



# Newsletter

The newsletter for members of OCD Action with OCD, BDD and other related disorders, and their families, friends and supporters.

Published by OCD Action to advance awareness, research, understanding and treatment of Obsessive Compulsive Disorder (OCD) and associated disorders.

***Inside...***

***Taking Action!***

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**Articles in this newsletter represent the opinions of the authors.  
Publication does not imply OCD Action endorses them.**

# Message from the Chairman

by Piers Watson

A handwritten signature in black ink, appearing to read "Piers Watson". The signature is written in a cursive style with a large initial 'P'.

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Website: [www.ocdaction.org.uk](http://www.ocdaction.org.uk)  
online donation page on the website:  
<http://www.ocdaction.org.uk/donate.htm>

*The office is open 10am to 5pm Monday to Friday.  
The helpline is open those hours, plus some additional hours based on  
volunteer availability. Megan is responsible for the day-to-day running of  
the charity. The office is also staffed by a core of dedicated volunteers  
without whose help the services that OCD Action now provides would be  
very difficult to deliver. If you would like to volunteer some time to help  
out, please contact Megan.*

# Director's Chair

Dear friends

In the last newsletter Piers and Megan reported that I would be joining the OCD Action team as Director of the Charity, I am very glad to have this opportunity now to introduce myself.

One of the things that made me really want to come to OCD Action was the enthusiasm and dedication of all those involved and their vision of how more could be done, and should be done, to support people affected by OCD.

It is because of this enthusiasm, dedication and vision that OCD Action has achieved some remarkable things, especially given its small size. Like any charity though, we need to constantly be asking ourselves; "what more can we do".

My objectives as Director are to grow our income and make it more reliable so that we can plan for the future, to develop our services so that we can help more people and give them the best quality support and information and to make sure that we can shout louder about OCD so that more people are aware of the disorder and so that the government gives it the attention and resources needed.

We are already making good progress with these objectives and I am sure that with your help we can continue to do so. If you would like to know more about our plans for this year then do please get in touch.

I look forward to meeting as many of you as possible at the OCD Conference in November.

With best wishes,  
Joel

# A note from Megan

Crossing the finish line? That is the image that comes into my head. The achievement of completing the race, hands up in exalted joy, tired but proud.

The problem with that image is that in the athletic competition it would mean the end. For OCD Action, while the feeling is there of having accomplished much and finally reaching long sought goals, for us it really is more a new beginning.

Jordan has been with us since October. Any of you who have had to good fortune to interact with him will know that no better person could have the demanding role he has chosen.

Joel recently joined us. Already his success is notable. Those of you with the conference programme nearby will notice the logos of two partners in the event. CCBT is a corporate sponsor, Comic Relief a charitable one.

Having two such respected organisations recognise the significance of our work and the importance of the annual conference is a triumph, especially when you consider the short amount of time in it was done!

The changes taking place represent the culmination of years of work by our Trustees and volunteers.

As always I thank you. With you we have grown stronger and stronger. You need to know too though that it is for you we have done so. We are here. We are working on your behalf. We can hold our heads high in terms of what we have done so far-but we know too that we've only finished one race. There is still a marathon awaiting!

## ***OCD A Classifieds***

***Got something to buy, rent or sell?  
OCD A has created a new section of our website  
where members can post.  
Contact [Jordan@ocdaction.org.uk](mailto:Jordan@ocdaction.org.uk)***

# Taking Action!

## Communication Workers Union Motion 83 - Carried

Conference instructs the NEC along with the DSNAC is instructed to form a liaison with OCD (obsessive, compulsive disorder) Action and produce a leaflet describing the symptoms of OCD.



This will provide advice and guidance to members who although they have not been diagnosed as having OCD, may have the symptoms but are not sure what the problem is.

Being in direct contact with OCD Action will also ensure that the DSNAC has the ability to assist/help members who have already been diagnosed with OCD.

*CWU Disability & Special Needs Conference*

We have been working closely with the CWU in order to ensure passage of Motion 83. The plan was to have that carried within the CWU, and then take it next year to the Trade Union Congress (TUC).

The team at the CWU has been so passionate about helping us to raise awareness that they decided to take the motion to the TUC this year.

The motion at the TUC was also passed!

OCD Action will be working with the TUC/CWU-and their over 2.5 million members to increase understanding and improve support for people affected by OCD.

Thank you to Andy Hider, our member, who brought this motion to the attention of the powers that be. Anyone who is Union member, falling under the auspices of the TUC, please get in touch.

Thank you for all of your responses to the Moving People programme. We received a personal thank you from the Director for our response. Keep up the good work!



Jordan's run for OCDA

LEAVE SPACE FOR ABOUT 150-200 WORDS

# Taking Action!

(continued)

## Speech impaired?

RNID typetalk provides a national telephone relay service for people who are speech impaired and are therefore unable to use their voice on the telephone.

To make a call using Typetalk, someone who is speech impaired can use a textphone to dial the number of the person they wish to call, adding the Typetalk 18001 prefix before the telephone number.

This prefix ensures a Typetalk Relay Assistant automatically joins the line once the call is answered. The Relay Assistant reads aloud what the speech impaired person types. The speech impaired person can either listen to the response or the Relay Assistant will type the reply.

There is no extra charge for the Typetalk service - the cost is no more than a standard phone call. Whilst a speech impaired person needs a textphone to use the service, the other person does not require any specialist equipment. They can call someone who is speech impaired, who uses a textphone, by dialling the prefix 18002 (followed by the full telephone number of the person you are calling including area code) on a standard telephone.

The Typetalk Outreach team is available to visit organisations to train people on how to use the Typetalk service.

To find out more about Typetalk, please call 0800 7311 888 (telephone) or 18001 0800 500 888 (textphone) or visit [www.typetalk.org](http://www.typetalk.org)



*OCDA  
has now  
implemented  
RNID  
Talktype.*

## What is the Patient Advice and Liaison Service - PALS?



PALS is a service of the trust whose role is to assist service users, their carers and families resolve any issues or concerns that arise during a period of contact with the trust - either as an in-patient or out-patient.

PALS can help you get the information and support you need regarding your care and treatment.

PALS will -

- provide help, advice and support
- listen to your concerns
- keep information you give to us confidential, however, there may be times when this is not possible but this will be discussed with you first.
- assist and support you through the NHS complaints process
- provide information about independent advocacy services available

PALS cannot -

- investigate complaints
- give legal advice
- provide clinical advice

Patient Advice and Liaison Service works across the trust in all areas and services. We endeavour to visit all areas and services provided by the trust on a regular basis to raise awareness of the role of PALS to service users, their carers and staff.

PALS covers -

|                        |                              |
|------------------------|------------------------------|
| Adult Mental Health    | Older People's Mental Health |
| Drugs and Alcohol      | Learning Disabilities        |
| Rehabilitation         | Low Secure Services          |
| Medium Secure Services | High Secure Services         |

The PALS office is staffed Monday to Friday from 9.00 in the morning until 5.00 in the afternoon.

Contact your local PALS by:

- phoning your local hospital, clinic, GP surgery or health centre and ask for details of the PALS
- phoning NHS Direct on 0845 46 47
- search the Office Directory on the PALS website [www.pals.nhs.uk/](http://www.pals.nhs.uk/)

# Taking Action!

(continued)

## Understanding eating disorders

Beat is the leading eating disorders charity offering information and support to all those affected by eating disorders.



Over 1.1 million people in the UK are directly affected by eating disorders. They are a serious mental illness, not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences. "I used eating as a way of keeping control, I didn't have much confidence but I felt that if I could control what I ate I could cope with everything."

Most often, when people talk about eating disorders, they think of Anorexia and Bulimia. There is now growing awareness that some people suffer a mix of eating disorder behaviours or may be affected by some symptoms of Anorexia or Bulimia but not others.

These illnesses stem from low self esteem, emotional problems and stress - an inability to cope safely with worries and problems. People affected by eating disorders need professional help and support, from teachers, doctors and nurses.

Everyone experiences their eating disorder in their own way. Whatever form it takes, an eating disorder can be beaten. Understanding an eating disorder and having the information about where you can go to find out more is a good first step towards beating an eating disorder. beat's experience shows that support from friends and family can really help people towards recovery. Nobody should have to hide their eating disorder because of the shame and stigma that they feel. Eating disorders are not about magazine headlines, they are about real damage and real distress.

Beat challenges the stigma that people face and campaigns to improve treatment and healthcare services. The charity operates national helplines for adults and young people; e-mail and text services; a UK wide Self Help Network; message boards, live chats and online support. It contributes to schools and youth work based programmes and provides training for professional staff.

