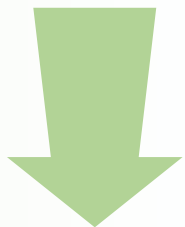
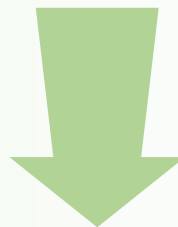
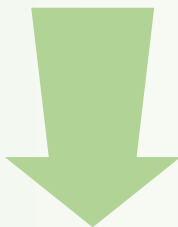
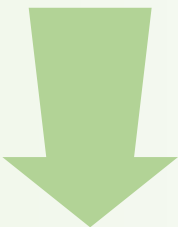
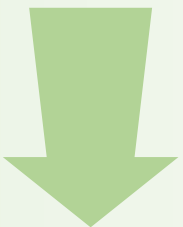
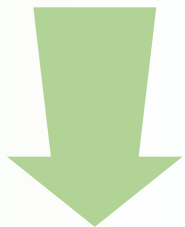
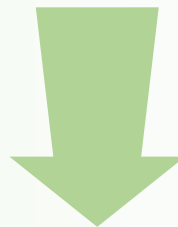
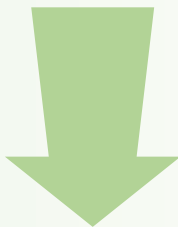
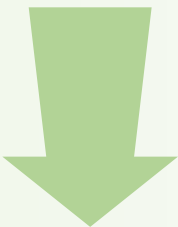
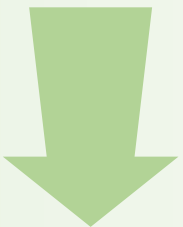
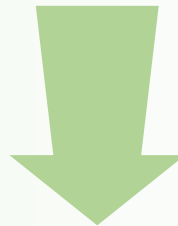
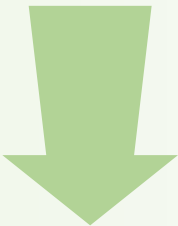
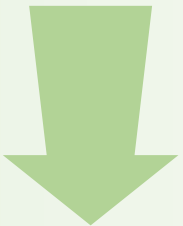
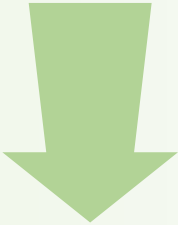
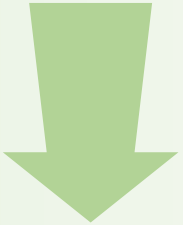
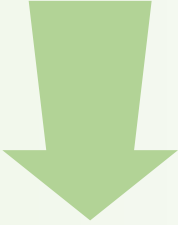
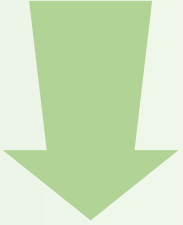
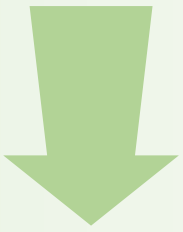




For better  
mental health

# Understanding obsessive- compulsive disorder (OCD)



*'When I was four years old, I contracted a terrible case of impetigo... The doctor told my mother that I probably got the impetigo from putting dirty things, such as toys or unwashed fruit, in my mouth, so from that day forward she washed everything I came in contact with – everything. She washed my pencils and my crayons; she washed my dolls and my dolls' tea set (just in case); she washed my food... And most of all she washed me. When I came in from playing outside, after I used the toilet, after playing with the dog, or just because I was standing around and hadn't been washed for a while...*

*When my hands were dirty, or I thought they were, they had a special feel about them. They felt huge and as though they were vibrating. I tended to hold them away from myself. Along with the sensation in my hands came a gripping feeling in my stomach. My thoughts were, "I can't feel right until I wash my hands. I must feel right, immediately, or something bad will happen." The issue shifted from the dirt on the hands to the feeling in the stomach, and the vibrating feelings I felt in my hands... My head was saying, "Not dirty – no danger", but my stomach was still saying, "Danger, danger, do something quick!"*  
*The sky is falling* Raeann Dumont

*'He felt compelled to check that "everything was right", so would go back over almost everything he did. The most serious doubts he had were about doors, windows and gas taps, which he checked several times before leaving the house in the morning... and at night. He could not put anything in an envelope or a file, drawer or cabinet without repeatedly checking that he had written exactly the right things.*

