

Obsessive compulsive & related disorders

+ YOUNG PEOPLE



People use the word ‘obsession’ a lot in everyday conversation, and it can mean different things to different people. In terms of mental health, ‘obsessions’ are recurrent and persistent thoughts, urges, or images that are intrusive and unwanted. Obsessions become a problem when they affect a young person’s behaviour so much that they interfere with everyday life. Obsessions often go together with compulsions – these are irresistible urges to behave in a certain way. Obsessive–compulsive (OCD) and related disorders are serious, anxiety-related conditions that affect a young person’s everyday life through things like stopping them from getting to school on time, finishing homework, or going out with friends.

What is normal and what is OCD?

Almost everybody experiences the type of thoughts that people with OCD have, such as wanting to double-check they have switched off the oven or double-checking they have locked the front door before they go out. While it’s also very common for people to repeat certain actions, most people can dismiss these thoughts or urges.

People with OCD can’t ignore unpleasant thoughts and pay undue attention to them. This means that the thoughts become more frequent and distressing. Over time, the thoughts can affect all areas of a person’s life, including their school or work activities, their family, and their social life. Young people often develop compulsive behaviours to manage their distress, but these behaviours tend to take up a lot of time – sometimes more than an hour a day.

What are the common obsessive-compulsive and related disorders?

Obsessive–compulsive disorder (OCD)

Young people living with this condition experience repetitive and upsetting thoughts and sometimes compulsive behaviours.

Body dysmorphic disorder (BDD)

A young person living with BDD has an obsession with a perceived defect in their appearance. If other people hardly notice the perceived defect, then the obsession is regarded as markedly excessive. Take a look at the Eating & body image disorders + Young People factsheet to find out more.

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Trichotillomania (compulsive hair pulling) and compulsive skin picking

These are two distinct but related disorders that have obsessive–compulsive features. Young people with these disorders experience a build-up of anxiety that’s relieved by either repetitive hair pulling or skin picking, which are done consciously or unconsciously. Feelings of depression or hopelessness often follow because the young person realises the damage caused by these behaviours. Even if there is no anxiety beforehand, the young person may find pulling or picking pleasurable, and this makes the behaviour difficult to stop.

If these behaviours are because a young person is concerned about their appearance, then the condition may be body dysmorphic disorder.

What are the symptoms of OCD?

Obsessions

Obsessions are unwanted, intrusive, or upsetting thoughts or images that come to mind over and over again. They are difficult to get rid of and can feel silly or unpleasant. Some examples of obsessions include:

- fears about germs and disease
- needing things to be in a certain order
- ‘I must count to twenty or something bad will happen’
- unwanted thoughts about sexual or violent acts.

Compulsions

Compulsions are the actions or rituals that a person carries out in order to get rid of, prevent or ‘neutralise’ the obsessions. People with OCD also carry out compulsions to try to relieve the anxiety caused by the obsessions. Often, people try to stop themselves from doing these things because they realise it’s illogical, but they feel frustrated or worried if they can’t finish them. Some examples of compulsions include:

- washing hands again and again
- repeatedly checking that the light is switched off
- mental rituals, such as counting or repeating words in your head
- hoarding or collecting things that are unnecessary or useless.

OCD and related disorders are treatable, and most young people can learn to stop performing their compulsive rituals and to decrease the intensity of their obsessive thoughts

Other problems

Young people living with OCD or a related disorder may also experience other mental health difficulties, such as depression, other anxiety conditions, an eating disorder, or alcohol and other substance-use problems. Young people with OCD often experience feelings of intense shame about their need to carry out compulsions. These feelings of shame often make the OCD worse. Shame and the consequent secrecy associated with OCD can lead to a delay in diagnosis and treatment. This can lead to long-term health, mental health and relationship problems. Seeking the right support for what's going on can assist with recovery and planning for getting on with education, work and relationships.

Advice and referral

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If you're having difficulties with OCD

Talk about your concerns with someone you trust, such as a school counsellor, family friend, a parent or teacher. Your GP can help you sort out what is and isn't OCD, and help with a plan for getting better if you need.

If you think a young person you know is having difficulties

Let them know you're there to support them, and encourage them to get professional support. Try to avoid giving reassurance to a young person with OCD because as part of their recovery they'll need to confront their fears without constant reassurance. Don't involve yourself in the young person's compulsions – helping them carry out compulsions only makes it more difficult for them to recover. Instead, working with a professional during treatment may give you a role in helping the young person to resist the completion of rituals.

Treatment for OCD and related disorders

OCD and related disorders are usually treated with the help of a professional using cognitive-behavioural therapy (CBT), with exposure and response prevention. CBT is based on the idea that moods and emotions are influenced by thoughts. It explores thinking patterns and how they affect our behaviour and emotions, such as fear.

Exposure and response prevention involves slowly and carefully supporting a young person to confront the feared situations without performing their compulsive behaviours. This helps the young person to learn to tolerate the immediate distress and leads to a reduction in anxiety over time. In certain instances medication may also be helpful.

Getting help

If you, or someone you care about, experiences symptoms of an obsessive-compulsive or related disorder, use these tips to seek help.

- Talk to someone you trust help. Tell family or friends about what you're feeling and thinking so they can support you.
- Try to eat healthily, get some regular exercise, and find ways to relax by doing things you enjoy (e.g. listening to music, reading a book, or engaging in other hobbies).
- Try to avoid alcohol and other drugs as they often make the anxiety associated with obsessions or compulsions worse over time, and can lead to other problems, such as dependency.
- It can be useful to keep a diary of the frequency, intensity and types of unwelcome thoughts (obsessions). Resist completing rituals (compulsions) as much as possible.
- Do some research to understand your treatment and recovery options – seeking professional help from a counsellor, psychologist, psychiatrist, or a doctor can be helpful.

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Further information

For further information regarding mental health, or for information in other languages, visit:

Australia / International

www.orygen.org.au

www.headspace.org.au

www.reachout.com

www.youthbeyondblue.com

www.beyondblue.org.au

www.betterhealth.vic.gov.au

www.sane.org

www.healthdirect.gov.au

www.oyh.org.au

Hong Kong

- **OCD and Anxiety Support**

Related factsheets

Eating & Body Image Disorders + Young People

Anxiety + Young People

Disclaimer: This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice.

This resource booklet has been localised for the Hong Kong context and translated to Traditional Chinese by Coolminds, a mental health initiative run by Mind HK and KELLY Support Group. For more information on Coolminds, please visit www.coolmindshk.com

Thank you to Orygen for donating their resources and for allowing us to adapt this. For the original version of this resource, please refer to Orygen's website: www.orygen.org.au