For further information: 0845 634 1414 (adult helpline); 0845 634 7650 (youthline)

[www.b-eat.co.uk](http://www.b-eat.co.uk)

# Conference update

## **An Inspirational Speaker, Clint, talks about why he wants to speak at the Conference.**

I am 27yrs of age, I have had OCD since I was 5 years old, and I finally got well with my OCD at 25. At my worst I was housebound at 21 and self-harming and hospitalised in a psychiatric unit. Since returning to work as a Street Crime Officer, I have trained to be a therapist.

I now hope to inspire people and having experienced the worst parts in my eyes of OCD's manifestations I know there is an extremely rewarding outcome for those prepared to work hard.

Looking back over the years of my life, particularly between 15-20yrs old I was quite successful at Tae Kwon Do. OCD was the reason for me having to give this up as it was taking up too much of my time and I could no longer focus or train. The importance of having this experience has taught me more than I could ever have imagined, as I now understand that it was the OCD that made me so very good at the sport I thoroughly enjoyed.

I have a passion to help those that believe they cannot be reached because their life has come to a standstill or because they believe their OCD is preventing them from ever having a life. I too believed this and have proven that no matter the odds the goal can always be achieved. It only depends on how much hard work you put in and how much you are willing to flex to accommodate OCD. It gives me the incentive to always carry on, as I now know, it is not about beating OCD it's about how you live with OCD.

***Want to volunteer for our conference in November?***

*All people who volunteer will receive free entry! You will be asked to help out, but will also be able to attend workshops etc. If you are interested ...*

***Do you have any raffle items to donate? You, or your business, can support our work by contributing prizes!***

# Volunteer Views

**Lorraine & Preeti**

**Leave space for one page**

## **Volunteer: Perry**

Our long serving volunteer Perry has decided to stand down from his role in charge of bookkeeping and accounts.

Managing not only OCD Action accounts, but also heading the ADC Conference in this capacity, week in and week out Perry ensured that our books were balanced and creditors paid. He shared the oft times heavy load of responsibility we hold with calm authority, wisdom and humour.

Sometimes this meant carrying that load whilst struggling with his OCD. At all times, good and bad for him, good and bad for the charity, he overcame the obstacles. This he did with strength and courage that we all respect and admire.

OCD Action would like to thank Perry for his years of valuable service, his warmth, intelligence and commitment. His quiet charm will be missed by all those who have had the opportunity to work with him.

## **News from the Health Technology Assessment (HTA) programme**

The HTA is going through a period of growth due to the Government's increased commitment to health research. A review in 2006 recommended expansion of the HTA programme to meet the clinical needs of the NHS and as a result the government is increasing funding for health research to £1.7 billion by 2010. Some of that funding will go to mental health research.

Mental health is a government priority as around 40 % of the British population experience mental health issues. The HTA programme has to date invested over £28 million into commissioning key studies in mental health and in the latest clinical trials funding round is encouraging researchers to submit proposals in this area. Several of the OCD Action Trustees and medical experts sit on the Mental Health Research Network OCD group and will be considering OCD research projects for funding.

The HTA is keen to involve patients and the wider public, including carers, in research. Professor Oliver says "Patients and the public have a legitimate interest in research as both the owners and beneficiaries. Furthermore, patients and the wider public often have insights and expertise that compliment those of healthcare professionals and researchers". He stresses that HTA guidance ". . . emphasises the importance of involving patients and how this might add value and improve the quality of research". (For more information you can find planning patient and public involvement in health technology assessment visit [www.hta.ac.uk/ppguidance](http://www.hta.ac.uk/ppguidance)

How right Professor Oliver is. If you have any ideas or suggestions write or e-mail me via the office or contact HTA. If you want to get involved with the work of the HTA programme visit [www.hta.ac.uk/public](http://www.hta.ac.uk/public) .

**Cliff Snelling**

Trustee and Carer Representative

*Remember, there is hope and together we can conquer OCD*

Taken and adapted from *HTA Update 2008*

e: [hta@hta.ac.uk](mailto:hta@hta.ac.uk)

w: [www.hta.ac.uk](http://www.hta.ac.uk)

## Carers and Parliament

If you are a carer then you know how difficult things can be and may often wonder if anyone knows or cares how it can affect your life. OCD Action and other health related charities understand this. There are a number of carer organisations who are all working for better awareness of the carer situation including 10 working in partnership to create **Carers Week**. Some of these organisations have been successful in raising carer's issues in Parliament by getting MPs to submit Early Day Motions (EDMs). EDMs are formal motions submitted for debate in the House of Commons. However, very few EDMs are actually debated. Instead, they are used for reasons such as publicising the views of individual MPs, drawing attention to specific events or campaigns, and demonstrating the extent of parliamentary support for a particular cause or point of view. An MP can add their signature to an EDM to show their support.

In the current parliamentary session there are six EDMs relating to carers:

*Carers Week 2008* (No. 1369) Anne Begg MP; emphasising the Carers Week Theme "Carers can't afford to be ill".

*Carers and Government Decision on 2011 Census* (No. 1324) Hywell Francis MP; noting plans to seek information about carers.

I have seen the trial census form and it asks if you are a carer for anyone with either physical or mental disability or problems related to old age and how many hours per week are spent caring. This is the first step towards finding out the true number of carers and the extent of caring.

*Carers' Rights Day* (No. 491) David Clelland MP; welcoming Carers' Rights Day on 7th December 2007.

*Affect of the Abolition of the 10 Pence Tax Rate on Carers* (No.2) (No. 1407) Bob Spink MP

*Carers' Allowance* (No. 1409) Timothy Farron MP; seeking a review of the earnings limit.

*Carers* (No. 1545) Michael Foster MP; Celebrating the role of the 6 million carers in the UK and addressing various carers needs.

For full details of the above EDMs and how many/which MPs have signed them and a full list of all EDMs visit <http://edmi.parliament.uk/edmi/>

The single most important thing we can do for OCD sufferers and carers is to raise awareness and although most EDMs are not debated they do raise awareness of the subject with the people that can influence matters. So keep a look out for EDMs related to OCD and ask your MP to sign them. I did for Carers Week 2008 and this is her reply "Thanks, I'm happy to sign it. This is such an important issue".

**Cliff Snelling**  
Trustee and Carer Representative

## *University of Cambridge - Press Release*

### **Obsessive compulsive disorder linked to brain activity**

#### **Under-active brain regions associated with genetic risk**

Cambridge researchers have discovered that measuring activity in a region of the brain could help to identify people at risk of developing obsessive compulsive disorder (OCD).

As the current diagnosis of OCD is based on a clinical interview and often does not occur until the disorder has progressed, this could enable earlier more objective detection, and intervention.

The scientists, funded by the Medical Research Council and Wellcome Trust, have discovered that people with OCD and their close family members show under-activation of brain areas responsible for stopping habitual behaviour. This is the first time that scientists have associated functional changes in the brain with familial risk for the disorder. Their findings are reported in the 18 July edition of *Science*.

Obsessive compulsive disorder is a debilitating condition that affects 2-3% of the population at some point in life. Patients suffer from recurrent intrusive thoughts (obsessions) that are distressing and hard to suppress. Examples include fears of contamination, or that something terrible will happen to a loved one. They also suffer from repetitive rituals (compulsions), which are often designed to neutralise these thoughts. Examples include hand-washing and checking gas hobs. These symptoms cause distress and can occupy hours during the day, interfering with quality of life and the ability to work.

Although OCD tends to run in families, genetic factors responsible for this heritability are not known. Genes may pose a risk for OCD by influencing how the brain develops.

Dr Samuel Chamberlain at the University of Cambridge's Department of Psychiatry used functional magnetic resonance imaging (fMRI) to measure brain activity in the lateral orbitofrontal cortex (OFC). Located in the frontal lobes the lateral OFC is involved in decision making and behaviour.

Volunteers were asked to look at two pictures on a screen, each image had a house and a face superimposed. The volunteers were asked to use trial and error to work out whether the house or face was the correct target. Volunteers pressed a button to indicate which image they believed to be the target and feedback of 'correct' or 'incorrect' was given on the screen. After the correct target had been identified six times in a row it changed so the volunteer had to learn again. fMRI was used to monitor their patterns of brain activity throughout.

Fourteen volunteers without a family history of OCD, 14 people with OCD and 12 immediate relatives of these patients took the picture test. Later comparison of fMRI images of their brain activity throughout showed under-activation in the lateral

orbitofrontal cortex and other brain areas in both the OCD patients and their family members.

