Destigmatising mental health - A framework of ideas to guide teaching and learning in the context of **Obsessive Compulsive Disorder**

|  |
| --- |
| NZHEA is sometimes approached by teachers and members of the public about resourcing related to topic specific areas. **Marion Maw** has provided us with a range of links about **Obsessive Compulsive Disorder (OCD)**. Marion is a member of Fixate, a NZ support group for people living with OCD, and their families and friends.  This condition is highly suitable as the context for **AS91463 (Health 3.3) Evaluate contemporary health practices** as there are examples of scientised, complementary/alternative, and traditional approaches for managing OCD. We see this as the most likely place that the topic of OCD will feature in senior secondary health education.  In addition to this, schools looking at mental health contexts, perhaps in conjunction with Mental Health Awareness Week and in relation to health promotion standards **AS91237 (Health 2.3) Take action to enhance an aspect of people's well-being within the school or wider community,** or **AS91465 (Health 3.5) Evaluate models for health promotion,** may find that OCD is a useful context to include as part of the learning leading to assessment with these standards.  People living with and managing health conditions like OCD *may* also be suitable for learning leading to assessment with **AS91236 (Health 2.2) Evaluate factors that influence people's ability to manage change.**  Use the OCD information provided at the links below, in conjunction with the range of teaching, learning and assessment resources provided for these standards.  Note that all of these links are suggestions only. If the context of OCD is selected as a context for learning, then seeking accurate and accepted information from organisations with the required expertise, and designated authority to inform the public for health promotion purposes, will be a key part of the students’ investigation. Similarly, any clinical information should come from credible, reliable and locally recognised sources.  If teachers are using OCD as a context for learning, it is strongly recommended that teaching and learning about **destigmatisation** of mental health conditions in general, and OCD specifically, occurs prior to investigating the condition and the range of practices that could be used to manage and treat OCD. The reTHINK resource of five group activities explores the impact of stigma and discrimination, help safely explain experiences of mental distress, support recovery focused discussion and promote social inclusion. <http://rethink.org.nz/>  NZHEA January, 2020. |

**Understanding OCD**

The mental distress that characterises Obsessive Compulsive Disorder is often minimised, trivialised and stereotyped in everyday conversation, “*I’m so OCD*”. This saying and similar expressions are so commonplace in our society that they generally go unrecognised as mental health stigma. It is an issue of relevance to the student community as they will have personally used or heard others misuse the term OCD. Moreover, this is an issue where students are capable of being agents for social change.

Obsessive Compulsive Disorder affects around one in fifty individuals. As with depression or anxiety, a student may have, or may be connected to someone, with the disorder.

OCD is a struggle against unrelenting obsessive thoughts or feelings that are so loud, intrusive, and terrifying that they occupy the individual’s attention, emotions and body. In order to release the tension or reduce the unwanted thoughts, the individual does rituals (compulsions) and these can take away the anxiety temporarily, but then the anxiety returns so the rituals are repeated.

The Facts of Obsessive Compulsive Disorder

As students learn from voices of lived experience, they will gain a deeper, more accurate understanding of what it means to experience Obsessive Compulsive Disorder. For factual information about the condition, the websites for OCD consumer groups are helpful: IOCDF, OCD-UK, Intrusive thoughts, OCD Action. Locally, visit the Mental Health Foundation website and [www.ocd.org.nz](http://www.ocd.org.nz) .

What is needed to successfully change social attitudes?

The **Changing Minds** organisation emphasises that individual accounts of lived experience of mental distress are powerful agents to change social attitudes, and provides guidelines on how to constructively shape narratives.

<https://changingminds.org.nz/resources/mental-health-stigma-reduction-guidelines/>

The **Rākau Roroa** initiative provides individuals with lived experience with training in how to safely and effectively become agents for change in their own communities.

<https://changingminds.org.nz/rakauroroa/>

The **Mental Health Foundation** provides guidelines for media to follow when reporting stories that involve mental health, and also provides grants for media projects in the mental health area.

