' ago we talked to all sorts of people who went in for the awards and that was really amazing. And lots of those stories I'll never ever forget.

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We get all sorts of responses from people. I mean people have been tweeting just now, the programme's just gone out half an hour ago and loads of people have already been tweeting what they think about it. People particularly respond if there's something I think that really strikes a chord with them, or if we ask them

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something particular about their own lives. So earlier in the year we launched the rest test, a huge survey of rests that we launched on All in the Mind. And 18,000 people from 134 different countries took part in that and filled it in even though it was a long questionnaire that they filled in. And so I think people really respond if there's something where they can tell us about their own experiences and really add to it and really add to the knowledge that there already is there.

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I think there's more where people are trying to find different ways of making it so that people can get the mental health care they need, and hopefully there'll be more choice for people in the future of the sorts of mental health care they could have. That would be really nice if that was the case. I think there's lots of interesting things going on at the moment combining say genetics with brain scans to try and see what people can see there. There's lots of work going on to try and see whether people can find some way of working out in advance who's at risk, in order to be able to intervene really early particularly in the teenage years and the years when people are young when you often see different psychological problems first emerging. I think if there's some way of being able to predict who might be most at risk to try to intervene really, really early and give people some sort of support then, then I think that would be a real step forward. And I think that's a thing that would be a real step change in how things were for people.

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I think it's really nice that the producers have their weekly meeting with the OU academics and it means that then they're in close contact with academics. I mean we all know lots of academics. I lecture in psychology and we're always interviewing academics, but I think it's really nice to have that regular contact that means there somewhere is a sounding board and I think that's a really important thing for the programme.

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