

Obsessive–compulsive disorder in children and young people

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet explains what obsessive–compulsive disorder (OCD) is, who it affects and what can be done to help.



Introduction

What is obsessive–compulsive disorder?

Some people have thoughts or ideas that come into their mind even when they do not want them to (for example 'I must count to twenty or something bad will happen'). These thoughts often feel silly or unpleasant and are called **obsessions**. **Compulsions** are things that people feel they have to do, even when they do not want to (for example repeatedly checking that the light is switched off). Often people try to stop themselves from doing these things, but feel frustrated or worried unless they can finish them. Problems with obsessions and compulsions can cause distress and worry, and can begin to affect young people at school, with their friends, and in their families.

Many children have mild obsessions and compulsions at some time, for example having to organise their toys in a special way, or saying good night a certain number of times. This is normal. It may be the result of anxiety due to stress or change.

If you are worried that a child's behaviour is the beginnings of obsessive–compulsive disorder, you need to ask yourself the following questions:

- Do the compulsions upset the child?
- Do they interfere with the child's everyday life (e.g. school, friends, etc.)?

If the answer to these questions is 'yes', it may be that the young person has **obsessive–compulsive disorder**, sometimes called **OCD** for short. If this is the case, you should seek professional advice.

Who does OCD affect?

OCD can affect people of all ages, and usually starts in childhood.

What causes OCD?

We do not know the cause of OCD for certain. However, research suggests that OCD may be due to an imbalance in a brain chemical called 'serotonin'. The tendency for OCD seems to run in families. There may also be people with tics (involuntary jerky movements) in the family. Very occasionally, OCD can start after a bacterial illness.

How can I get help?

There are two treatments that are helpful. One of these is behaviour therapy, and the other is medication. Behaviour therapy and medication can be given on their own or together. If possible, a young person should have access to both forms of treatment.

Behaviour therapy involves a detailed assessment of the problem, often starting with the child and family keeping a diary of the obsessions and compulsions. The aim of the treatment is to teach young people how to be in control of the problem, by tackling it a little bit at a time. The young person designs the treatment programme with the therapist. Children need to be actively involved in planning the treatment.

Often parents or other family members get very involved in the OCD rituals. Families need to learn about OCD, and also about how to help their child combat it. This can involve parents working with the child and therapist to find ways of helping their child to resist the rituals and being able to say 'no'.

Sources of further information

- OCD Action is the national charity for people with obsessive–compulsive disorder (OCD) and related disorders such as body dysmorphic disorder (BDD), compulsive skin picking (CSP) and trichotillomania. Aberdeen Centre, 22–24 Highbury Grove, London N5 2EA; tel. 020 7226 4000; www.ocdaction.org.uk.

Or you may like to look at this website:

www.ocfoundation.org

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

Medication

Medication helps at least 70% of people with OCD to get better. Unfortunately, many people who improve on medication become unwell again when the medication is stopped. Some people who need medication may have to continue taking it for a long time.

Where can I get help?

OCD is a common problem, and your general practitioner will be able to help and advise. If the young person needs more specialist assessment and treatment, the general practitioner may suggest a referral to a child psychiatrist or a child psychologist (see Factsheet 31 on child and adolescent psychiatrists).

If the young person has been unwell for a long time, or their life has become severely

affected by OCD, other professionals may need to help too – for example, teachers or educational social workers may be able to help the young person get back to ordinary life at school or college.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Heyman, I. (1997) Children with obsessive–compulsive disorder. *BMJ*, **315**, 444.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (eth Edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.