



# Obsessive Compulsive Disorder

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## What is Obsessive Compulsive Disorder (OCD)?

Obsessive Compulsive Disorder is an anxiety disorder that is characterised by intrusive thoughts (obsessions) and behaviours (compulsions). Individuals with OCD are besieged by patterns of unwanted, repetitive thoughts and behaviours that are distressing, difficult to ignore and significantly interfere with the person's life. OCD can affect anyone regardless of class, culture, sex, status or level of intelligence. While OCD affects adult males and females equally, when it occurs in children it is twice as common in boys. Population surveys have found that approximately one in two hundred adults suffer from OCD each year.

## What Are The Symptoms?

Obsessive Compulsive Disorder can affect people in many different ways. Not all people experience the same symptoms or the same degree of intensity of symptoms. However, everyone with OCD experiences obsessions and/or compulsions.

Obsessions are intrusive, unwanted and often disturbing thoughts that the person cannot control. These may often appear as a persistent fear of contamination, or a constant fear that they are to blame for something. Individuals often experience thoughts, such as, "have I left the iron on?", "have I injured somebody?" or "do I have something wrong with me?"

Compulsions are repetitive, distressing and purposeful physical behaviours, which are related to the obsessive thoughts. Examples of compulsive behaviours include:

- repeated hand washing due to the fear of contamination
- constant checking to ensure that doors and windows have been locked, gas turned off etc
- avoidance of certain objects and situations such as holes in the road, cracks or lines in pavement
- repeated counting of something like pavement cracks, stairs etc
- hoarding things like newspapers due to a fear of throwing them away.

All of these compulsive behaviours are ways for the person to try to reduce their feelings of anxiety. However, they can interfere with a person's life to such an extent that they are unable to leave home, or function at school or at work because of the many hours spent performing these rituals.

## What Are The Causes?

The exact causes of OCD are not fully understood. There are, however, a number of possible theories which suggest that it could be genetic, a result of the effects of interaction between behaviour and the environment, beliefs and attitudes or even chemical changes in the brain, usually related to the brain chemical serotonin. OCD may be initially triggered by some stressful, anxiety-producing event in a person's life. For example, a person who became very ill might develop a phobia about germs, an obsession about cleanliness, and a compulsion to wash their hands hundreds of times a day.

## What Help Is Available?

Although OCD was once considered to be an extremely rare disorder that was largely untreatable, there are now a number of very effective treatments and therapies.

**Behaviour Therapy:** Research has shown that behaviour therapy is an effective treatment for most types of OCD. It involves experiencing the fearful situations that trigger the obsession (exposure) and taking steps to prevent the compulsive behaviours or rituals (response prevention). This type of therapy is a structured step-by-step technique tailored by therapists to suit individual clients. Behaviour therapy assists an individual to 'unlearn' disruptive behavioural patterns.

**Cognitive Behaviour Therapy (CBT):** CBT challenges the person's thought patterns and behaviour. Cognitive behavioural therapists focus their treatment on assisting the person to modify the thoughts causing their unwanted behaviour. In the case of OCD, cognitive behaviour therapy can prepare the ground for the use of behaviour therapy and can also help to prevent any future return of the symptoms after the treatment has finished.

**Pharmacotherapy:** Anti-depressant drugs, which specifically affect a neurotransmitter in the brain called serotonin, are the most useful of pharmacological interventions. These drugs are not addictive substances and work on correcting chemical imbalances within the brain. This is thought to reduce patterns of compulsive behaviour. Unfortunately, medications are not equally effective for all sufferers.

**Psychotherapy:** This is a form of 'talking' therapy. It can help the individual to understand and cope with their feelings and the difficulties they experience directly as a result of the disorder.

**Support Groups:** Support groups provide support, friendship, education, understanding and information for the individual with this disorder and to their friends and family. Presently in NSW alone there are support groups for people living with OCD in both the Sydney metropolitan area and regional NSW.

## What Can I Do To Help Myself?

- educate family and friends about the condition so they have a better understanding about what you are experiencing
- join a support group where you can meet with others and find out how they coped
- incorporate relaxation, physical exercise, regular sleep, and a balanced diet into your life

- keep a diary to help you identify the stressful situations that trigger compulsive reactions, and keep track of changes and improvements.

### **Families and Friends**

- learn about the disorder, its causes and treatment to help you understand the distress that can be caused by OCD
- if you feel 'entangled' with the person's behaviours and rituals speak to the person's therapist or seek family therapy, rather than suddenly withdrawing your participation
- avoid negative comments or criticism of the person as this will only reinforce their negative feelings
- don't tell the person to 'just stop' the behaviour
- encourage the person to persevere with treatment and/or medication
- if the person with OCD is a child or adolescent, work with their school to ensure they receive the support and assistance they need.

### **Further Reading**

\*'Learning to Live with OCD' by the Association of Relatives and Friends of the Mentally Ill (ARAFMI)

\*'The Secret Problem' by Neil Phillips (Shrink Rap Press)

'Obsessive-Compulsive Disorder: Help for Children and Adolescents' by Mitzi Waltz, O'Reilly Media, Incorporated, 2000, ISBN: 1565927583

'Obsessive Compulsive Disorder: A Guide' by John H Greist, Madison Institute of Medicine, 1997, ISBN: 1890802034

'Freedom from Obsessive Compulsive Disorder' by Jonathan Grayson, Penguin Group (USA) Incorporated 2004 ISBN: 042519955X

\* These books are available from the Mental Health Association

### **Where to Get Help**

- Your local Community Health Centre see under 'C' in the White Pages
- Your GP can offer assessment, medication, advice and referral to a psychologist or psychiatrist if necessary
- Anxiety Disorders Support and Information 1300 794 992
- Mental Health Information Service, 1300 794 991 for referral to services in your area.



**Telephone Interpreter  
Service 131 450**

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.



## Medicare Rebates and Accessing Private Practitioners

### What is the difference between psychiatrists and psychologists?

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

### Medicare rebate for psychologists

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist\* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 [www.psychology.org.au](http://www.psychology.org.au).

\* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

### References

[http://www.helpguide.org/mental/obsessive\\_compulsive\\_disorder OCD.htm](http://www.helpguide.org/mental/obsessive_compulsive_disorder OCD.htm)

[http://www.apns.ca/prob\\_OCD.html](http://www.apns.ca/prob_OCD.html)

[http://www.psychguides.com/ocd\\_guide](http://www.psychguides.com/ocd_guide)

### Disclaimer

*This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.*

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