

Obsessive Compulsive Disorder (OCD)



Definition of a Disability

The Equality Act (2010) replaced the Disability Discrimination Act (2005) in providing protection and legal rights for disabled people. It uses the following definition of disability:

“The Act defines a disability as a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is likely to last for at least twelve months) adverse effect on a person’s ability to carry out normal day-to-day activities.”

More information on the Act can be found at

http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

► What is Obsessive Compulsive Disorder?

An obsession is a recurrent intrusive thought that appears in the mind without being asked for. It dominates and overrides most other thoughts and thought processes, is distressing and is impossible to get rid of from the mind. A compulsion is a fixed, often repetitive ritual action or mental process, which you feel compelled to repeat in order to relieve anxiety and temporarily stop obsessional thoughts. Again the sufferer can do as little to change the behaviour pattern as to change the obsessive thoughts.

It is possible for obsessive thoughts to exist without their expression as compulsive behaviour patterns, but not the other way round. When they occur together, this is obsessive-compulsive disorder (OCD). OCD causes a great deal of distress and interference with everyday life for the sufferer and those around them. The sufferers can usually tell that their own behaviour is abnormal, but are powerless to do anything about it. Obsessive thoughts, and compulsive rituals, can take up many hours of each day. In its most severe form, OCD can prevent you from completing even simple daily tasks, such as washing the dishes.

▶ Defining OCD

A person with OCD may be of above average intelligence and educational level, may have an obsession, a compulsion or both, and is perfectly aware that the situation is irrational, but is unable to control it. Complying with the compulsion does not relieve the associated anxiety. People with obsessive-compulsive disorder are often deeply preoccupied with cleanliness and fear of contamination. Some are driven by repeated washing to produce severe dermatitis of their hands. The compulsion to check things repeatedly is also common and can severely interfere with the normal conduct of life.

The common obsession that actions must be performed meticulously and slowly can also be very disabling. Affected people are also often preoccupied with aggression and are apt to use 'magical thinking'. This is the feeling that events can be brought about, or prevented, by thinking about them or by performing certain acts. This can result in much concern over aggressive thoughts. OCD symptoms can occur at any stage of your life. People who suffer from OCD may also feel anxious and depressed, and may believe that they are the only one with such irrational and obsessive thoughts.

Most common obsessions:

- Fear of contamination
- Fear of causing harm to someone else
- Fear of making a mistake
- Fear of behaving unacceptably
- Need for symmetry or exactness
- Excessive doubt.

Most common compulsions:

- Cleaning and washing
- Checking
- Arranging and organising
- Collecting and hoarding
- Counting and repeating.

▶ What causes OCD?

There are different theories about why OCD develops. It can be based on previous experiences, especially during childhood, and the type of personality may also be important. Perfectionists seem to be more prone to this problem. OCD has been linked to increased activity in certain parts of the brain, and some experts think that low levels of a brain chemical called serotonin may be involved, although others disagree. Stress does not cause OCD, but a stressful event such as birth, death or divorce may act as a trigger.

▶ Diagnosis

This is made on the basis of a psychiatric interview. The diagnosis is usually clear to a GP or psychiatrist on the basis of a detailed medical history and a description of the thoughts and behaviour patterns. This disorder can sometimes be confused with other similar conditions.

Medical evidence is needed if the student concerned wishes to apply to their funding body/Student Finance England for a Disabled Students' Allowance (DSA) or to the University for examination arrangements.

▶ Treatment

There is no immediate cure for OCD but there are a number of treatments and things you can do to help you deal with it. The first step in getting treatment is to explain your symptoms to your GP who can then refer you for specialist help. The most effective treatments for OCD generally involve talking treatments such as counselling, psychotherapy, cognitive behaviour therapy and drug therapy.

Treatment with tricyclic antidepressant drugs, especially clomipramine, can be valuable, but the best results have been achieved by behaviour therapy and family therapy. Cognitive behaviour therapy is a method that largely ignores psychological theories and concentrates on the nature, immediate motivation and effects of actual behaviour, and the individual's thoughts about them. It can achieve real improvement in obsessive-compulsive disorder.

Cognitive behaviour therapy appears to be as effective as medication in patients who are not depressed, and may provide long-term protection against relapse. Combining behaviour therapy with medication may be more effective than using either treatment alone, particularly in patients

with strong obsessions or in those with depression. Behaviour therapy forces people with obsessive-compulsive disorder to confront their obsessions and compulsions directly, and this can be painful and distressing. Some patients find it impossible to tolerate this level of confrontation. Skilled therapy will, however, anticipate this, and gradually increase the level of difficulty of the situations that the patient must live through without reacting in an obsessive or compulsive manner.

▶ Possible Arrangements

Some of the following arrangements might be appropriate for a student with OCD. A student with OCD may request the following, although there may be other individually specific arrangements requested and/or required:

- Flexible arrangements for work if fatigue, stress, symptoms of OCD or the affects of medication are an issue.
- Suitable accommodation and planning to avoid problematic environments.
- A room to rest in.
- Specialist tuition for study skills and strategies if appropriate.
- Strategies should be in place to see that students can familiarise themselves with the handling of equipment, (for example in a laboratory).
- Extra time in examinations and/or the use of a word processor.
- Arrangements for sitting examinations in a controlled environment.
- A visually based approach to presentation where possible, if students are uncomfortable with handling learning materials.
- Peer support and awareness training, so that fellow students can understand and be sympathetic to an individual's behaviour.
- A support worker to help manage resources, to plan study routines or to take notes in lectures, tutorials or when producing coursework.
- A word processor or computer to produce work and to help organise study.
- Strategies during teaching and learning.

Some of the following points may help facilitate the teaching of a student with OCD:

- Be prepared for managing interactions where the student may exhibit behaviours that are obsessive or compulsive.
- Be prepared to allow some flexibility during the production of course work or the delivery of teaching in the event that learning has been disrupted.
- Routines should be kept as consistent as possible throughout the course to ensure that students feel comfortable in their surroundings.
- Be alert for the potential for anxiety and depression, and the effects of medication on learning.

▶ **Requesting special examination arrangements**

Information about applying for special exam arrangements can be found at: www.ox.ac.uk/students/shw/das/exams

Requests for examination concessions must be applied for via the college office.

▶ **Financial Assistance**

Information about applying for funding can be found at: www.ox.ac.uk/students/shw/das/funding

▶ **Contacts**

Oxford University Student Union (OUSU)

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Vice-President – Welfare:

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OUSU has an active Disabilities Action Group, which works to raise awareness of disability issues in the University.

Mental Health Foundation

London Office, 9th Floor, Sea Containers House, 20 Upper Ground,
London, SE1 9QB,.

www.mentalhealth.org.uk

Email: <mailto:mfh@mfh.org.uk>

First Steps to Freedom

First Steps to Freedom, PO Box 476, Newquay, TR7 1WQ

Helpline: 0845 120 2916

Email: first.steps@btinternet.com

Website: www.first-steps.org

► Publications:

Hostage of the Mind – Living with OCD from the viewpoint of a sufferer, by A. Lowe (1998).

Obsessive Compulsive Disorder - The facts, by P de Silva and S Rachman. (Oxford University Press, 1998).

The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder, by Bruce M. Hyman (Ph.D) and Cherry Pedrick (R.N. New Harbinger Publications, 1999).

Understanding Obsessions and Compulsions – A self-help manual, by Dr F Tallis (Sheldon Press, 1992).

Understanding Obsessive-Compulsive Disorder, (Mind, 2000).

Disability Advisory Service

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