

6.4 Obsessive Compulsive Disorder

Obsessive-compulsive Disorder is a condition characterised by obsessions or compulsions but commonly both. Obsessions are unwanted and intrusive thoughts which repeatedly enter a person's mind. Compulsions are repetitive behaviours which a person feels driven to perform.

The diagnosis is dependent on whether the obsessions or compulsions are causing marked distress or significantly interfering with a person's ability to function. Over time approximately 25% of the people affected by this condition will experience significant improvement, approximately 50% will experience moderate improvement and approximately 25% will continue to experience problematic symptoms.

Overarching Standard 36: Obsessive Compulsive Disorder – Assessment Early Intervention, Treatment and Ongoing Care

A person who presents with psychological problems should be screened by age appropriate specialist mental health services using a recognised assessment tool to identify the presence of obsessions and compulsions and possibly associated functional impairment. A standardised outcomes measurement tool should be used to monitor progress following assessment. Treatment and care should be based on the person's level of functional impairment in line with NICE Guidelines.

Rationale

Treatment of obsessive compulsive disorder is dependent on the level of functional impairment whether mild, moderate or severe:

- People with mild functional impairment should be offered low intensity psychological interventions.
- People with moderate functional impairment should be offered a choice of medication or cognitive behavioural therapy.
- People with severe functional impairment, or those with an inadequate treatment response to the above, should be offered a combination of medication and cognitive behavioural therapy.

Many people with Obsessive Compulsive Behaviour do not require routine reviews by specialist mental health services. The shared care plan will help reduce unnecessary review appointments whilst ensuring quick access to specialist services when required.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2005) Obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD): Core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder <http://guidance.nice.org.uk/CG31>

Gutman et al (2009) Supported Education for Adults With Psychiatric Disabilities: Effectiveness of an Occupational Therapy Program, *American Journal of Occupational Therapy*, May/June 2009, 63:3, pp 245-254

Responsibility for delivery/implementation

HSC Trusts
Primary care

Quality Dimensions

Person Centred – People and what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for the person given their unique context and lifestyle.

Timely – Early assessment and treatment ensures better outcomes. The shared care plan should allow for urgent re-entry to specialist service when

required.

Equitable – primary care and specialist services available throughout NI

Effective/Efficient – A shared care plan involving both primary and specialist services reduces duplication and improves communication

Safe – Minimises risk to self and others.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Agree and implement standardised outcome measurement tool	HSC Trust report	All HSC Trusts	March 2013
Percentage of people being treated where outcome measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2014