To the person with OCD: Pass this to your GP or other healthcare professional

Hello, I think I have Obsessive-Compulsive Disorder (OCD).

My OCD differs from the well-known perception of OCD and I am scared to and find it really hard to talk about. It's impacting on my life and my daily functioning because I spend significant time each day worrying about and feeling scared of my thoughts. The thoughts I'm experiencing include some or all of the following:

- Unfounded fears I might unwittingly cause harm to or abuse of others
- Horrible, unwanted thoughts of a violent or sexual nature that I agonise over but can't get out of my head
- Worries that I might use a knife, even a kitchen knife, to stab and hurt a loved one, even though I don't actually want to
- Worries that I might be attracted to children, despite finding such thoughts abhorrent and against everything I believe in
- Terrifying thoughts that make me doubt whether I want to, or may in the future, or might have previously touched a child inappropriately or caused harm to them, even though I really don't want to and never have wanted to
- Constant self-questioning whether or not these are wanted thoughts, and what the thoughts might mean or say about me.

The problems I have put a tick by bother me almost every day and take up excessive time, impacting on my quality of life. OCD is seriously affecting my life. It's stealing my time and my ability to be happy:

- □ I feel frequently depressed
- Life at home is becoming more difficult
- It's hard for me to work, study or travel
- My self confidence and self esteem have hit an all-time low
- I have to avoid objects, places or people that trigger the intrusive thoughts

The national charity OCD-UK has made me realise that I'm not alone in feeling this way and that help can be found. They have explained to me that both men and women with OCD can experience these thoughts, and that having these thoughts does not make me more likely to act on them or make me a risk of harming someone.

Please offer me the help that I need to allow me to get my life back. OCD-UK have told me that I need to access a form of treatment called Cognitive Behavioural Therapy (CBT), ideally with a therapist that fully understands this aspect of OCD and if I wish to, I can request individual face-to-face therapy (rather than in a group or online setting).

For the Health Professional

By ticking any of these boxes, this person has shown that they may be experiencing obsessions and compulsions that would likely indicate a diagnosis of **O**bsessive-**C**ompulsive **D**isorder. Please refer this person to the most appropriate local or national NHS service and please offer to make the referral for the person if they are not comfortable to self-refer.

Please don't be alarmed by these unwanted intrusive thoughts, these form part of OCD and are not indicative of any real desire. The NICE Guidelines for the treatment of OCD and BDD (CG31) state: "Consult a mental health professional with specific expertise in OCD if uncertain about risks associated with intrusive sexual, aggressive or death-related thoughts. (These themes are common in OCD and are often misinterpreted as indicating risk.)". If you're concerned about my thoughts, OCD-UK ask that you consult an OCD specialist before taking any safeguarding action, and also refer to the paper 'Risk Assessment and Management in Obsessive Compulsive Disorder' by Veale, Freeston, Krebs, Heyman and Salkovskis.

This information sheet was prepared by the national charity, OCD-UK. Further information for health professionals, including information about OCD clinical classification and details about the NICE Guidelines for the treatment of OCD and BDD (CG31) can be found on their website at https://www.ocduk.org

OCD-UK is a registered charity: 1103210

