

POP QUIZ HOW MUCH DO I KNOW NOW?

1.) Give two examples of physical disabilities or illnesses

2.) Give two examples of mental disabilities or illnesses

3.) What is the word we use when people disapprove of a person or think of them as weird because they are different?

4.) What does O C D stand for?

5.) What is the name for unwanted thoughts that keep popping into someone's head and they can't ignore however much they try?

6.) Give one example of these types of thoughts

7.) What is the name for repetitive behaviours or actions that people have to do over and over again to try and reduce the feeling of anxiety?

8.) Give one example of these types of behaviours.

9.) Why is OCD sometimes called a "secretive disorder"?

10.) Why is it important to make people aware and get people to understand physical and mental health conditions like OCD?



OCD at School Project

Support for young people affected by Obsessive Compulsive Disorder (OCD); awareness-raising amongst children and adolescents; information and training for (special/) education professionals.

020 7253 5272 | trish@ocdaction.org.uk | school.ocdaction.org.uk

OCD Action Helpline

Support, information and advocacy services for people affected by Obsessive Compulsive Disorder (OCD).

0845 390 6232 | support@ocdaction.org.uk | www.ocdaction.org.uk

LESSON PLAN: ATTITUDES TOWARDS PHYSICAL & MENTAL HEALTH AND OBSESSIVE COMPULSIVE DISORDER (OCD)

Key Stage 3 or 4; PSHE

AIMS: Students to gain understanding of mental & physical health, stigma & OCD

MATERIALS

- Discussion Guide
- Handout A – What is OCD?
- Handout B – Case Study: Nigel
- Pop Quiz – How Much Do I Know Now?

Total Estimated Time: 50 – 60 minutes

CORE ACTIVITIES

- Starter: Use guide to discuss physical and mental health, stigma and OCD.
 - Activity 1: Students take turns reading aloud from Handout A
 - Activity 2: Students read Handout B then discuss in pairs how Nigel's school day is different from their own. With whole class share ideas.
 - AFL: Students to complete Pop Quiz
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DISCUSSION GUIDE USE THESE TOPICS TO GUIDE THE CONVERSATION

Physical Health and Mental Health:

Discuss examples, differences and similarities between physical and mental health conditions. Physical ailments may be more visible, whereas mental health conditions might be less visible.

Stigma:

What is it? How does it manifest? What sort of effect can it have? Examples may relate to a medical condition, ethnicity, religion, profession, lifestyle choice, family background, political outlook.

It is important to learn more about mental health conditions and other stigmatised issues, in order to create an understanding environment in which people can talk openly, gain support and be free from discrimination.

Obsessive Compulsive Disorder:

OCD is a mental health condition. Who has heard the expression OCD? What do you know about OCD? What do you think each of the following words mean?

O = Obsessive C = Compulsive D = Disorder

HANDOUT A WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

It is quite common for people to worry about things, such as friends or family members coming to harm, spreading or catching illnesses, or leaving things in an unsafe or dangerous state. For most of us, these are real but fleeting thoughts.

For someone with OCD, however, it may be almost impossible to ignore these thoughts. It is for this reason that OCD has often been described as a 'bully' in the brain, forcing a person to think about things that they don't want to think about.

These unwanted thoughts are known as obsessions and are often frequent, upsetting or distressing, and difficult to control or get rid of. Common obsessions include but are not limited to:

- Fears about dirt, germs and contamination
- Unreasonable fears of harming others, especially loved ones
- Fears of acting out violent or aggressive thoughts or impulses
- Abhorrent, blasphemous or sexual thoughts
- Inordinate concern with order, arrangement or symmetry
- Fear that things are not safe (e.g. household appliances)
- Inability to discard useless or

To reduce the anxiety that the obsessive thoughts cause, it is common for people to feel forced to carry out repetitive behaviour called compulsions.