*Obsessive-compulsive disorder: the facts* Padmal de Silva and Stanley Rachman

**This booklet is an introduction to obsessive-compulsive disorder (OCD). The symptoms of OCD can be very distressing and can seriously disrupt normal life. This booklet aims to help people understand it, gives an outline of the kinds of help available, and suggests how people can help themselves.**



## What is obsessive-compulsive disorder?

If you have obsessive-compulsive disorder (OCD), you feel you have no control over certain thoughts, idea or urges, which seem to force themselves into your mind, repeatedly. These thoughts – obsessions – are often frightening or distressing, or seem so unacceptable that you can't share them with others. Contained within the obsession is an underlying belief that you, or other people, may come to harm. However absurd or unrealistic this belief, you can't dismiss it or reason it away. It creates unbearable anxiety, and makes you feel helpless to do anything except perform the particular ritual which can rid you of the devastating thought.

The irresistible urge to carry out such rituals is known as a 'compulsion'. This could be something like repeatedly opening and closing a door, washing your hands, repeating certain words or phrases, or counting. In other words, exaggerated elements of everyday actions and routines. You may feel compelled to do these actions over and over again, because of the fear that you didn't do it properly last time, or because the unwanted thoughts may intrude again. The relief from the anxiety is only temporary.

Note: some people only experience obsessive thoughts, without having any compulsions; others have compulsions without knowing why they feel the need to do them.

OCD isn't a psychotic disorder, such as schizophrenia, whereby people feel that certain thoughts and ideas come from somewhere outside themselves (hallucinations). If you have OCD, you know that it's your own thoughts tormenting you.

OCD is similar to a phobia, which is another anxiety disorder. (See Mind's booklet *Understanding phobias*, under *Further reading*, on p. 14.) In both cases, fear brings on symptoms of anxiety and panic, including a racing heart, churning stomach, dizziness, shortness of breath, sweating and trembling. A phobia also involves an exaggerated fear of something that doesn't

represent a realistic danger; but other people can usually relate to it, or even share it. But with OCD the fear is of your own thoughts, and other people may not be able to relate to this or understand it at all. What's more, someone who has a phobia can often avoid the thing that triggers their phobia, such as cats or spiders, but with OCD, these devastating thoughts are unavoidable, and are constantly ready to emerge.

The anxiety caused by experiencing obsessions and compulsions feeds back into the problem, creating a vicious circle and making the OCD worse. Often, people with OCD are also depressed, and this may also be partly or wholly due to the experience of OCD.



### **What are the signs of OCD?**

We all worry, occasionally, about whether we've left the gas on, or the door locked, and we describe people as being obsessed with work, football, a girlfriend or boyfriend. Many of us indulge in small, everyday rituals without thinking, such as throwing salt over our shoulder, or not crossing the path of a black cat. We may be compulsive in the way we straighten things up, or in cleaning more than is strictly necessary. As many as four-fifths of us may experience minor obsessions or compulsions, such as these, from time to time. The idea of 'being obsessed' is something that is very much part of everyday language; the distinction between this and OCD is in its severity. With OCD, the problems are so severe that they interfere with everyday life. It might mean spending eight to ten hours a day washing, with hands red-raw and bleeding. Or it might mean repeatedly dressing and undressing, or running up and down stairs.

You may understand that the way you are behaving is irrational, and may feel ashamed and alone because of it, and unable to ask for help. You may not realise how common such problems are. OCD affects people of all ages. It's possible that up to three per cent of the population may experience the symptoms, although only those who are most severely affected usually ask for help. Some research suggests that as many as one per cent of children may have OCD, at any one time. Problems can start as young as four or five years old, and may continue into adult life.

The kind of thoughts and rituals vary from culture to culture, but there are some common examples:

### **Common obsessions**

- fearing contamination
- imagining doing harm
- fearing your aggressive urges
- intrusive sexual impulses
- excessive doubts
- 'forbidden' thoughts
- needing things to be perfect
- needing to confess something

### **Common compulsions**

- repeating actions
- ordering or arranging
- hoarding or saving
- washing
- checking
- touching
- counting
- praying

### **What causes OCD?**

There are different theories about why OCD develops. One theory is that lack of a brain chemical, serotonin, has a role in OCD, although experts disagree about what that role is. It's unclear whether changes in the levels of this chemical are a cause or effect of the problem, but some medication is based on adjusting these levels.

