

Mental Disorders and Psychopathology



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Course: Mental Disorders and Psychopathology
(BMHP6006_LON)

Topic: Obsessive Compulsive Disorder

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I chose Obsessive Compulsive Disorder (OCD) as a subject to discuss for this presentation as I knew nothing about this mental health disorder. This was to challenge my academic studies I have at UWTSD. My studies led me to do various research, dig deep into mental health, in this case OCD.

Overview of Obsessive Compulsive Disorder (OCD)

What is OCD?

Case study

Causes of OCD

Symptoms

Clinical description and diagnostic guidelines-ICD10

Social effects (historic vs modern)

Treatment (Social and Private)

Recommendations

Reference

What is OCD?

- A common mental health condition where a person has obsessive thoughts and compulsive behaviours
- This affects men, women and children
- Symptoms are around their puberty period
- It is usually notice and start during adulthood
- It causes distress and inference in one's life
- However, there are certain treatments that can help keep it under control

(NHS, OCD, 2021)

“Obsessive compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours.

OCD can affect men, women and children. Some people start having symptoms early, often around [puberty](#), but it usually starts during early adulthood.

OCD can be distressing and significantly interfere with your life, but treatment can help you keep it under control.”

(NHS, OCD, 2021)

Case Study: Naomi's story (Trevor's mother)

NHS Case study (2021)

Trevor was diagnosed when he was only 10 years old

Naomi observed some obsessive compulsive tendencies

Research into Trevor's behaviour led Naomi to seek help (GP)

GP referred Trevor to a specialist, cognitive behavioural therapist (CPT)

Naomi was advised after therapy to observe any relapse of behaviour

Acknowledging Trevor's diagnosis, Naomi educated people around him to gain support

"Naomi's story (Trevor's mother)"

"Trevor was diagnosed with OCD at ten years old"

"Prior to that... I thought he always had some obsessive compulsive tendencies. From an early age, things had to be in their right place before he was comfortable in a room. To us, though, that was just who he was. We were a little worried at times, but members of our immediate family would say he was absolutely fine, so you feel torn between doing the best for your child and not wanting to make a mountain out of a molehill".

"When the condition worsened, we realised something definitely was not right. It was a combination of outside factors that seemed to affect him. He was leaving primary school, so six months before the diagnosis we were looking at secondary schools. And there were tests at school too, which was extra pressure".

"We did some research and decided to see the GP"

"The GP referred us to the local CAMHS, where Trevor had a course of cognitive

behavioural therapy (CBT). All in all, the therapy had a really positive outcome. It improved his mindset, I'd say. He was much more positive about himself, his confidence was better and he was able to do more on his own and reassure himself about things".

"When he finished the sessions, his therapist told us that if he relapsed it would happen sooner rather than later, but it was the other way".

"OCD can feel like a dark shadow hanging over the family"

"It's only one person going through the OCD directly, but it can affect the whole family. In the early days we accepted his rituals, thinking that was just who he was, but now we knew he could be different. Also, he was older this time around and his behaviours seemed a little darker. There were teenage things mixed in, I guess, which meant a lot more anger and upset".

"Sessions would be triggered by being stressed, upset or angry – although OCD was clearly stressful for him, it was one of the ways he dealt with things. We knew we should nip it in the bud as soon as possible, but, as soon as you stop one thing, something else comes along five minutes later. It's really hard to describe what that's like. You want to say 'snap out of it', even though you know that's ridiculous. It's heart-breaking because you can see what's happening to your child and you feel powerless to help".

"We were asked to be part of a research study at the Michael Rutter Centre. We jumped at the chance"

"The school referred us to our local CAMHS again and we were asked if we wanted to be part of a research study for the Michael Rutter Centre at the Maudsley Hospital. We were keen because CBT had already worked well, and the fact that the study would help the centre improve their service also struck a chord. We said yes, let's go for it".

"The programme was similar to the one at our local CAMHS, but they have a different view on what's achievable... because they believe people can be cured of OCD".

"Another big difference, for me, is that family members get the chance to speak to the therapist on a one-to-one basis. I really don't want to say anything derogatory about the local CAMHS service, because they were really good, but I never had the chance to ask questions, and that meant I couldn't always follow Trevor's sessions as I would have liked".