Dr Chamberlain, who led the study, explains, "Impaired function in brain areas controlling flexible behaviour probably predisposes people to developing the compulsive rigid symptoms that are characteristic of OCD. This study shows that these brain changes run in families and represent a candidate vulnerability factor. The current diagnosis of OCD is subjective and improved understanding of the underlying causes of OCD could lead to more accurate diagnosis and improved clinical treatments.

"However, much work is still needed to identify the genes contributing to abnormal brain function in those at risk of OCD. We also need to investigate not only vulnerability factors, but also protective factors that account for why many people at genetic risk of the condition never go on to develop the symptoms."



## Talking therapy plans under fire

A multi-million pound strategy to increase access to psychological therapies in England is flawed, a group of therapists has warned.

The government has earmarked £173m to increase the number of cognitive behavioural therapists in the NHS. But delegates at an international counselling conference heard it was a "myth" that CBT was more effective than other types of therapy. NHS advisors recommended CBT for depression and anxiety in 2004.

The National Institute of Health and Clinical Excellence (NICE) said the evidence supported its use ahead of antidepressants in mild to moderate cases.

The Scottish Executive is also planning to train more therapists to improve patient access to CBT, which aims to help patients to pinpoint - and then change - thoughts and actions that cause emotional problems.

***When resources are limited, surely the NHS should focus on treatments that have established efficacy***

Professor David Clark  
Kings College London

### Restrict access

Professor Mick Cooper, an expert in counselling at the University of Strathclyde, told the conference at the University of East Anglia that although he welcomed the increased funding for psychological therapies, the focus on CBT was not logical.

He and three colleagues from the UK and US issued a statement saying there had been more studies on CBT, but that did not necessarily mean it was more effective than other types of therapy.

"It is scientifically irresponsible to continue to imply and act as though CBTs are more

# In the News

(continued)

effective, as has been done in justifying the expenditure of £173m to train CBT therapists throughout England.

"Such claims harm the public by restricting patient choice and discourage some psychologically distressed people from seeking treatment," he said.

Professor David Clark, a clinical advisor to the government's Improving Access to Psychological Therapies programme and professor of psychology at Kings College London said NICE had put together their guidance on the basis of the evidence available to them.

He added that NICE had also recommended some other psychological treatments where there was evidence of benefit.

"Counselling is recommended for mild and moderate, but not severe depression. Couple therapy has the same indication," he said.

"The government's 'Improving Access to Psychological Therapies' initiative is not a CBT-only programme.

"When resources are limited, surely the NHS should focus on treatments that have established efficacy," he said.

Dr Tim Kendall, co-director of the National Collaborating Centre for Mental Health said it was correct to point out that a lack of evidence did not mean something was ineffective but the government has to invest money in treatments that are proven.

He added: "NICE has recommended a host of different psychological therapies where there is evidence."

<http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/7486132.stm>



# Members' experiences

LIVING



**CARING:** Hermione Bailey with her family – sons, from left, Philip, 18, Louis, 16, Billy, 10 and Kieron, 29 – and husband John (second from right). Extra picture by Paul Collins. Order no. 6598772

## My loving family saved my sanity

Constant rituals, hand-washing and a fear that she would poison her children drove Hermione Bailey to the brink of suicide. The 39-year-old from Gosport tells SARAH JONES about her battle with Obsessive Compulsive Disorder.

**I**T was about seven years ago that it first started. I was working as a childminder and also had an evening job-cleaning.

I had four children and a husband to look after, and I was at college – it all got too much.

I decided to give up the childminding but I found I really missed the children and it got me down.

I wanted someone to talk to, so I went to see my doctor but, unfortunately, there was a long waiting list to see a counsellor.

I got more and more depressed and gave up my other job and my college course. I felt like a failure because I couldn't cope.

It was not long after that that the obsessive compulsive disorder (OCD) kicked in.

I was at home all day and I kept hearing my own voice in my head telling me that the gas cooker was turned on. I had to keep rechecking it.

It was the same with the gas fire. I had a fear that the house would catch fire while I was out if I didn't keep checking them.

It got worse and worse.

I started washing my hands all the time. It became a ritual to cope with my anxiety. Every time I couldn't control something, I would wash my hands.

It made me feel better but it was like a vicious circle. When I washed my hands it brought the anxiety down, but within five or ten minutes the thought would pop back into my head and I would have to do it again.

It got so bad that my hands cracked and bled.

Another big issue for me was

that I kept thinking I had poisoned my four sons. I found it very hard to cook for them – despite being a trained chef – and would wash my hands anything up to 30 times during the normal process of preparing a meal.

If I actually managed to cook a meal, something in my head would say: "There's something wrong with the food, it's been poisoned" and I would have to make an excuse as to why they couldn't have their dinner.

● Continued over page

## LIVING ISSUES

## Obsessive Compulsive Disorder is a serious anxiety-related

## COVER STORY: Without my husband, I would have been sectioned

■ Continued from front page

I would say I had burnt it all down. It may not be true but I was so set on it. Instead, what got really expensive.

My Daddy didn't realise what was happening to start with because I hid it really well. The incident they worked it out was when I started worrying that if I touched someone I could make them ill. There was a point where my youngest son came up to me to give me a hug and I said, "No! Don't touch me!" I was worried I would contaminate him or pass on germs.

It all stemmed from a fear of hurting other people, really. Not that I was afraid. About a month later, my sister took me back to the doctor and explained exactly what was going on. I was too embarrassed and embarrassed to do it myself.

My own I was out of control, I couldn't stop the checking and rechecking, which was very frustrating. I thought I was completely sane. I was worried that if I told the doctor he would have me locked up or take my children away.

The doctor said I was clinically depressed with OCD on top of that.

I was relaxed, I don't know what OCD was but at least I wasn't I wasn't thinking so completely. There was something wrong and that was why I was doing those strange things.

He tried to explain what OCD was but I couldn't take it in. I was on another planet. I didn't want to go on medication but he said I would help.

Two weeks later, my sister and my husband had become my carers. I think I would have been sectioned if it weren't for that. I was an absolute wreck and couldn't do anything for my children because I was so afraid of everything.

Talking to my counsellor helped me to understand why I might be feeling like I was.

It all started around the time my eldest son turned 12. When I was around that age I was assaulted, but I wasn't by a family member.

I had stored lots of things away and they came out through the counselling.

I wanted to know where my son was and what he was doing every minute of the day. It was around that time that the OCD started.

The counsellor thinks it stemmed from what happened to me at that time. I was feeling worse than ever and it led to the point where I was having suicidal thoughts.

There was nothing I could do except think and cry. I had had enough and thought my family would be better off without me.

I couldn't cope with the intrusive thoughts



Hermione Bailey and husband John.

Black picture by Paul Duffin. Order no. 430001

I kept getting. The washing of my hands and constant checking lists out of my hands. As for the cooking, even making a cup of tea by that stage set me into a panic, thinking I might slip something up into it.

I had a problem throwing things away and general rubbish. I had this feeling that if I put something in the bin it could harm the children.

The "glass picking" as I called it started around that time. I had this urge to pick up any broken glass or even if I found it some across the street. I thought if I left it there and somebody hurt themselves, it would be my fault.

It would go out a complete nightmare. If I couldn't get someone to help me clear it

away I went into a panic.

My sister and husband decided they wouldn't do it any more. It was their way of helping but I thought in that case I wasn't going out. That lasted for a couple of months.

Another big thing for me was that when the kids were in bed I had to make sure they were breathing. I was like just gasp in and say goodnight. I would have to poke them. It was an exaggeration of what a normal mother would do.

You know what you are doing is silly but something in your head is telling you not to stop. "No that, repeat, repeat."

My sister dragged me back to the doctor. Once he knew about the suicidal thoughts he got me an emergency appointment at the local mental health centre to be assessed.

I was told I was a high-risk patient and

had severe OCD and that they would like me to have a psychiatric. I said, "I don't want to, people will think I'm mad". It was purely because of the stigma attached to it.

I went the very next day though. I arranged to see the psychiatrist every couple of weeks and also to attend regular sessions through sessions.

It helped me to understand that the OCD wasn't my fault. I was ill. It could be due to a chemical imbalance in my brain, as well as the trauma from my childhood.

It was a good year before I began to feel almost normal again. I would say I am now about 80 per cent cured. I am in control of it now. It is not in control of me.