<https://www.mentalhealth.org.nz/get-help/media/>

<https://www.mentalhealth.org.nz/home/our-work/category/20/media-grants>

Resources for student analysis

Using a Mental Health Foundation media grant, journalist Juliette Sivertsen undertook Rākau Roroa training which supported production of the **Changing Minds** 7-part podcast series **Just Listen**. The first interview is with Francesca Eldridge who explains what Obsessive Compulsive Disorder is within the context of her own experiences, and specifically addresses the damage associated with public misunderstanding. The second link is an interview in which the journalist reflects of her motivations, and what she learned.

<https://changingminds.org.nz/just-listen-a-mental-health-podcast/>

<https://www.iheart.com/podcast/1049-the-front-page-30038501/episode/why-just-listening-is-a-powerful-52311716/?keyid%5B0%5D=The%20Front%20Page&keyid%5B1%5D=Why%20just%20listening%20is%20a%20powerful%20tool%20in%20our%20mental%20health%20battle&sc=podcast_widget>

Otago Daily Times column written by a parent to mark International **OCD Awareness Week, 2020**. <https://www.odt.co.nz/opinion/many-wrestle-ocd-without-realising-it>

**International OCD Awareness Week**, #RealOCD campaign 2018 <https://iocdf.org/realocd/> and the **IOCDF** blog, ***5 Things OCD Is Not*** <https://iocdf.org/blog/2013/03/01/5-things-ocd-is-not/>

Blog about products that spinoff from OCD, ***Ten times OCD was treated like a joke but we weren’t laughing*** <https://www.treatmyocd.com/blog/ten-times-ocd-was-treated-like-a-joke-but-we-werent-laughing/>

UK documentary ***Living with Me and My OCD*** which interviews dozens of individuals living with OCD <https://iocdf.org/blog/2017/03/31/view-the-new-documentary-living-with-me-and-my-ocd/>

An **OCD Action youth advocate** talks about her experience of starting university in the context of living with Obsessive Compulsive Disorder <https://ocdyouth.org/articles/jennys-advice-for-people-starting-university-2/>

British author and science journalist David Adam gives **a keynote address to the annual IOCDF conference**, including an explanation of what finally motivated him to seek and commit to treatment <https://www.youtube.com/watch?v=KccklYNpTus>

Books

There are many fiction and non-fiction books about people living with Obsessive Compulsive Disorder. These can be located with a keyword search of a library’s catalogue. For age-appropriate content, child or young adult material should be selected.

* The New Zealand author Stacy Gregg wrote the children’s book ***The Thunderbolt Pony***, set in the context of the Canterbury earthquakes, in response to her own family’s experience of OCD.
* The lead character in ***Goldfish Boy*** by Lisa Thompson is a 12-year-old boy.
* Young adult novels include John Green’s ***Turtles All The Way Down*** which features a teenage girl.
* Teresa Toten’s ***The Unlikely Hero of Room 13B*** focuses on a teenage boy, and includes supporting characters from an OCD support/therapy group. John Green has personal experience of Obsessive Compulsive Disorder.