Other theories suggest it is caused by personal experience. The origins may lie in childhood and early experience. One or both parents may have had similar anxiety and shown similar kinds of behaviour, such as obsessional washing, for example (see p. 2). Or it may be linked to a trauma, such as being sexually abused, possibly causing an obsessive fear of men and a dread of contamination by them. The obsessions can be triggered by particular memories and experiences.



Personality may play a large part in whether and how people respond. It's suggested that people who are perfectionists by nature may be more prone to obsessions or OCD.

The way you see the world will influence how you respond to life. These views may be based on assumptions that are flawed or incorrect, without you even knowing it, because you've never challenged them. These convictions may have become quite unshakeable, because your experience of life always seems to reinforce them.

To give a very simplified example, you might be brought up by anxious parents to feel your environment is very threatening. This may lead you to believe that unless you wash constantly, dangerous germs may make you very ill. This view could be based on your parents misunderstanding information from a doctor (see the quote on p. 2). As a result of this, the world may feel like a very dangerous place to you, because germs are all around and can't be controlled. In this way, your experience of life may already have made you more prone than average to OCD (and there are likely to be other factors or negative experiences contributing to this). If you, or someone you love, then fall very ill, it may reinforce your feelings of vulnerability, making you more anxious. You may begin to be troubled by frightening thoughts that something bad is going to happen to your own children. You may eventually come to feel that the only way to keep everybody safe, and to cope with your intolerable anxiety, is to wash your hands, repeatedly.



### **What sort of treatment is there?**

The symptoms of OCD can clearly be very distressing, and if you are performing endless rituals they will have a serious impact on your life. While there is no instant cure for OCD, there are a number of different treatments and coping strategies you could adopt (see p. 10) to help overcome your symptoms. You may want to get professional help, or work out your own strategies. There is no right or wrong way to feel or thing to do.

Different approaches work for different people. As a first step, you might visit your GP, who could refer you to a psychiatrist or psychologist. When doctors make a diagnosis of OCD, they use a list of medical criteria. The diagnosis is based on how many of these criteria you meet, and it also tells you how severe your problem is, and therefore what sort of treatment might work for you.

## Medication

Some people find drug treatment helpful for OCD, either alone or combined with talking treatments. The drugs prescribed most commonly are SSRI antidepressants, such as fluoxetine (trade name, Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), escitalopram (Cipralex) and sertraline (Lustral), which are all licensed for the treatment of OCD. Fluvoxamine and sertraline may both be given to children under specialist advice. (SSRI antidepressants should not be used to treat depression in children under the age of 18, but this does not apply to these two drugs for treating OCD.) These drugs may have side effects, including nausea, headache, sleep disturbance, gastric upsets and increased anxiety. They may also cause sexual problems.

The tricyclic antidepressant clomipramine (Anafranil) is also licensed for the treatment of obsessional states in adults. The side effects can include a dry mouth, blurred vision, constipation, drowsiness and dizziness. (For more information see *Making sense of antidepressants*.)

In the past, people may have been given tranquillising drugs from the benzodiazepine group, such as diazepam (Valium), to reduce anxiety; but this is now discouraged, and limited to short periods of treatment for those people who are experiencing very severe anxiety. (See *Making sense of sleeping pills and minor tranquillisers*.)

Withdrawal problems may occur with all of these drugs, and it's advisable to withdraw gradually. (See *Making sense of coming off psychiatric drugs*.)

## Talking treatments

Some people have found combining talking therapies with medication especially useful. There are different kinds of suitable talking treatments, including counselling and psychotherapy. Counselling provides support, usually on a once-a-week basis, helping people deal with specific problems. Psychotherapy may be more frequent and long-term, and focuses on the causes of distress, as well as developing coping strategies. Counsellors and psychotherapists may be trained to work according to one or more theoretical approaches. (For more information, see Mind's booklet *Making sense of counselling*.) Access to these treatments on the NHS is variable, but you could also find your own therapist or source of help. (See *Useful organisations*.)

## Cognitive behaviour therapy

CBT is a form of counselling or therapy which aims to identify connections between thoughts, feelings and behaviour, and to help develop practical skills to manage them. There is considerable evidence to suggest that this therapy is especially effective in dealing with OCD. The behavioural element (also known as exposure therapy or desensitisation) helps people face fears and reduces their rituals. (See *Making sense of cognitive behaviour therapy*).

You could work with a psychologist, a psychiatrist, therapist, counsellor or primary care mental health worker within an agreed treatment plan. Who you would be working with will depend on the severity of the disorder. It will also depend on what services are available in your area. The Government is aiming to train many more practitioners to provide CBT on the NHS.