I am still medication but on a very low dosage. I still check the gas fire and the cooker if I am going out but I will do it once

"I started worrying that if I touched someone I could make them ill. There was a point where my youngest son came up to me to give me a hug and I said, 'No, don't touch me!'"

or twice whereas before it was 10 times and onwards before.

I have recently started using cleaning products again. I had a real problem with them before, especially bleach. A lot of people with OCD obviously don't but I used the other way because I was so worried about all the chemicals in the products.

No-one dealing with this should be ashamed to go to a doctor. Get help and don't suffer in silence.

Apart from an organisation called OCD Action, which holds really useful conferences every year, I found those wasn't much help out there for sufferers like me so I wrote my own book. My working title is Living With OCD and Fighting Back. I have just finished editing the final chapter and am currently looking for a publisher.

For me, the book isn't about making money. It's about helping somebody else with OCD and if it helps just one person it's been worth it.

I believe that OCD is something I will have for the rest of my life. I think it will always be there in the background, just hope it doesn't come to the fore again.

To contact OCD Action, call their help line on 0845 360 0222 or visit [ocdaction.org.uk](http://ocdaction.org.uk).

# Members' experiences

(continued)

THE FIVE SENSES OF LONDON

No.4  
TOUCH



## Thought control

Obsessive Compulsive Disorder sufferers may seem to be fixated on hand-washing or door-locking but, an expert says, it's a way to manage gnawing anxiety. **Fiona McAuslan** finds out more and talks to three Londoners with the debilitating condition. Photography **Rob Greig**

Paul Salkovskis can spot someone with Obsessive Compulsive Disorder at 25 paces. 'There are three distinct areas of suffering: ruminators (those plagued by unrelenting thoughts), washers, and checkers with a lot of cross-referencing,' says Salkovskis, professor of clinical psychology and applied science at Maudsley Hospital. He has been treating sufferers since 1971 and is considered the leading expert on OCD in the UK. 'I see people washing in public toilets, sometimes for as long as 15 minutes, which is a giveaway.'

'The image of the compulsive washer is the one most commonly associated with OCD but Salkovskis is adamant that washing and checking is a symptom rather than the root of the problem. 'One confusion that occurs around OCD is that people think it is doing things repeatedly. It's actually an anxiety disorder (consisting) of intrusive thoughts,' says Salkovskis. Compulsive behaviour rituals – like spending eight hours a day washing because you think you've touched something contaminated, endlessly checking fridges are unplugged, and saying prayers or silent chanting – are attempts to control it.

OCD was first given its label in the 1960s, but symptoms and sufferers have been around for centuries. Lady Macbeth's hand-washing was almost certainly a manifestation of OCD,' says Salkovskis. He also identifies John Bunyan, author of 'The Pilgrim's Progress', and religious reformer Martin Luther as sufferers.

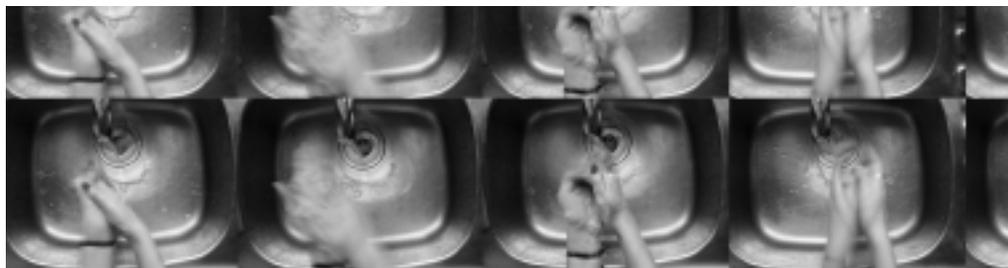
Over time, the focus of unrelenting thoughts has shifted. 'Three hundred years ago the invisible menace was religion. [People believed] they'd think the wrong thing and God would strike them down.' Since then it's evolved from religion to germs (think of the

stories about the billionaire Howard Hughes, perpetuated in Martin Scorsese's biopic 'The Aviator'). In the late 1940s and '50s radiation was a great fear while the past few decades have seen a rise in HIV and mad cow disease.

While Salkovskis's research has yet to reveal an exact type of person who develops OCD, he feels that particularly sensitive people, those he terms 'of tender conscience', are more likely to get it. A religious upbringing can also still play a part. 'People brought up to believe that thinking the wrong thing is wicked or evil and that you can sin by thought are prone,' he says. However, an increase in responsibility, like having a baby, leaving home or getting a promotion, can also be a factor. 'What is so astonishing is how many sufferers continue to battle the condition despite its debilitating effects.'

'People with OCD feel responsible for things they can't actually control. In treatment we help people discover how the world really works,' says Salkovskis. 'I once treated a man who worked in a hairdressing salon who was arranging objects in the office to make sure the bank wasn't robbed. One day he came in and said "You'll never guess what happened today: two guys walked in, blew a hole in the ceiling with a cross-off shotgun and robbed us." And I looked at him and he said, "Well, it was nothing to do with the paper clips. They were all in order."

Sufferers themselves are not unaware of the dark humour of OCD's manifestations. Their understanding of the illogicality of their illness – highlights just how debilitating it is when dopamine fires composer a person's rationality. As Salkovskis says, 'OCD makes a ghastly sense of the ironic.'



## Case studies

### Colin Putney, 50

I was five, growing up in Harrogate, when I started having intrusive thoughts. I was a skinny little kid and quite naturally sensitive, with a tendency to over-analyse things. If I had to do things a certain amount of times otherwise some harm would come to me or my family. I used to have to open windows a certain number of times and turn the lights on and off. I remember locking myself in the bathroom to carry out the rituals. In my twenties I was getting those thoughts about 400 times a day.

I didn't like anyone touching me. There was always this idea that I would be harmed or affected in some way. What I had to do was to touch them back to make it feel right, which was obviously difficult. I was working in television back then and there were these working-class, tough-guy types who would always grab hold of you and hug you or shake hands with you. I used to have to go into the toilet afterwards and calm myself down. The toilets were like little OCD offices.

OCD latches on to something totally innocuous and blows it up 10,000 times. It latches on to someone on the tube or push in front of them. I automatically assume they're going to harm me and my family.

There's no direct rule with OCD that you can give in to and make it worse, or you can resist it and make it better. I was ultra determined and I battled it although at times it used to bring me to my knees. I used to swear at it normally to keep it at bay.

I still get thoughts, sometimes as often as every two to three minutes. What OCD sufferers look for is dead certainty. And there's just no such thing.

### Alison Hargreaves, 40s

When I was 11, I started going back into the bathroom to check the taps to make sure I'd turned them off. I'd walk out of the bathroom and a thought, like a little hook, would pull me back to check again. Each time it would get worse. I thought that there would be a bad 'consequence' and that I'd get in trouble with my parents. In my mind I could see the room flooding. Even though the tap was off, my mind wouldn't acknowledge it.

My lowest point was when I was working in a factory. It was my job to put a certain number of prod-

ucts into a box, spray it clean and then seal it. My OCD would trip me up and I'd start doubting that I'd done it properly and I'd have to redo it. I hated it – I'd get in trouble for not completing as many as other people.

Since I've had cognitive behavioural therapy I'm a lot better but I still have certain rituals. If I go to the shops I have to check that my keys, my purse and my phone are all safe in my pockets. With me it's all about safety. I think that I'll lose my keys and as a consequence I'll lose the house. Sometimes I wear a fleece under a coat and the other day on the bus I kept fumbling with it so much I worried that people were thinking that I was a terrorist. I've damaged zips the amount of times I've checked. I'll always have traits but it's more manageable now. It's like being on a bit of ecstasy – you always get the thoughts – it's just whether you get needed in.

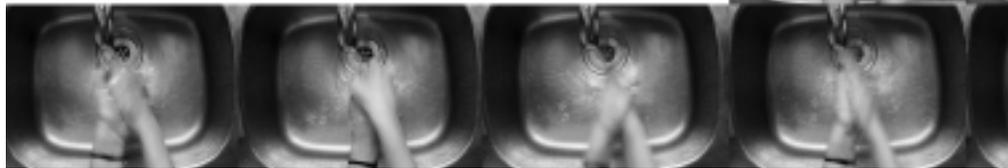
### Peter East, 56

When I worked as a gas fitter, images of the graphite grease we used and the dirt began to plague me. I used to come home looking like a glorified chimney sweep and then spend a couple of hours a day in the bath and wash my hands about 30 times a day. I'd have to remember everything I'd touched – door-knobs, chairs, stairs – and clean them once I'd got myself clean.