“Trevor grew in self-confidence and his outlook improved”

“The therapy at the Michael Rutter Centre is very personal to each young person. Trevor’s therapist took a lot of trouble to get to know him so she could find the right things to say to get him to do what he needed to do. At times she needed to be tough, and she was. He had sessions on Friday after school and he was sometimes tired. Actually, we were all tired, but she’d say ‘come on...’ and then start an activity that kept us all focused. She was prepared to do new things, like go outside or bring objects into a session”.

“I’d say his improvement was more gradual this time. The need to do the rituals lessened, he grew in self-confidence and his day-to-day outlook improved. With less reliance on rituals, he had more time to do the things he wanted to do”.

“You’re not alone with what you’re going through”

“At times, I’ve tried to explain things to friends and you sometimes see their faces drop. I guess OCD might seem crazy to people, but at the Michael Rutter Centre you can be completely open and honest and the people there won’t bat an eyelid. Things that seem strange to you, they’ve seen it all before”.

“Trevor’s last weekly session was about three-and-a-half months ago now and he’s doing regular follow-up sessions at the moment, which are part of the centre’s relapse prevention programme. I wouldn’t say we’re 100 per cent clear yet, but he’s doing well and he knows they are there for him if he needs them.” NHS Case study (2021)

Case Study:
Naomi's story
(Trevor's mother)
cont.'

Trevor begins to grow confidence

Naomi ensured follow up therapy

Naomi concludes in her story:

- OCD does not mean a person Crazy
- Early intervention is necessary
- Therapy sessions can be stressful for all, be patient
- Gain confidence in the therapy

Causes of OCD

(NHS, Overview - Obsessive compulsive disorder (OCD), 2021)

Causes include:

- Family history
- Differences in the brain
- Life events
- Personality

“It's not clear what causes OCD. A number of different factors may play a part, including:

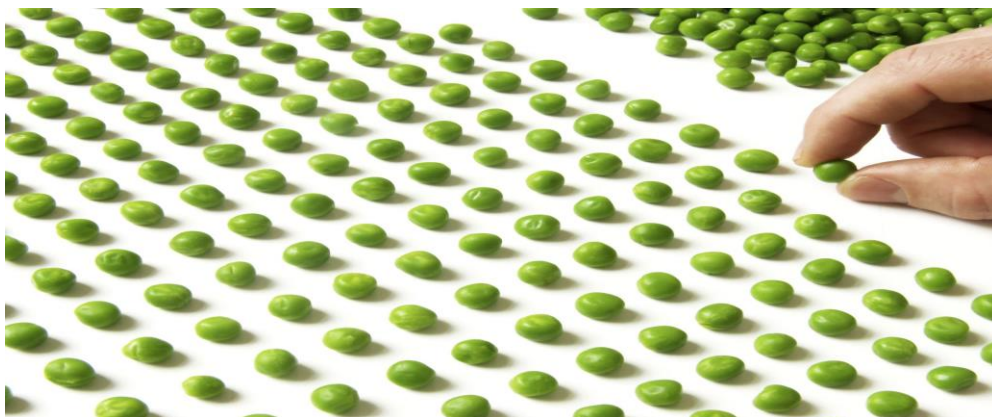
- Family history – you're more likely to develop OCD if a family member has it, possibly because of your genes
- Differences in the brain – some people with OCD have areas of unusually high activity in their brain or low levels of a chemical called serotonin
- Life events – OCD may be more common in people who have been bullied, abused or neglected, and it sometimes starts after an important life event, such as childbirth or a bereavement
- Personality – neat, meticulous, methodical people with high personal standards may be more likely to develop OCD, also people who are generally quite anxious or have a very strong sense of responsibility for themselves and others”

(NHS, Overview - Obsessive compulsive disorder (OCD), 2021)

Specific



Accuracy



Patterns and Measurement



Symptoms

(NHS, Overview - Obsessive compulsive disorder (OCD), 2021)

Unpleasant and unwanted thoughts

Images that constantly enters the mind

The fear of being a victim

Behaviour of women after birth

"If you have OCD, you'll usually experience frequent obsessive thoughts and compulsive behaviours.

