

# A Managers Guide...

## ...To OCD

### WHAT IS OCD?

**Obsessive compulsive disorder (OCD) is a mental health condition where a person experiences obsessive thoughts and compulsive behaviours. The main symptoms of obsessive-compulsive disorder are unpleasant thoughts and repetitive behaviours that you cannot control.**

### WHAT CAUSES OCD?

It is not yet entirely clear what causes OCD, but it could be seen to be several things, including:

- Family history. Someone is more likely to develop OCD if a family member also experiences it, this may be due to learnt behaviours, or genetics.
- 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 had difficult life experiences such as being bullied, abused, or neglected. Additionally, sometimes OCD develops after an important life event such as childbirth or bereavement.
- Personality. People with high personal standards or a tendency towards perfectionism, order and neatness, may be more likely to develop OCD. As are those who have a very strong sense of responsibility for themselves and others.

### WHAT DOES OCD LOOK AND FEEL LIKE?

- An obsession is a repeated unwanted or unpleasant thought, image, or urge, leading to feelings of anxiety, disgust, and unease.
- A compulsion is a repetitive behaviour or mental act which the person feels compelled to carry out to temporarily relieve the unpleasant feelings brought on by the obsessive thought.
- Obsessions and compulsions take many different forms. For example, some people may have an obsessive fear of being burgled and feel compelled to repeatedly check that all door and windows are locked.
- Others may fear electrical faults or fires, with the compulsion being to check electrical and gas appliances are switched off. Such checking can take up a large amount of time and delay an individual leaving their home.
- Others may fear contamination and germs and feel compelled to avoid touching shared objects or repeatedly wash their hands leading to soreness and skin breakdown, etc.
- For others they may fear causing upset to others, or of making a mistake and may feel compelled to check their entries in patient notes or ask for reassurance from others that a procedure they have carried out with a patient is correct.
- They may ruminate about what they did or said in a meeting or on a shift, worrying that they have upset someone, or forgotten to carry out a task. This may cause them to be slower at carrying out their duties, or it may mean that they re-trace their steps to check if they did a task, or call someone on the next shift to check this too.
- Some people with OCD will try to avoid being in a situation which might trigger the obsession, e.g., if the concern is in relation to sending emails or appointment letters, they might try to delegate this responsibility to someone else. Similarly, if the fear relates to locking a building, they may try to ensure they are not the last person to leave the area.
- People who have OCD may feel tense, anxious, ashamed, or disgusted by the obsessions and compulsions they are experiencing.
- Feelings can change once someone with OCD has carried out the behaviour. For example, they may feel relieved, cleansed, calm, relaxed, less anxious, or disappointed. However, these feelings are often short lived before the obsession rises again.

For more information on OCD and its symptoms, you can visit the NHS website: [NHS OCD page](#)

**REMEMBER:** You shouldn't expect everyone with OCD to have the same symptoms. OCD can look different from person to person, and everyone may not present with the exact same symptoms.

## WHERE CAN EMPLOYEES GET HELP WITH OR WITHOUT A DIAGNOSIS?

- Please ensure you have discussed with the individual whether they want support, and if they do ensure you gain consent before making a referral.
- You can signpost staff to other resources including Vivup, Spiritual and pastoral care, and their GP.

**Vivup:** employee assistance programme provides 24/7, 365 days a year confidential helpline offering a non-judgemental listening ear and provides free staff counselling. Contact 0330 380 0658 or visit [VIVUP.co.uk](http://VIVUP.co.uk)

**The spiritual and pastoral care team** offer a 24/7 confidential, sympathetic non-judgemental listening ear for those of any faith and those who do not have any religious belief. Call 01623 622515 ext. 2754 between 8.30am and 4.30pm / 3047 or call Switchboard for the on-call Chaplain 24/7.

Remind the staff member that their GP can be contacted about any health concern, whether that be physical or mental, and reaching out to their GP could mean access to different kinds of support.

**The Clinical Psychology Colleague Wellbeing Service** provides a service for staff who are experiencing emotional distress or mental health difficulties caused by their work. More information on the referral criteria can be accessed here: **Clinical Psychology for Colleagues - Sherwood Forest Hospitals ([sfh-tr.nhs.uk](http://sfh-tr.nhs.uk))**. For access to the Clinical Psychology Colleague Wellbeing Service, email a completed [Referral form](#) to: **[sfh-tr.clinical-psychologists@nhs.net](mailto:sfh-tr.clinical-psychologists@nhs.net)**.

## WHAT CAN YOU DO TO HELP SOMEONE WITH OCD?

There are a few things you can do to help someone who is suffering with OCD, these can include:

- Creating a safe space for them to talk.
- Not judging them, their obsessions and compulsions which may seem insignificant or silly to you, but these are very real to them.
- Be patient with them.
- If someone is beginning to panic due to their OCD, you could use the 3-3-3 rule. This technique helps to ground someone who is feeling anxious. It involves naming 3 things you can see, 3 things you can hear and moving 3 parts of your body.

**REMEMBER:** it is important to set boundaries when it comes to supporting people, you don't want to take on too much and be unable to support the individual at all.

## ADJUSTMENTS WHICH MIGHT HELP AT WORK

**If you have any questions or concerns about making reasonable adjustments in the workplace, please get in contact with occupational health: [sfh-tr.occupational.health@nhs.net](mailto:sfh-tr.occupational.health@nhs.net).**

- Create a supportive environment. People may not want to tell someone about the thoughts they are having out of fear of being judged. A supportive environment should allow them to open to you more.
- Listen and give them space to talk and share.
- Flexible working hours. People with OCD may have difficulty getting to work on time due to having to carry out time-consuming compulsions. The impact of this can be reduced by allowing flexible working hours.
- Allow employees extra time to keep up with their workload where their compulsions are creating longer processes on shift.
- Check in with them and see how they are doing.
- If the staff member is undergoing therapy to address the OCD check with them how you can best support them in the workplace with this.

## WHAT CAN YOU DO AS A MANAGER IF THIS IMPACTS ON YOU?

Sometimes managers can find that by supporting someone with a mental health difficulty such as OCD, it may bring up issues for themselves, i.e., they might find it difficult because of their own history, or stressors in their life. If you are finding it difficult because of your own issues, or wish to access additional support, you can also access:

- **Vivup, contact 0330 380 0658 or visit [VIVUP.co.uk](https://www.vivup.co.uk).**
- If Vivup doesn't meet your needs contact the **Clinical Psychology Colleague Wellbeing Service** to discuss your needs using the following email address: [sfh-tr.clinical-psychologists@nhs.net](mailto:sfh-tr.clinical-psychologists@nhs.net).