I resigned in the end. I couldn't take buses and tubes because I felt I might come into contact with gas fitter grease. I thought someone who had had work done in their house might have come into contact with it and left a trace behind. I couldn't even look at gas vans – I'd feel contaminated. I love football but I was so worried about being touched by someone contaminated in a crowd at the game that I stopped going to Spurs matches. I was treated using exposure and response prevention, where you set up a hierarchy of things that are hard to touch and work towards touching them all over a two-month period. There's no real cure, but I'm 80 per cent better now.

People who don't suffer find it hard to understand how frightening it is. But think of your deepest fears – rats, cockroaches – that's how I felt about touching simple dirt and grease.

For further information contact OCD Action on 0845 350 6232 or online at [ocdaction.org.uk](http://ocdaction.org.uk)



# Members' experiences

(continued)

When I was in the hospital the first time due to my compulsions I drew a number of pictures. The flamingo and the detailed flower have very vibrant colours. This makes a lot of sense being that my obsessions and compulsions were colour related for a good portion of my life.

PICTURE OF FLAMINGO

## *I'm obsessed with the number twelve*

by Hugh Turner

Guardian, Saturday July 12, 2008

**guardian.co.uk**

When I was a boy, my dad used to help me do my tables. For some reason, perhaps because it was the trickiest, he used to force me to repeat the 12 times table over and over again. I think it's what led to my obsession with the number 12, and the fact that I now count constantly in my head anything I see - eggs, potatoes, tins in the cupboard. I count to 12 and I'm calm.



I have obsessive compulsive disorder, and counting, or numerating as I call it, is just one of my rituals. I also have to have every single one of my possessions in immaculate and intricate order at all times. As a result I haven't taken anything out of my wardrobe for a year; the clothes in my drawers have been there for three. Every morning, I run my hands in slow motion down the side of my trousers and shirts. I long to throw them on and go out. Instead, my anxiety

heightens to such a pitch that I fear moving anything will lead to the death or suffering of someone I love. I get an overwhelming compulsion to do a ritual, and count rapidly to 12 on my fingers, then chant my key words: "OK", "perfect" and "f#\*k it". After that, I do counting rituals for my sons, Mark and Michael, my wife, Maureen, my daughter, Joanne, my grandson, Julian, and all my neighbours. Then I put on my shoes, tie my laces in a double bow, tuck them in both sides and make sure my socks are at the same height on each leg. I know there isn't any logic to it.

I've had OCD for more than 40 years, been treated four times, and I'm still looking for answers. I can trace it back to 1968, when I would have been about 13 years old. For as long as I could remember, my dad would come home from the pits in the evening, walk to the cooker, put his hands on the knobs and make grunting noises. Then he'd line up his boots against the skirting board in precisely the same position every day. He never talked about the strange things he did, but it is a vivid memory and, looking back, it must have made an impact on me.

Gradually I found I was unable to walk past the bathroom without popping inside and straightening the toothbrushes. That was how it started. I began having bizarre thoughts that some harm would come to my family if I didn't do it.

# Members' experiences

(continued)

What had been a happy upbringing transformed into an unhappy adolescence. I left school at 16 and got a job as a porter in the local hospital. On my first day, I was taken to the morgue to look at the bodies. I was shocked by the experience and at home, in private, my OCD spiralled out of control. I was ritualising for eight hours a day, counting to 12 in my head and constantly straightening my shoes and socks. I was exhausted and depressed, and eventually collapsed before being taken to a psychiatric unit and treated for depression with electric shock therapy. The EST didn't affect my OCD; it just made me feel numb.

After I signed myself out of the unit, I learned to keep my rituals to myself. I spent the next 22 years working on the railways, and none of my colleagues ever guessed it was me who scrubbed the cups in the kitchen till they sparkled and then lined them up neatly.

As the years passed, my family gravitated away from me. My dad had barely said a word to me since I was a child, and I wasn't invited to the renewal of my parents' vows or my brother's wedding. That's the problem with mental illness - it terrifies people. Growing up, I wondered more and more whether my dad saw in me something of himself that he was too scared to face.

When I was in my 20s, I came across eight sacks in Dad's garage. I peeked inside and discovered thousands of golf balls. He had been collecting them obsessively for years.

I know my OCD will never go. I watched my father drink himself to death, tortured by his own illness and horrified by a son who had turned out just like him. On the day he died, I had a call from the hospital saying he wanted to see me. For years, I had longed for him to hug me or even shake my hand, but it wasn't until his final moments that he reached out to me.

Lying there, just before they wheeled him into theatre for an operation from which he would never recover, he took my hand and said quietly, "Learn to live with it." As far as I know, it was the first and only time he admitted to having a problem. For me, it was the first time I felt close to my dad.

Do you have an experience to share? Email: [experience@guardian.co.uk](mailto:experience@guardian.co.uk) or share your story here by contacting OCD Action.

<http://lifeandhealth.guardian.co.uk/health/story/0,,2290002,00.html>

## ***A Long Miserable Life on OCD***

*Original posting on the OCD Forum by Rex A. Coughenour, 10 July 2008*

Let me enlighten people of what it was like to suffer with OCD from childhood (decades of horrible misery), especially when society was far less open and tolerant-and respectful-with other people's psychological problems.

In fact, as is common of my generation, I never had the slightest inclination until I was past 40, that what I experienced was a recognized disorder with a name, and that there was even a single person who ever lived that experienced what I had. I felt I could never dare to confide in a single soul.

You often read of posts of OCDer that tell of having OCD thoughts that they will harm their loved ones and even will not go into a room with their children alone or keep sharp objects in their house. Or you will read of people fearing molesting their children or others, or engaging in a homosexual act.

When you are a 6ft 4in man, the fear exists that the confession "I feel I am going to commit" will later evolve into "I have a latent desire to commit" as it passes through people. Even though as we OCDers know, we recoil at the very thought and have absolutely no desire whatsoever to do these things we fear we will do.

In the 60s and 70s blue-collar environment I grew up in, if I even confided to my closest friends, they would not have been my friends any longer. There was no internet where you could go anonymously and find others that share you experiences.

One of my biggest challenges was to keep my rituals from being discovered.

One of the rituals I had that if anyone said anything bad or even threatened me (usually they were not serious, just typical schoolboy teasing). But I felt what they said would come true literally (as a curse) unless I canceled it by getting them to retract it 4 times or by saying something good at least 4 times.

I could write a book on how I had to develop stratagems and ruses, as well as take on assumed personalities, to manipulate the unsuspecting party (who was getting their own insecurities assuaged by getting a bigger person to fear them) to retract the curses.

I was often criticized for making choices that caused me to be ostracised-people mentioning I could have had better social situations simply by making the right choices.

# Members' experiences

(continued)

What they do not know the choice was not between developing a persona that would facilitate good relationships vs. maintaining the personality I had.

The choice was between either incurring derision for these artificially affected personalities-OR-worst letting my OCD rituals being discovered.

Let me give you another example. I would have a ritual where in a library I would have the shelf with a book I valued was located lined up perfectly. If it wasn't I feared the knowledge I garnered from that book would be eradicated from my brain or in case I died and be eternally cursed

So I would have to go back over and over rechecking to be safe "add a cushion" of having the shelves besides this one line up perfectly. My fear was that I would be suspected of "being up to no good" casing the place, or even stalking someone.

Could you imagine a conversation with a policeman such as:

Officer: Can you tell me what you keep going back past that patron [the shelf experience] or why you were in the building past closing?

Me: Well you see officer, if I do not complete this ritual a curse will come upon me, I will get cancer and die.

Officer: What are you talking about???

Me: Seriously, I just know something will happen to me if I do not do such and such, in fact I am constantly laden with fear with the prospect of this happening.

Officer: OK, we got a real psycho or he is covering up something. He is probably a stalker or thief. Better lock this guy up.

I have long felt that in order to survive, it was better to incur odium, derision and even scorn than to let anyone know what really was going on with my OCD rituals.

And could you image I felt if the same officer knew what some of my OCD intrusive thoughts were, my situation would only be exacerbated.

As I got older I had become more of a loner so I did not have to be as careful of covering up some of my rituals. Yet being a loner just allows rumors and stereotypes to accrue all the more.

As you can image dealing with OCD prevented me from holding any meaningful employment. As a result I am often broke and in need of financial assistance.

But try explaining to an individual or agency of why you are broke and why you cannot maintain employment.

Their reaction is this:

Benefits Officer: You are a healthy big white person, who seems intelligent, does not use drugs or even drink, have no obvious disabilities or handicaps; what possible excuse could you have?