NICE (The National Institute for Health and Clinical Excellence) suggests that CBT should be the preferred form of talking therapy when treating OCD. (For more information, see *NICE Clinical Guideline 31, 2006, Obsessive-compulsive disorder, Core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder* on the NICE website.)

## Neurosurgery for mental disorder

Surgery on the brain – neurosurgery (previously known as psychosurgery) – is sometimes used in severe cases of OCD, when other treatments have been unsuccessful. This treatment is strictly regulated under the Mental Health Act, and can't be given without consent. It's used very rarely. There is more information on this in Mind's web-based factsheet *Neurosurgery for mental disorder*.

## What help is available?

Under the Care Programme Approach (CPA) in England, and its equivalent in Wales, everyone referred to psychiatric services should be provided with an assessment of their social and health care needs, a care plan, a care coordinator and a regular review.

You are entitled to say what your needs are and have a right to have an advocate, who can listen to you and speak for you, if you wish. (A member of your family may act as an advocate, or you can ask about an advocacy service – also see the *The Mind guide to advocacy*.) The assessment can also include the needs of carers and relatives.

## Community Mental Health Teams

The local Community Mental Health Team (CMHT) can make this assessment. They provide services in the community through a mixed team of social and health care professionals. The team might include a social worker, (see *Community care services*, overleaf), a psychiatrist, a psychologist, an occupational therapist and a community psychiatric nurse who can help with medication. It may also include a counsellor and community support workers. One of the team members will act as care coordinator. He or she should be in regular contact with you.



## Community care services

Social services can make an assessment of your needs for community care services, separately, if required. These involve everything from day care to housing needs and advice and help on practical matters, such as accommodation and welfare benefits. Their aim is to provide services in the home or in supported accommodation. You might need careworkers, and since many areas now charge for this, this cost should be included in the needs assessment. (Whether you have to pay for it yourself depends on your financial situation.)

## Direct payments

Once your community care assessment has confirmed that you need services, you may be eligible to claim direct payments, which will allow you to buy the care you need yourself, rather than social services providing it. Local social services or the National Centre for Independent Living should be able to provide this information (see *Useful organisations*, on p. 12).



## What can people do for themselves?

Treatment of OCD often includes a combination of strategies, including self-help. You may wish to devise your own self-help programme, based on cognitive behaviour therapy techniques. The organisations listed on p. 12 can offer advice and details of such programmes. Also see the self-help books listed under *Further reading*, on p. 14.

## Self-help groups

It can be useful to share experiences and methods of coping with others. Self-help groups can provide help, support and encouragement, whether or not you are having professional help. But they can be of particular benefit if you are operating your own programme. You could contact your local Mind association or social services, who may be able to tell you if there is a group local to you. You could also try any of the organisations listed on p. 12.

## Relaxation techniques

Relaxation techniques can teach you:

- how to improve your breathing to lessen tension
- physical exercises to do to relax your muscles
- action plans to help you progress from coping with non-stressful situations, to those that you find difficult.

For local classes, search the internet, or contact your local library or GP. (Also see *The Mind guide to relaxation* on p. 14.)

## Local services

You should be able to get information about local mental health services from your GP, social services department of your council, local Mind association, Community Mental Health Team, Patient Advice and Liaison Services (in England) or your Community Health Council (in Wales). These include details of local projects that provide services to particular communities, such as black and minority ethnic communities, women, disabled people, lesbians and gay men. You may also find details in your local phone book.

## What can friends or family do to help?

As a friend or family member of someone with OCD, you can help a lot just by accepting their feelings and knowing that they find it difficult to cope with them. It can be particularly difficult for someone experiencing the symptoms of OCD to acknowledge their thoughts, and if you give them the impression they are being difficult or exaggerating, it can result in greater distress and anxiety.

If they are working to a self-help programme, either on their own or with a therapist, you could find out how you can support them with this, or you could go with them to treatment sessions.

It can be distressing to be close to someone experiencing OCD. You might find it useful to talk to other people in the same situation, and to find out more about these complex problems. Try contacting one of the organisations listed on p. 12.



## Useful organisations

### Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: [www.mind.org.uk](http://www.mind.org.uk) or *MindinfoLine* on 0845 766 0163.

