

OCD Action - Remit of the Service

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1. Vision of the Charity

OCD Action's vision is of a society where OCD is better understood and diagnosed quickly, where appropriate treatment options are open and accessible, where support and information are readily available and where nobody feels ashamed to ask for help.

2. Mission of the Charity

OCD Action provides support and information to anybody affected by OCD, works to raise awareness of the disorder amongst the public and frontline healthcare professionals and strives to ensure that appropriate services are available.

3. Service provided via OCD Action national helpline

The OCD Action help and information line is a confidential and unbiased service offering help, information and support for OCD sufferers, carers and anyone who is concerned that they, or their friends or relatives, may have OCD or a related disorder.

Helpline workers can explain to callers:

- Different types of Obsessive-Compulsive Disorder.
- The different types of treatment available.
- How to access help.

This is done in an unbiased way. This means that:

- Helpline workers will not offer their opinions on which type of treatment is most appropriate for a caller.
- Helpline workers will not recommend a particular course of action, but will allow the caller to make their own decision.
- Helpline Workers will differentiate between proven / NICE approved treatments, and unproven / untested treatments.
- Helpline workers will not attempt to diagnose the caller. This must be done by a trained mental health professional.

It is recognized that a crucial part of treatment for OCD is in following it through, which can often be a demanding and distressing process.

With this in mind, Helpline Workers can:

- Offer emotional support to the caller, allowing them the time and space to talk through their feelings and fears.
- Encourage callers to seek treatment.
- Emphasise that treatment can often be demanding and distressing, but that having decided to take a particular course of treatment for themselves, they are most likely to reap the benefits of it by seeing it through to completion.

3.1. Personal information

Some volunteers on the helpline have personal experience of OCD. Callers often find it helpful to know that they are speaking to someone who has an understanding of the kinds of thoughts and experiences they are going through. With this in mind, Helpline Workers can (if they wish) tell callers briefly that they have / had OCD and the nature of their OCD. They must ensure, however, that the focus of the call remains on the caller, and take care not to lead them into making a decision based on their (the volunteer's) own experiences. This disclosure should be used to illustrate the positive value in taking up and following through with treatment.

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3.2. Callback service

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- Outside of opening hours, or if the lines are busy, callers may leave a message requesting a call back, leaving their name and number.
- If the caller cannot afford the cost of a call to the helpline, they can request that the helpline worker call them back.
- The caller may also wish to speak to someone with the same condition as themselves. If this is the case, a callback can be arranged for when that volunteer is available.

4.1. Cost of calls:

Calls to the 0845 number cost up to 4p/min from a BT residential landline, plus up to 7p 'set up' cost. Calls from mobiles and other networks will vary.

4.2. Time limit:

There is no time limit to a call.

5. Misuse of the service

There are a number of ways in which callers misuse helpline services. These differences should be taken into account when a course of action is being considered. The most common situations are detailed below, with actions for each one.

Personally abusive calls: where a caller is being rude, swearing, or in any other way aiming their abuse at the helpline worker.

Action: Give a warning stating that you will have to end the call unless they stop (whatever it is that's causing offence). If warning is not heeded, end the call.

N.B. it's not the act of swearing or being angry that's the problem, it's the fact that it's directed at the Helpline Worker.

Sexually inappropriate calls: where a caller appears to be using the call for their own sexual gratification.

Action: End the call, explaining that they are misusing the service.

'Fixated' callers: Those that have called many times, and appear to have developed an unhealthy fixation on calling the helpline.

Indicators that a caller is 'fixated' are:

- They may start to give different names to avoid being recognized.
- They may alter other details when calling.
- They may deny having called before, even when speaking to the same person.
- They may become angry or upset if challenged about calling before.

Action: Given call volume and the current low levels of 'fixated' callers, the action for each individual should be considered on a case by case basis, to be agreed with the Director.

N.B: Regardless of how these callers present, Helpline Workers should treat them in a respectful and sympathetic manner.

'Test' callers: Those that call up with an issue that may seem irrelevant or trivial / those that call up to intentionally wind up the helpline worker.

Action: These callers, as with any other, should always be treated respectfully. They may be testing the service / the patience & professionalism of those who work there, or they may just be calling to mess about. Once a helpline worker is sure they are misusing the service, they should end the call, explaining that it's because the caller is misusing the service.

6. Other types of call

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Repeat callers: As distinct from fixated callers. Those who have called many times, are using the service appropriately and for whom speaking to someone regularly alongside other treatment is of benefit.

Action: If the caller is moving forward and progressing, no limitations will be set on the number of calls they can make. For callers that are going over the same ground in each call and not progressing, it may be more appropriate to offer a fixed appointment each week for the caller at a given time. A 'care plan' should be formed and reviewed weekly for each caller. The reasons for their being treated differently should be clearly explained to the caller.

Multiple issues: Callers are often facing more than one issue when they call.

Action: Helpline Workers should confine the help they offer to OCD, as detailed in point 3 above. They shouldn't try to offer advice in other areas, even if they are qualified in those areas - this is so that the service is as consistent as possible. There is a list of useful 'helping agencies' in the handbook which can be given out if a caller has other issues they need help with.

Admin / media enquiries: Callers should be told that they have called on the helpline number, and given the office number.

English is 2nd language: If the caller can be understood and understands what the helpline worker is saying, the call can proceed. Otherwise, the call will have to be ended. If the helpline worker speaks the same language as the caller, the conversation should not be conducted in a foreign language.

7. Confidentiality

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OCD Action provides a confidential service for all callers. There are 4 exceptions to this:

1. If the caller is in a life threatening situation.
2. If the caller is abusing another person physically or sexually (including neglect).
3. If there is a threat to the service.
4. Terrorist activity.
5. If the police present a Witness Order or Search Order.

See confidentiality policy for further explanations of the above points.

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