

Obsessive Compulsive Disorder

Introduction and Background Information



Obsessive Compulsive Disorder is a mental health problem that can affect people in different ways. The sufferer relies on ritual actions and behaviours to get rid of undesirable thoughts and obsessions, however these rituals and repeat behaviours, for instance, counting every light bulb in the building only ward off these thoughts for a short time. Some people have quite severe symptoms which may be hard to hide in the work place. Approximately one in fifty suffer with OCD within their lifetime and there are approximately 1250000 people in the United Kingdom affected by it.

OCD has three main components:

1. the thoughts that cause the anxiety – ***the ‘obsessions’***
2. the anxiety felt
3. the things done to reduce the anxiety – ***the compulsive actions***

Thoughts may be in a various format – actual thoughts, pictures in the mind, doubts, perfectionism, ruminations.

- **Thoughts** – these may be single words, short phrases or rhymes that are unpleasant or shocking. The individual with OCD tries to eliminate the thoughts but they do not go away.
- **Pictures in the mind** –these may be vivid pictures such as showing the affected individual’s family dead, or doing something violent or sexual which is completely out of character. Individuals with obsessions do not become violent, or act on these thoughts.
- **Doubts** – affected individual’s wonder if their actions have resulted in an accident; worrying that windows have been left opened and the door unlocked.
- **Ruminations** - endlessly argue with oneself about whether to do one thing or another and therefore simplest of decisions are unable to be made.
- **Perfectionism** – irritation by items not being in the exact order, unbalanced or not lined up with precision.

Recognition in the workplace



The behaviour of individuals in the workplace may indicate there is a problem with OCD such as:-

- Working long hours compared to colleagues who perform similar/same tasks
- Poor work productivity
- Poor timekeeping – chronically late for work
- Paying intense attention to detail but not producing the results
- Some counter-productive disruptions among fellow workers
- Resistance to change – OCD suffers find changes to policy, schedules, working patterns difficult
- Exhibiting nervous habits e.g. nail biting, foot tapping, repeatedly rearranging items on the desk/office
- Constantly cleaning

- Resist shaking hands with others due to fear of contamination
- Repeated hand washing which may result in dry, cracked and bleeding skin.

Managing OCD in the workplace



Managing an employee who is experiencing anxiety should be handled in the same way as managing any other member of staff, whether they have a mental health problem or not. It is important that all staff feel comfortable discussing their mental health, whether they have a diagnosed mental health problem or not. It is advisable that if managers suspect OCD within the work place that these concerns are addressed with the individual.

However, OCD sufferers are highly sensitive to criticism so it is important to commence discussions with some positive feedback relating to their performance/contribution. Often they feel ashamed or embarrassed about the condition. It is important such conversations are held in privacy and are confidential in nature.

Questions that can be used in the discussion in order to help the individual open up and divulge the problem e.g.

- Is there anything preventing you from doing your job
- How can we help you become more effective in your role
- Is the job too challenging for you and how can we assist

The answers to these will help develop a plan to identify the appropriate support that can be given.

Support may include:-

- Taking their working break in a different pattern such as three twenty minute breaks as opposed to one hour break
- Regular routine within the workplace
- Avoid change at short notice
- Appointing a buddy for peer-to-peer support
- Suggesting using the Employee Assistance Program
- Referral to Occupational Health
- Support with regards to prioritising workloads
- Give a longer time to complete tasks
- Regular 1:1 meetings with the line supervisor
- Encouraging the individual to seek support from their GP – this will usually result with prescribed medication and cognitive behaviour therapy (CBT).
- Flexibility with working hours
- Homeworking (according to work type and business needs)
- Ensuring annual leave is taken at regular intervals as opposed to in big chunks
- Flexibility for facilitating time to attend appointments
- Encouragement to join support groups



With support and treatment the individual can get better. The length of treatment depends on the severity of the problem. Mild to moderate symptoms will require ten hours of intense CBT treatment with exercises at home. Medication alongside the CBT will help with the anxiety.