Me: Well I am Obsessive-Compulsive.

Benefits Officer: Oh just that? Why if you saw my roommate Suzy and how she likes to have our apartment tidy and everything placed just right, now there's OCD! But in not anything serious like bipolar or schizophrenia; I think the problem is just that you are lazy!

Oh how I hate that word "lazy." It does no good trying to explain that the colloquial use of the word "OCD" is at best, only superficially related to the medical (DSM-V) use of the term.

If I could ever redirect my efforts away from battling my OCD and concealing it to working in the business world, I could run Microsoft, IBM, Exxon-Mobile and Dell Computers combined!

Going to a therapist in those days only exasperated my situation. OCD before the mid-80s was not known to be caused by a biological malfunction as it is today, but the result of bad parental upbringing and other environmental factors.

You would not dare tell a therapist your sexual intrusive thoughts since Freudian concepts of "sexual repressions" and "sexual hang-ups" permeated the psychological community; you would be told your intrusive thoughts were "latent" desires and you needed to "come out of the closet."

As a result those horrendous intrusive OCD thoughts magnified and were given more credibility in your mind.

I do not want to revel in my identity of a person with a disability. It is not my goal to waddle in people's sympathy-I am not looking to be a poster child for OCD, but I would like to have close relationships, do something useful with my life, contribute something to the world, and live with self-respect and dignity.

If anyone has similar stories, young, old, male, female, whatever, please either post your story or privately message me through the OCD Action bulletin board.

## Wonderful Years

by F Burns

Was it me? Was it me? Am I to blame?  
Sleepless nights, a dark silent shame.  
Violent images of death and despair,  
It must have been me because I was there.  
Guilty conscience, loathing, self blame  
There must be a way out to ease this pain.  
Turn to rituals of comfort for years  
Hiding feelings and shameful tears.  
Thoughts are thoughts no more once spoken  
Secrets told, a pattern broken.  
Words of comfort, an understanding ear  
Wisdom, advice on how to face fears.  
Fears of being different, being left behind  
Sanity versus parochial mind.  
Will I be accepted, will I be ignored  
Will illness separate friend and foe?  
Freedom, freedom from this burden and shame,  
Fight to the end, accept no blame.  
Embrace the future, shed joyful tears  
The way ahead; wonderful years.



# My OCD

by Will Benfield

These rats in my mind keep on scratching,  
My face rarely changes from taut,  
I know I'm not well,  
Though still cannot tell,  
If its me or these terrible thoughts!

I feel so alone and abandoned,  
I can barely just function each day,  
Though I know that they're right,  
That I must stand and fight,  
If this demon is ever to stray!

Why cant people just understand it?  
Just a minute and experience being me,  
To know of the pain,  
And not wanting again,  
To live with severe OCD!

I have to be strong, keep on going,  
Not let this disease bring me down,  
Just fight with me too,  
I'll be standing with you,  
As we smile and say bye to our frown!

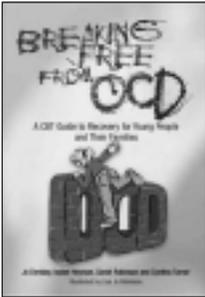


# Book Nook

(informal definition: 'a place for and/or about books')

## **Title by Author**

*ISBN: 978-1-84747-538-1; Published: 2008; Pages: 78; Key themes: poetry, dual diagnosis*





Dear Editor,

## **WHAT DO YOU THINK?**

*Should we rename the newsletter? If so, do you agree with the name? If not, why not? Let us know.*

## **Remember to Gift Aid it**

**Failure to claim Gift Aid 'cost [charitable] sector £1bn in 2007'** by Paul Jump, Third Sector, 16 January 2008

UK charities missed out on £1bn last year through donors' failure to use tax-efficient schemes such as Gift Aid and payroll giving, according to a new analysis.

The annual Take Tax Action report, produced by financial advice website Unbiased.co.uk, found that the amount lost by the sector to the taxman was nearly £230m more than in 2006.

The report, based on information published by HM Revenue & Customs and the Department for Work and Pensions, says failure to use Gift Aid (£700m) and payroll giving (£337m) added up to a net loss of nearly £1.04bn. Almost £9bn was donated to UK charities in 2005/06, according to the Charities Aid Foundation's Charitable Giving report.

Megan Pacey, director of policy and campaigns at the Institute of Fundraising, said HMRC figures showed that Gift Aid claims were actually increasing.

She said: "It is wrong to assume that every donation could be Gift-Aided: we estimate that a third couldn't be. Some charities have made great headway and are claiming as much as possible."

# Supporting Support Groups

## New groups!

City

**When:**

**Where:**

**Contact:**

# Supporting Support Groups

(continued)

## ***Want to start a support group?***

We've worked with people to start three new groups since the last newsletter (and there are another two on the way!). Be a part of this important support network. We'll help you each step along the way.

# Support groups

| <i>Location</i>   | <i>Type of group</i>  | <i>Address</i>  | <i>Contact</i>  | <i>Meeting</i>                              |
|-------------------|---|---|---|---|
| <b>LONDON</b>     |   |   |   |   |
| HILLINGDON        | OCD Support group for sufferers, carers, family and friends                                     | The Pembroke Centre<br>Community Mental Health<br>Resource Centre,<br>90 Pembroke Road,<br>Ruislip Manor,<br>Middlesex, HA4 8NQ | Beryl<br>01895 444804<br>(10am-7pm only)<br>07913 464706<br>OCDSUPPORT4U@aol.com<br>www.ocdsupport.co.uk      | 1st Thursday of<br>the month<br>7.30–9.30pm |
|                   | Carers Group  | As above  | Beryl (10am-7pm only)<br>01895 444804   | Last Friday of<br>month, 2-4pm              |
| SOUTHGATE         | OCD Support Group for sufferers, carers, family and friends<br>Occasional well-known speakers.  | Priory Hospital, The Bourne,<br>Southgate, London,<br>N14 6RA   | Alison<br>020 8958 5332<br>alison.islin@btconnect.com   | 1st Sunday of<br>month, 7-9pm               |
|                   | BDD Support Group for sufferers, carers, family and friends                                     | As above  | Martin Anson<br>(clinical psychologist)<br>020 7848 0387<br>(please leave a message)<br>m.anson@iop.kcl.ac.uk | 3rd Sunday<br>of every month<br>4-6pm       |
| EDGWARE           | OCD support group for sufferers, carers, family and friends                                     | Biru Unit, Edgware<br>Community Hospital, Burnt<br>Oak Broadway, Edgware,<br>Middlesex, HA8 0AD                                 | Suzanne or Judy<br>Call OCD Action or<br>email<br>edgwareocd@yahoo.co.uk                                      | 2nd Tuesday<br>of the month<br>7.30-9pm     |
| CENTRAL<br>LONDON | Obsessive-Compulsive Anonymous (OCA) -<br>Twelve Step Group<br>Carers welcome by<br>arrangement | The Parlour, Hinde Street<br>Methodist Church,<br>19 Thayer Street,<br>W1U 2QH  | Gary<br>07803 721 598   | Every Thursday<br>7-8.30pm                  |
| Bloomsbury        | OCD Support Group for sufferers, carers, family and friends                                     | Function Room, The Plough<br>Public House,<br>27 Museum Street<br>WC1A 1LH  | Call OCD Action<br>0845 390 6232<br>for further details   | Every other<br>Thursday<br>7-9.30pm         |
| Soho              | Lesbian and Gay OCD<br>Support Group  | Please contact Megan<br>for more details  | Jordan<br>07817 095 978<br>gay_ocd@yahoo.co.uk  | 2nd Saturday<br>of each month<br>5-6pm      |
| East London       | Hoarding Support Group<br>with Satwant Singh  | Graham Practice<br>Wordsworth HC, 19<br>Wordsworth Avenue,<br>London, E12 6SU   | Megan, OCD Action<br>020 7226 4000<br>info@ocdaction.org.uk   | Last<br>Wednesday of<br>month 6-7.30pm      |