### British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 797 4484 web: [www.babcp.com](http://www.babcp.com)  
Can provide details of accredited therapists

### British Association for Counselling and Psychotherapy (BACP)

tel. 0870 443 5252 web: [www.bacp.co.uk](http://www.bacp.co.uk)  
For details of local practitioners

### Carers UK

helpline: 0808 808 7777 tel. 020 7922 8000  
web: [www.carersuk.org](http://www.carersuk.org)  
Information and advice on all aspects of caring

### First Steps to Freedom

tel. 0845 120 2916 (helpline and general enquiries)  
web: [www.first-steps.org](http://www.first-steps.org)  
Practical help to those who suffer from anxiety disorders, and their family and friends

### National Centre for Independent Living (NCIL)

tel. 020 7587 1663 web: [www.ncil.org.uk](http://www.ncil.org.uk)  
Provides information and advice on direct payments

### National Phobics Society

Zion CRC, 339 Stretford Road, Hulme, Manchester M15 4ZY  
tel. 08444 775 774 web: [www.phobics-society.org.uk](http://www.phobics-society.org.uk)  
Information, counselling, helpline and online support for those suffering from anxiety disorders

## **No Panic**

93 Brands Farm Way, Randlay, Telford, Shropshire TF3 2JQ  
helpline: 0808 808 0545 tel. 01952 590 005  
web: [www.nopanic.org.uk](http://www.nopanic.org.uk)  
Support for people experiencing anxiety disorders

## **OCD Action**

tel. 0845 390 6232 (help and information line)  
web: [ocdaction.org.uk](http://ocdaction.org.uk)  
Information and support specifically for sufferers of OCD

## **OCD-UK**

PO Box 8955, Nottingham NG10 9AU  
tel. 0845 120 3778 (office) web: [www.ocduk.org](http://www.ocduk.org)  
A charity run by people with OCD who campaign and can help  
with local support group information

## **Samaritans**

Chris, PO Box 9090, Stirling FK8 2SA  
helpline: 08457 90 90 90 email: [jo@samaritans.org](mailto:jo@samaritans.org)  
web: [www.samaritans.org](http://www.samaritans.org)  
24-hour help

## **Triumph Over Phobia (TOPUK)**

PO Box 344, Bristol BS34 8ZR  
tel. 0845 600 9601  
web: [www.topuk.org](http://www.topuk.org)  
A national network of structured self-help groups

## **Useful websites**

[www.nice.org.uk](http://www.nice.org.uk)

[www.ocdchigaco.org](http://www.ocdchigaco.org)

## Further reading

- Conquering fear* D. Rowe (Mind 2003)
- Coping with anxiety and depression* S. Trickett (Sheldon Press 1997) £7.99
- Going mad? Understanding mental illness* M. Corry, A. Tubridy (Newleaf 2001) £10.99
- How to cope with hospital admission* (Mind 2006) £1
- How to cope with panic attacks* (Mind 2006) £1
- How to improve your mental wellbeing* (Mind 2007) £1
- How to increase your self-esteem* (Mind 2007) £1
- How to look after yourself* (Mind 2006) £1
- How to stop worrying* (Mind 2006) £1
- Making sense of antidepressants* (Mind 2006) £2.50
- Making sense of cognitive behaviour therapy* (Mind 2007) £2.50
- Making sense of sleeping pills and minor tranquillisers* (Mind 2007) £2.50
- Manage your mind: the mental health fitness guide* G. Butler, T. Hope (Oxford University Press 2007) £14.99
- The Mind guide to advocacy* (Mind 2006) £1
- The Mind guide to managing stress* (Mind 2006) £1
- The Mind guide to massage* (Mind 2004) £1
- The Mind guide to physical activity* (Mind 2006) £1
- The Mind guide to relaxation* (Mind 2006) £1
- Obsessive-compulsive disorder* D. Toates (Class 2005) £14.99
- Overcoming anxiety* H. Kennerley (Robinson 1997) £9.99
- Relaxation: exercises and inspirations for wellbeing* Dr S. Brewer (DBP 2003) £4.99
- Troubleshooters: panic attacks* (Mind 2007) 50p
- Understanding anxiety* (Mind 2008) £1
- Understanding depression* (Mind 2007) £1
- Understanding eating distress* (Mind 2007) £1
- Understanding phobias* (Mind 2004) £1
- Understanding talking treatments* (Mind 2005) £1
- When panic attacks* A. Tubridy (Newleaf 2007) £14.99

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- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

**This booklet was written by Fiona Hill**

First published by Mind in 2000. Revised edition © Mind 2008

ISBN 9781874690986

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