

Condition Insight Report (CIR)

Obsessive Compulsive Disorder (OCD)

Version 1.0

Last Updated 18.03.2022

Completed in collaboration with
MIND

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Overview

What is the condition usually called/ any abbreviations used?

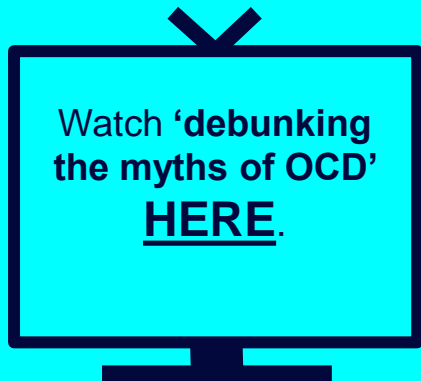
Obsessive Compulsive Disorder (OCD)

Brief overview of the condition

OCD is a common mental health condition where a person has obsessive thoughts and compulsive behaviours.

What is the generally preferred term for someone with this condition?

An individual living with OCD.



Presenting Symptoms

Obsessions:

Obsessions are persistent thoughts, pictures, urges or doubts that appear in your mind again and again. They interrupt your thoughts against your control and can be really frightening, graphic and disturbing. They may make you feel anxious, disgusted or 'mentally uncomfortable'. You might feel you can't share them with others or that there is something wrong with you that you have to hide. You do not choose to have obsessions - but you might feel upset that you are 'capable' of having such thoughts. Examples of obsessions could be recurrent thoughts of hurting themselves or others. This will have a detrimental impact on someone or something. Their thoughts may be blasphemous or inappropriate. There are no recorded cases of a person with OCD carrying out their obsession (Mind 2016: Understanding Obsessive Compulsive Disorder).

Compulsions:

Compulsions are repetitive activities that you feel you have to do. The aim of a compulsion is to try and deal with the distress caused by obsessive thoughts. You might have to continue doing the compulsion until the anxiety goes away and things feel right again. You might know that it doesn't make sense to carry out a compulsion - but it can still feel too scary not to. Repeating compulsions is often very time consuming and the relief they give you doesn't usually last very long.

Compulsions can:

- Be physical actions (rituals such as washing or touching)
- Be mental rituals (people who only have mental compulsions sometimes refer to their OCD as Pure O and may be activities such as checking the environment or yourself)
- Involve a number (for example, you might feel you have to complete a compulsion a specific number of times without interruption such as counting or repeating a word)

Avoidance:

As insight is good you might find that some activities, objects or experiences make your obsessions or compulsions worse. For example, if you are worried that you might stab someone then you might avoid the kitchen because you know there are knives there. Sometimes it might feel easier to avoid situations that mean you have to do a compulsion. For example, if you have to do a long and time consuming ritual every time you leave the house, you might just decide it's easier to stay indoors. But avoiding things can have a major impact on your life.

Fluctuations



The presentation of the condition will be expected to vary over time, but this would not be in the short term i.e. little variability over hours but may vary over longer time periods. As an anxiety disorder the condition is reactive to stress, times of high anxiety can increase symptoms.

Think about exploring things like:

- Anxiety is often present when claimants have severe OCD. Please ensure you probe around this at assessment and establish if the threshold for OPD has been met.
- How does it manifest for them, how does it feel, what thoughts do they experience?
- How long do the rituals take to complete and how does this impact upon routine?
- Is there anything that brings them on or a pattern to these such as when faced with a new situation, leaving the house or engaging with others? If there are triggers, sensitively explore these at assessment.
- Are they able to talk to others about their condition?
- Do their symptoms have a trigger?
- How are they managing their personal relationships?

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY



TIMELY



ACCCEPTABLE
STANDARD



REPEATEDLY



Do they have any symptoms which could cause a safety consideration?

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Are they able to repeat a task as often as required? Is this the same every day?

Consider safety if there are suicide and/ or self-harm risks. Remember if there are imminent plans of suicide and no protective factors the claimant may require safeguarding.

Completing any compulsive actions or having intrusive obsessions can be very time consuming and affect an activity being completed. This should be explored where relevant.

Some who have a compulsion to be clean so wash their hands until they bleed before they feel sufficiently cleansed. This is not the 'normal' way to complete an activity and is not appropriate as it puts them at risk. Consider what they discuss to determine how they manage these thoughts and actions and whether the management is deemed appropriate.

Individuals may not experience the same emotions each day. They may have triggers or have better days than others which mean that the way they describe a task may not be typical for them. It should be explored what the impact any task has on their mental health and how they manage this to determine if it is repeatable as often as required.

Sensitivities

What areas might they find difficult to mention or perhaps understate the impact of?

- The nature of the obsessions that are experienced can be upsetting for people to talk about.
- Lots of people have misconceptions about OCD. Some people think it just means you wash your hands a lot or you like things to be tidy. They might even make jokes about it. This can be frustrating and upsetting, especially if people who think this are friends or family, colleagues or even healthcare professionals.
- It is also important to bear in mind that sometimes obsessions will not relate to themselves and may relate to family members such as children. This must be sensitively and appropriately explored, and you must also consider seeking safeguarding guidance where appropriate.



Customer Care

How is it best to ask about any sensitive topics and what are the common courtesies?