Not all compulsions are listed here but a person with OCD might feel compelled to perform some of the following compulsions:

- Checking things over and over
- Repeatedly touching or tapping things
- Questioning and need for reassurance
- Arranging or ordering things so that they are 'just right'
- Excessive washing and cleaning repeatedly
- Counting, repeating and redoing things
- Hoarding
- Ritualistic behaviours that lessen the chances of provoking an obsession (e.g. putting all sharp objects out of sight)
- Unobservable mental rituals such as repeating words or phrases, counting, or saying a prayer
- Other acts to reduce obsessive fears (e.g. wearing only certain

People can have compulsions without having obsessive thoughts but, very often, these two occur together.

Carrying out a compulsion reduces the person's anxiety and makes the urge to perform the compulsion again stronger each time.

Almost everybody experiences the type of thoughts that people with OCD have (e.g. wanting to double-check the front door), however, most people are able to dismiss these thoughts.



People with OCD cannot ignore unpleasant thoughts and pay undue attention to them. This means that the thoughts become more frequent and distressing. Over time, they can affect all areas of a person's life, often their school work, their job and their family and social life.

It is important to remember that severity of OCD differs markedly between people but each person's distress is very real. Most people with OCD know that their thoughts are excessive or irrational but

the anxiety they feel makes the thoughts difficult to ignore.

People with OCD can, however, appear to function perfectly normally despite being greatly distressed. This often makes it possible for people with OCD to hide their OCD (this is why it's often called the 'secretive disorder').

Reasons for hiding obsessions and compulsions include embarrassment, shame, or concern about how other people may react.

People with OCD are not 'mad' and whilst they may perform certain behaviours to alleviate their anxiety, they do not carry out their unpleasant thoughts themselves. In fact, many very intelligent and successful people have OCD. However, as many people with OCD may not understand what's going on or might be afraid to seek help, support and understanding is vital.

The cause of OCD is much debated but it is likely to result from a combination of factors. Also the cause for one person may differ from that for another. OCD can run in families and, in some cases, may be associated with an underlying biochemical imbalance in the brain. Psychological factors such as susceptibility to stress or exposure to an emotionally traumatic experience are also likely to be in evidence.

The good news is that, for the majority, OCD can be managed with a treatment called cognitive behaviour therapy (CBT).

Handout B OBSESSIVE COMPULSIVE DISORDER (OCD) CASE STUDY

NIGEL

I was diagnosed with Obsessive Compulsive Disorder when I was eleven. However, I never got cognitive behaviour therapy till recently. Now I am fifteen. Even as a little kid my mum says that I had some weird habits. I feel like it gets in the way of everything. I have a strict routine from morning to night. I do alright at school, but I know the kids think I am weird. I guess I am. But, I have no control over it. When I get up in the morning, I have to turn my light on and off five times before I can leave my bedroom for the bathroom. My morning routine to get ready from how many times I brush my teeth to how many times I comb my hair is very structured. The clothes in my cupboard are folded and hung a certain way. A good, practical way but not just shoved and slumped about like in my younger brother's room.

After I eat my breakfast, I must wash my hands before I touch my book bag. I get stuck in the door sometimes, on my way to school. Not physically stuck, but I can't go anywhere till I check for my front door key, again five times. On the way to school I fight the urge to open my backpack to check that my key is still in there.

It used to be worse, than this. I have CBT training and I am working on me controlling my OCD and not the other way around. I take medication to help. Some days are better than others. Near exam time my stress gets much worse and I, 'tick', constantly during an exam. This means I get locked in a behaviour like wiping my hand across my forehead repeatedly. I take my exams in the teacher work area of the library. It is nice and quiet back there and if I start to tick the special needs teacher will let me know.

During school, I have trouble leaving my locker because I need to check it over and over to make sure that my books are where they are supposed to be. As I walk to class I look down. I am afraid if I let my feet touch a certain part of the pattern in the floor tiles, something very bad will happen. It never does.

Sometimes, secretly, I am afraid that if my mum doesn't hug me six times every day something bad will happen to her. It never has, but still I worry. My evening routine is just as demanding as my morning routine. I am hoping to get better. I have started CBT and medication and I hope that helps.