# Support groups

(continued)

| <b>Location</b>           | <b>Type of group</b>   | <b>Address</b>   | <b>Contact</b>   | <b>Meeting</b>                      |
|---------------------------|--|--|--|-------------------------------------|
| <b>SOUTH EAST ENGLAND</b> |  |  |  |                                     |
| CANTERBURY                | OCD Support Group for sufferers only                             | Umbrella Centre, St Peter's Place<br>Canterbury, Kent, CT1 2DB                       | 01227 767 660  | 1st Sat of month 1-2.30pm           |
| DARTFORD<br>North Kent    | BDD and OCD Support Group  |  | Sue at MIND<br>01322 291380<br>admin@dgsmind.co.uk   |                                     |
| HARLOW<br>Essex           | Harlow OCD Networks welcomes sufferers, carers, family & friends | Harlow Mind, Spurriers House Social Centre, Park Lane, Harlow, Essex CM20 2QG        | Martin Baker at Mind on 01279 445 387  | Last Thurs of month 1.30-3pm        |
| ILFORD                    | Ilford Anxiety Care for sufferers, carers, family and friends    | The Day Centre, Redbridge Resource Centre, 497/499 Ley Street, Ilford, Essex IG2 7QX | Suzanne Newton<br>020 8262 8891<br>www.anxietycare.org.uk  | (Mon & Tue 6.30-8.45pm)             |
|                           | Confidence building grp  | as above   | as above   | Thurs 7-8.45pm                      |
| READING                   | Support group for sufferers, carers, family and friends          | Trinity Church, Chalfont Close, Earley, Reading, RG6 5HZ                             | Melanie Moore<br>01189 481 139<br>Melanie_J_Moore@hotmail.com  | Every other Monday at 8pm           |
| SOUTHEND-ON-SEA           | OCD Support Group for sufferers and carers                       | 14 Avenue Terrace, Southend-on-Sea Essex, SS0 7PL                                    | Sally at Trust Links<br>01702 346001<br>Breakthrough<br>breakthrough@trustlinks.org                    | 2nd Thurs of month, 10.30am-12.30pm |
| TUNBRIDGE<br>WELLS        | OCD Support Group sufferers and family members                   | The Priory, Ticehurst House, Ticehurst, East Sussex, TN5 7HU                         | Diana at OCD-UK<br>0845 120 3778<br>(voicemail system - calls returned in 24-48 hrs<br>diana@ocduk.org | 1st Tues of month 7-9pm             |
| <b>SOUTHERN ENGLAND</b>   |  |  |  |                                     |
| BASINGSTOKE               | OCD Support Group for sufferers, carers, family and friends      | The Ark Conference Centre Ltd, Binwoodie Drive, Basingstoke Hampshire, RG24 9NN      | Charlotte Underwood<br>07861 378 883<br>lottieunderwood@hotmail.com                                    | 2nd Weds of month 6.30-7.30pm       |
| BOSCOMBE,<br>Bournemouth  | OCD Support Group for sufferers, carers family and friends       | Peerhouse, 9 Shelly Rd, off Ashley Road, Boscombe Bournemouth, BH1 4JQ               | Timon Hughes-Davies<br>01202 392910<br>or 07804 282027<br>ocd@dorsetmind.org.uk                        | 3rd Tues of month 7.30-10pm         |

| <b>Location</b>                     | <b>Type of group</b>  | <b>Address</b>  | <b>Contact</b>  | <b>Meeting</b>                |
|-------------------------------------|---|---|---|-------------------------------|
| <b>SOUTHERN ENGLAND (continued)</b> |   |   |   |                               |
| BRIGHTON                            | OCD Support group for sufferers, families and friends                                     | 79 Buckingham Road, Brighton, BN1 3RJ   | Linda<br>01403 713123<br>lin.thornton@btopenworld.com   | 1st Weds of month 6.30-8.15pm |
| BRISTOL                             | OCD Support   | Meeting Rooms, Limbs and Things, Sussex Street, St Philips, Bristol, BS2 0RA            | Sharon Davies<br>0772 984 8675<br>sagishaz@aol.com<br>sharon@ocddcentre.com                     | Saturdays 9-11am              |
| GUILDFORD                           | Obsessive-Compulsive Anonymous (OCA) - Twelve Step Group<br>Carers welcome by arrangement | Guildford Methodist Church, Wharf Road, Guildford, Surrey GU1 4RP                       | Gary<br>07803 721 598   | Every Monday 8-9pm            |
| PLYMOUTH                            | OCD and other related disorders support group   | Mind Oasis, 8 Woodside, Greenbank Plymouth, PL4 8QE                                     | Joe Higman or Annett Fisher 01752 254 004<br>joeh@plymouthmind.org.uk                           | Every other Weds 7-9pm        |
| SOUTH HAMPSHIRE                     | OCD Support Group for sufferers, family and friends                                       | The Cranbury Centre, Cranbury Road Eastleigh, SO50 5HT                                  | Stephen at OCD-UK<br>southhampshire@ocduk.org   | 1st or 2nd Sat of month 2-4pm |
| SURBITON                            | OCD Support group for sufferers, carers, family and friends                               | The South Place Resource Centre, South Place (off Ewell Road) Surbiton, Surrey, KT5 8RX | Les<br>020 8390 2648<br>(between 4 and 6pm weekdays only please)<br>les.ocdselfhelp@amserve.com | 1st & 3rd Thursdays 8-11pm    |
| WIMBORNE                            | Obsessions Together Group for sufferers, carers, family and friends                       | Jessop House, Mill Lane Wimborne, Dorset BH21 1HG                                       | awaiting new details  | 3rd Weds of month 7-9pm       |
| WINTON, Bournemouth                 | Obsessions Together Group for sufferers, carers, family and friends                       | Winton Resource Centre 528 Wimborne Rd, Winton Bournemouth, BH9 2EX                     | awaiting new details  | 1st Tues of month 7-9pm       |

### **EASTERN ENGLAND**

|           |                                 |  |                      |                                     |
|-----------|---------------------------------|--|----------------------|-------------------------------------|
| IPSWICH   | OCD Support Group               | No group at the moment   |                      |                                     |
| LOWESTOFT | OCD Support Group for sufferers | Waveney Advocacy Network, 42 Alexander Road, Lowestoft, Suffolk NR32 1PJ | Lynn<br>01502 561200 | Every monthly from May 08 10am-12pm |

# Support groups

(continued)

| <b>Location</b>                    | <b>Type of group</b>  | <b>Address</b>  | <b>Contact</b>   | <b>Meeting</b>  |
|------------------------------------|---|---|--|---|
| <b>EASTERN ENGLAND (continued)</b> |   |   |  |   |
| NORWICH                            | OCD Support Group for sufferers and carers                                | MIND Outreach Centre<br>11 Lower Goat Street,<br>near Market Sq<br>Norwich, NR2 1EL                       | Geraldine Scott<br>01603 619246<br>(evenings only)   | 1st Tues of<br>month 7.15-9pm<br>(sufferers and<br>carers)<br>Every Tue excl.<br>1st (sufferers<br>only - CBT focussed) |
| <b>NORTH WEST ENGLAND</b>          |   |   |  |   |
| ALKRINGTON                         | OCD Support Group for various types of obsessive activity                 | Alkrington Community Centre, Kirkway,<br>Hardfield Road,<br>Alkrington, Middleton,<br>Manchester, M24 1TQ | Bernie<br>0161 643 6729<br>b.glover77@ntlworld.com<br>Lindsey<br>0773 822 5320                           | 3rd Mon of<br>month 7-9pm   |
| BOLTON                             | Sufferers Support Group<br>OCD and related disorders                      | MHIST, Deajan House,<br>30 Chorley New Road,<br>Bolton BL1 4AP  | Sandra Clarkson<br>01204 527200 (MHIST)<br>ocdgroup@mhist.co.uk  | Every other Mon<br>7.30-9pm   |
| GREATER<br>MANCHESTER              | OCD Support Group   | Rock Street Day Centre,<br>Rock Street, Oldham<br>OL8 4BD   | Mohammed Islam<br>0161 6334612 ext 225   | Every other<br>Weds 2.30-<br>4.30pm   |
| RUNCORN                            | OCD Support Group for sufferers   | Telephone support group   | Hugh<br>0151 423 0363  | Anytime   |
| WARRINGTON                         | OCD Group for sufferers, carers, family and friends                       | Allen Street Day Centre<br>44 Allen Street,<br>Warrington, WA2 7JB  | Kevin Bennett<br>07727 678 601   | 1st Tues each<br>month<br>10am-12noon   |
| WIRRAL                             | OCD Support Group.  | Contact group organiser for details   | Duncan<br>0151 632 2017<br>parkesduncan@hotmail.com<br>Colin 0151 228 6455<br>colin_s_wilson@yahoo.co.uk | 2nd Fri of<br>month 8pm   |
| <b>MIDLANDS</b>                    |   |   |  |   |
| BIRMINGHAM,<br>West Midlands       | OCD Support Group for sufferers, carers, family and friends               | Carr's Lane Church Centre<br>Carr's Lane,<br>Birmingham, B4 7SX   | John Hinckes (Chair/<br>WM OCD) 07977 591081   | 3rd Sat of<br>month 2.30pm  |
| LOUGHBORO'                         | Charnwood OCD Support Group for people with OCD, carers, family & friends | John Storer House<br>Wards End,<br>Loughborough, LE11 3HA   | Patrick Sims<br>0150 923 9221  | 1st Tues of<br>month 6-7.30pm   |