In general

- Be direct, empathetic and professional
- Make it clear you acknowledge they may find certain things difficult to discuss, but you are not there to judge and instead need to understand the extent of any obsessions, compulsions or avoidance they display or experience. Ask questions in an open and frank manner
- Be sensitive and give them time to respond to questions. Whilst there is no expected impairments to communication, they may struggle to engage due to anxiety, be distracted or struggle to verbalise what they experience.
- Look/listen for cues of any distress or discomfort with the discussion, reassure them and offer breaks as needed
- Ask them if they have any initial concerns about the consultation and see if you can address these
- Ask if there are any adjustments that would make them more comfortable e.g. if they would like a friend or family member for support
- If they do not have a physical condition, please do not ask them about their physical ability to complete tasks but instead focus on the psychological ability



Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

You will need to consider if the claimant is distracted by their thoughts. It may be that they are so focused on their compulsions or that they are not motivated to cook for themselves. There may also be risk of self-harm in the kitchen.

Remember in PIP...

Only the psychological aspects of this activity need to be covered if only this is reported affected. What obsessions, compulsions, avoidance do they have with cooking? How often do they make meals? When would they initiate the activity? What stops them? What do they usually make? Have they had any incidents and burnt items due to poor concentration and intrusive thoughts? If so, how do they manage this?

Activity 2: Taking nutrition

In correspondence to OCD, anxiety can also negatively affect eating habits. When feeling anxious you might not feel like eating, or you might make poorer food choices

Remember in PIP...

You need to have established the individual's ability to be nourished. Are they motivated to eat or distracted by their thoughts? Motivation to eat, even if food is given to them should be explored and the extent of any weight loss with how this is managed.

Activity 3: Managing therapy and monitoring a health condition

People who suffer from OCD will often have therapy to help improve their obsessive thoughts.

They may also be prescribed medication for anxiety or low mood secondary to their OCD.

Remember in PIP...

Ensure to explore how medication is managed. Are they motivated to manage medication? Are they distracted by their thoughts? Do they have any risks associated with overdose?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and Bathing

There may be obsessions, compulsion or avoidance with personal hygiene. e.g. excessive washing due to obsession with being clean and removing germs can lead to skin conditions.

Remember in PIP...

Explore what management strategies are used to manage the effects of symptoms and consider whether prompting is needed on the majority of days. Remember to only discuss the psychological impacts within this condition if this is all that is reported. They are likely to be physically able but may be restricted with their intrusive thoughts. How often do they wash? What stops them? How do they manage any obsessions, compulsions, avoidance here?

Activity 5: Managing toileting needs and incontinence

There may be obsessions, compulsion or avoidance with personal hygiene specific to toileting.

Remember in PIP...

If there is no physical condition reported it is sufficient to explore that they can maintain their toileting hygiene needs and to confirm there is no comorbidity which may affect continence. Do not ask lots of physical questions if they report no physical restrictions, however, you should explore if there are any obsessions or compulsions around toilet use.

Activity 6: Dressing and undressing

There may be obsessions, compulsion or avoidance with personal hygiene. e.g. excessive changing of clothes due to obsession with being clean and removing germs. Dressing may also not be timely, how long does it take them and if a prolonged period, why?

Remember in PIP...

Explore what management strategies are used to manage the effects of symptoms and consider whether prompting is needed on the majority of days. Remember to only discuss the psychological impacts within this condition if this is all that is reported. They are likely to be physically able but may be restricted with their intrusive thoughts. How often do they change their clothes? What stops them? How do they manage any obsessions, compulsions, avoidance here?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating Verbally

As it would appear clinically unlikely OCD would impact on this activity within the scope of PIP, please ensure you explore any comorbidities that may impact ability to express and understand verbal information reliably.

Remember in PIP...

That reluctance to speak to others secondary to anxiety or fear, would not be covered within the scope of the activity.

Activity 8: Reading and understanding signs and symbols

As it would appear clinically unlikely OCD would impact on this activity within the scope of PIP, please ensure you explore any comorbidities that may impact ability to read and understand written information reliably.

Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

Activity 9: Engaging with others face to face

People who suffer from OCD may feel that they have to hide their OCD symptoms from others close to them. They may also isolate themselves and struggle to develop and maintain relationships.

Remember in PIP...

Cover where specific restrictions are reported how they manage this. Detail of any support provided and whether this support can be provided by anyone or only specific individuals.

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

Intrusive thoughts, and feeling anxious all the time may affect ability to plan future budgets.

Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Ensure you explore how the claimant would manage an unexpected bill or the household finances. Remember we do not consider inability to go out to the shop.

Activity 11: Planning and following a journey

People suffering with OCD may feel ashamed of their obsessive thoughts. They may feel that you can't talk about this part of yourself with others. This can make you feel very isolated. If you find it hard to be around people or go outside, then you may feel lonely.

Remember in PIP...

Where there are associated conditions you must explore the 4 stages to a journey 1. Frequency and type of outings 2. before a journey 3. during a journey and 4 post a journey. Any social anxiety and/or anxiety related to change? If so to what extent, how and when does this manifest, how it is managed, is it present on all journeys or just unfamiliar ones? Do they attend their appointments? Where do they go out to and how often? What obsession, compulsion and avoidance behaviour do they have when on a journey and how is it managed?

Activity 12: Moving Around

As it would appear clinically unlikely OCD would impact on this activity within the scope of PIP, please ensure you explore any comorbidities that may impact ability to move around reliably.

Remember in PIP...

Do not ask physical questions if no physical condition is reported. It is sufficient to confirm they have no physical condition they wish to discuss and focus on areas pertinent to their reported restrictions.

Additional reading or other resources

EXTERNAL

For further information see NHS Conditions and Treatments: <https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/>

INTERNAL

- Desktop Aid – MSE, Activity 11

Version control