An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease.

A compulsion is a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought.

For example, someone with an obsessive fear of being burgled may feel they need to check all the windows and doors are locked several times before they can leave their house.

Women can sometimes have OCD during pregnancy or after their baby is born.

Obsessions may include worrying about harming the baby or not sterilising feeding bottles properly. Compulsions could be things such as repeatedly checking the baby is breathing." (NHS, Overview - Obsessive compulsive disorder (OCD), 2021)

ICD-10 criteria for the diagnosis of obsessive-compulsive disorder

(Diagnosis | Diagnosis | Obsessive-compulsive disorder | CKS | NICE, 2021)

Obsessional thoughts

Compulsive acts or rituals

Anxiety

“ICD-10 criteria for the diagnosis of obsessive-compulsive disorder

International Classification of Disease (ICD-10) criteria for a diagnosis of obsessive-compulsive disorder (OCD) are the presence of recurrent, obsessional thoughts or compulsive acts:

Obsessional thoughts are:

Ideas, images, or impulses that enter the person's mind again and again in stereotyped form.

Almost invariably distressing, and the person often tries, unsuccessfully, to resist them.

Recognized as the person's own thoughts, even if they are involuntary or repugnant.

Compulsive acts or rituals are:

Stereotyped behaviours that are repeated again and again.

Not inherently enjoyable, nor do they result in completion of inherently useful tasks.

Performed to prevent some objectively unlikely event, often involving harm to, or caused by, the person, which he or she fears might otherwise occur.

Usually recognized by the person as pointless or ineffectual and

repeated attempts are made to resist them.

Anxiety is almost invariably present; if compulsive acts are resisted the anxiety gets worse.” (Diagnosis | Diagnosis | Obsessive-compulsive disorder | CKS | NICE, 2021)

Social effects (historic vs modern)

Social isolation

Lack of respect

Being stereotyped

Stress for family

Treatment (Social and private)

(NHS, Overview - Obsessive compulsive disorder (OCD), 2021)

Social

- Do not feel ashamed or embarrassed
- Do not feel you are mad
- Explain and educate friends and family about your condition

Private

- Regular consultation with therapists
- Follow up updates from the NHS or relevant sources

“People with OCD are often reluctant to seek help because they feel ashamed or embarrassed.

OCD is a health condition like any other, so there's nothing to feel ashamed or embarrassed about. Having OCD does not mean you're "mad" and it's not your fault you have it.

There are 2 main ways to get help:

refer yourself directly to a psychological therapies service – [find a psychological therapies service in your area](#)

see a GP – they'll ask about your symptoms and can refer you to a local psychological therapies service if necessary

You can also find [mental health apps](#) and tools in the NHS apps library.

If you think a friend or family member may have OCD, try talking to them about your concerns and suggest they get help.

It's unlikely OCD will get better without proper treatment and support. There are some effective treatments for OCD that can help reduce the impact it has on your life.

The main treatments are:

psychological therapy – usually [cognitive behavioural therapy \(CBT\)](#), which helps you face your fears and obsessive thoughts without "putting them right" through

compulsions

medicine – usually a type of antidepressant medicine called [selective serotonin reuptake inhibitors \(SSRIs\)](#), which can help by altering the balance of chemicals in your brain

CBT will usually have an effect quite quickly. It can take several months before you notice the effects of treatment with SSRIs, but most people will eventually benefit.

If these treatments do not help, you may be offered an alternative SSRI or be given a combination of an SSRI and CBT.

Some people may be referred to a specialist mental health service for further treatment.”

Policies and Legislations

- If OCD classified, Inform DVLA of your condition, or risk a fine
Gov.uk (2021)

Covid-19

- “You could be detained for:
- up to 28 days under [Section 2](#) of the Mental Health Act
- up to 6 months under [Section 3](#) of the Mental Health Act, with further renewals” (Mental Health Act, 2021)

“You can be fined up to £1,000 if you don’t tell DVLA about a medical condition that affects your driving. You may be prosecuted if you’re involved in an accident as a result.” Gov.uk (2021)



Recommendations

Worldwide and local awareness

GPs to offer quarterly one to one assessment

Family and community support

Government and charities to continue funding OCD

References

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