| <b>Location</b>                       | <b>Type of group</b>  | <b>Address</b>  | <b>Contact</b>   | <b>Meeting</b>                |
|---------------------------------------|---|---|--|-------------------------------|
| <b>MIDLANDS (continued)</b>           |   |   |  |                               |
| NOTTINGHAM                            | OCD Support Group   | Meeting Room, Navigation Public House, 6 Wilford Street Nottingham, NG2 1AA | Ashley<br>08701 269506   | Last Thurs of month 8-9pm     |
| <b>NORTHERN ENGLAND</b>               |   |   |  |                               |
| CHESTER-LE-STREET                     | OCD Support Group   |   | Kathleen<br>0191 389 1765  | Every other Tues              |
| CLEETHORPES & GRIMSBY                 | OCD Support Group for sufferers, carers, family and friends | MIND Drop-in Centre 50 Oole Road, Cleethorpes Lincolnshire, DN35 8LR        | Gavin (Gp secretary)<br>Grimsby-ocdshg@frasjohn.freearserve.co.uk          | 1st Weds of month 7-9pm       |
| HALIFAX                               | OCD Support Group for sufferers, carers, family and friends | Halifax Fire Station, King Cross Halifax                                    | Louisa<br>07761 384 414  | 1st Tues of month 6.30-8.30pm |
| GATESHEAD TYNE & WEAR, NORTHUMBERLAND | OCD Support Group   | SunCo House, Carloli Square, Newcastle upon Tyne, NE1 6UF                   | 07939 543567<br>Secretary<br>0191 4778310<br>gatesheadocdgroup@yahoo.co.uk | Every Monday 6pm – 8.30pm     |
| MACCLESFIELD                          | Support Group for sufferers, family and friends             | Wykeham Chase, Macclesfield, SK11 8QU                                       | Emma or Lisa<br>07876 297 857<br>realitycheckmacc@aol.com                  | Last Tues of month 6-9pm      |
| SCARBOROUGH                           | Self-help Group for sufferers                               | Scarborough Survivors 9 Alma Square, Scarborough, YO11 1JR                  | Karen Rowe<br>01723 383455<br>karen@sdcvs.demon.co.uk                      | 3rd Tues of month 1-2pm       |
| SHEFFIELD                             | OCD Support Group for sufferers and carers                  | Community Action Halfway, 23 Filey Street, Sheffield S10 2FG                | Jonathan Clitheroe<br>0114 279 6777<br>ocd@cahh.org.uk                     | Meet monthly                  |
| SUNDERLAND                            | OCD Self-help Group   | No regular location or meeting time at present                              | Greg<br>0191 581 4540  |                               |
| YORK                                  | OCD Support Group for sufferers, carers, family and friends | Bede's, 21 Blossom Street, York,  | Brian or Dan at York Mind on<br>01904 647349 or<br>01904 647014            | 1st Mon of month, 7.30pm      |

# Support groups

(continued)

| <b>Location</b>      | <b>Type of group</b>   | <b>Address</b>  | <b>Contact</b>  | <b>Meeting</b>                |
|----------------------|--|---|---|-------------------------------|
| <b>SCOTLAND</b>      |  |   |   |                               |
| GLASGOW              | OCD Support Group for sufferers, carers, family and friends          | Charlie Reid Centre<br>Elmbank Street, Glasgow<br>G2 4PB                              | Contact OCD Action<br>0845 390 6232   | 1st Weds of month 6.30-7.30pm |
| EDINBURGH            | OCD Support Group for sufferers, carers, family and friends          | Health in Mind,<br>40 Shandwick Place,<br>Edinburgh<br>Lothian, EH2 4RT               | Caroline Jannetta<br>0131 225 8508<br>carolinejannetta@health-in-mind.org.uk              | 3rd Weds of month 6.30-8.30pm |
| KILMARNOCK, Ayrshire | OCD Support Group for sufferers, carers, family and friends          | Bellfield Community Centre, 193B<br>Whatriggs Road, Bellfield,<br>Kilmarnock, KA1 3SZ | Caroline<br>07871 926221<br>between 9-10pm only   | 3rd Thurs of month 6-7pm      |
| <b>WALES</b>         |  |   |   |                               |
| CARDIFF              | OBSESS - OCD Support group for sufferers, carers, family and friends | Contact for details   | Ian<br>02920 335555<br>Jenny<br>02920 336114<br>jenny.mcbride@cardiffandvale.wales.nhs.uk | 1st Tues of month 6-7.30pm    |

## **Copy deadlines for future editions of the OCD Action Newsletter**

| <b>Issue number</b> | <b>Release date</b> | <b>Deadline for copy</b> |
|---------------------|---------------------|--------------------------|
| 41 (Winter 2008)    | December 2008       | 31 Oct 08                |
| 42 (Spring 2009)    | April 2009          | 28 Feb 09                |
| 43 (Summer 2009)    |                     |                          |

This form is to be used with the application form overleaf.

Please send this completed instruction to:

OCD Action  
 SUITE 506-507, DAVINA HOUSE  
 137-149 GOSWELL ROAD  
 LONDON EC1V 7ET

**Originator's Identification Number**

FOR CAF OFFICIAL USE ONLY - This is not part of the Instruction to your Bank/Building Society  
 Date of first payment on or after:

--2000

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms .....  
 Address.....  
 .....  
 ..... Postcode .....

**Instruction to your Bank or Building Society**

Please pay CAF/OCD Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF/OCD and if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

Branch Sort Code

--

Name and full postal address of your Bank/Building Society

To: The Manager ..... Bank  
 Address.....  
 .....  
 ..... Postcode .....

**Signature**

Date

--2000

**Banks and Building Societies may not accept Direct Debit instructions for some types of account.**

This guarantee should be detached and retained by the Payer

**The Direct Debit Guarantee**



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, CAF/OCD will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF/OCD or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Administration Services, Kings Hill, West Malling, Kent ME19 4TA.



promoting recovery from  
**Obsessive Compulsive Disorders**

# Application for Membership of OCD Action

Details of member OCD Action Membership ID. \_\_\_\_\_

Title \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

OCD Action may want to contact you regarding events and other activities taking place within the organisation, please tick this box if you do not want us to contact you  OCD Action never gives your information out to third parties.

I wish to become a new member  I am renewing my membership

I wish to pay my membership subscription of: *Please note: £17 minimum*

£17    £20    £30    £50    £100    Other £ \_\_\_\_\_

*Amounts of £20 and above are optional and include a donation to OCD Action.*

### Please complete payment method A, B or C

**A BY CHEQUE** and enclose a cheque for the sum of £ \_\_\_\_\_  
*Please make cheque payable to OCD Action.*

**B BY DIRECT DEBIT** annually on \_\_\_\_\_ (date) \_\_\_\_\_ (month)  
*Please complete direct debit mandate overleaf.*

### C BY CREDIT CARD

I authorise you to debit my account with the amount £ \_\_\_\_\_

Card type: MASTERCARD / VISA / DELTA / SWITCH *(please circle)*

Cardholders name \_\_\_\_\_

Card number

Start date  Expiry date  Switch issue no.

### **Please complete this section if you are a UK tax payer**

#### **GIFT AID DECLARATION**

I am a UK tax payer and I wish all donations/subscriptions I make from the date of this declaration until I notify you otherwise to be tax effective under the gift aid scheme. **Higher rate tax payers can claim further tax relief in their self assessment tax return.**

Signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

*Please remember to notify us if your circumstances change, i.e. you no longer pay Income Tax or Capital Gains Tax equal to the tax the charity reclaims (currently 28p for every £1 you give).*

## **Benefits of joining:**

- Admission to the annual conference at a special rate
- Newsletters
- Being part of a supportive organisation
- Being in touch with others who share similar experiences
- Up-to-date information and advice on OCD and related disorders
- Having a voice through the newsletter, annual conference and AGM
- Supporting the work of OCD Action
- Access to 'Members Only' area of the website