**Focusing on the practices used to treat and manage OCD**

|  |
| --- |
| When students investigate the ways their selected health context is managed, in preparation for responding to the evaluation questions in the assessment task, they will seek out current information from key organisations, agencies, or health practice providers.  Many schools include guest speakers from these agencies in their teaching and learning programmes. In this case, organisations like Changing Minds will be a key contact. See <https://changingminds.org.nz>  If using OCD as the context for AS91463, remember to keep the focus on the evaluation which *does not* require deep biomedical or clinical knowledge of the condition – the condition just provides context for the evaluation.  To carry out the evaluation students require sufficient (but not excessive) information about the practices to treat and manage the condition. Keep in mind that the evaluation is not about reproducing large volumes of content knowledge about the condition and the health practices, but instead to ‘evaluate’ the different types of practices available – in relation to our health education underlying concepts and big ideas.  **The evaluation requires (as relevant to the context):**   * explaining the main features of the procedures involved in each practice and the underpinning philosophy or knowledge foundation of each practice in relation to scientific approaches to medicine, complementary and alternative medicine, and/or traditional medicine; * explaining the advantages and disadvantages of each practice in relation to the concept of hauora; * comparing the advantages and disadvantages of the selected practices and drawing conclusions supported by reasoned arguments; *This may also include consideration of access, cost and availability, as well as evidence of effectiveness of the practices.* * making connections between a selection of underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values), the underpinning philosophies of each practice, and the advantages and disadvantages of each practice, and overall, drawing justified conclusions.   With reference to the **underlying concepts**, making connections includes (but is not limited to) the following:   * **Hauora** – how ‘holistic’ is the practice or does the practice focus on treating only one dimension of health and wellbeing? If not holistic, what are the advantages/disadvantages from the health education view of health and wellbeing that is holistic? * **Socio-ecological perspective** – who is involved in the application of the practice. Is it just the person impacted by the condition or is there scope for supporting families, and to consider the person’s community context? * **Health promotion** – what opportunities are there (if any) for health promotion processes and actions related to these practices, and in context of this condition? * **Attitudes and values** – how do these practices show a sense of care and concern for people? How do they show respect for people? Are there any social justice issues to be considered among the practices selected – are there any considerations of things being fair or unfair, are the practices inclusive or do they exclude people?   The ways the HPE underlying concepts can be applied to a selected condition and practices will vary considerably. Keep this part of the evaluation to what is relevant to the selected context. |

Conventional evidence-based medicine relies upon large scale, expensive clinical trials. This approach has established that Exposure Response Prevention therapy (ERP) and Selective Serotonin Re-uptake Inhibitor (SSRI) medication are effective for the majority of individuals with Obsessive Compulsive Disorder). Both treatment approaches have drawbacks: ERP is a very challenging form of therapy, the medication often has significant side-effects. Furthermore, a significant fraction of people do not benefit from these two treatments.

**Holistic approaches**

* Eric, Lily and David each give holistic accounts of their lives and various treatments and other factors involved in their recovery. This concept of a holistic approach then sets the context for the remainder of the links below. The interviews also introduce the students to treatments that they may then choose to research more fully with the later links.

<https://theocdstories.com/podcast/eric-kupers-on-meditation-erp-emdr-and-ocd/>

<https://theocdstories.com/podcast/lily-bailey-live-from-austin/>

<https://theocdstories.com/podcast/story-david-murphy/>

* See also Francesca’s interview with David Adam’s keynote address.

**Research based practices**

* A woman found her OCD worsened while looking after her elderly parent: her decision to undertake treatment was guided by research evidence.

<https://www.evidentlycochrane.net/my-ocd-story-evidence-based-medicine-to-the-rescue/>

* Expert commentary on research underlying ERP and/or SSRI medication.

<https://iocdf.org/expert-opinions/therapy-or-medication-what-research-tells-us-about-the-best-options-for-ocd-treatment/>

* An individual needs to be highly motivated to commit to ERP therapy. Acceptance Commitment Therapy involves identification of an individual’s core values and goals, with ERP therapy occurring within that context.

<https://psychcentral.com/lib/erp-and-act-for-ocd-making-sense-of-the-acronyms/>

* Interview with therapist who pioneered the Acceptance Commitment Therapy in OCD. The host of the OCD Stories interviews is an individual with lived experience of OCD who is currently training as a therapist. A new podcast is released each week. The guests are individuals with lived experience of OCD or therapists (sometimes an individual with OCD who has become a therapist).

https://theocdstories.com/podcast/dr-lisa-coyne-act-and-erp-for-children-and-adolescents/

**Mindfulness**

To break the OCD cycle of obsessive thoughts, anxiety, and compulsions, it is essential that an individual learn to accept rather than resist intrusive thoughts, and to sit with uncomfortable emotions rather than carry out a compulsion. Many people with OCD find that regularly practicing mindfulness strengthens their ability to do so.

* Lay comment on why mindfulness makes sense

<https://www.mentalhelp.net/blogs/ocd-and-mindfulness/>

* Interviews with therapists and with individual who have tried mindfulness (see also Eric, Lily and David’s stories above)

<https://theocdstories.com/podcast/jonny-say-ocd-mindfulness-and-compassion/>

<https://theocdstories.com/podcast/jon-hershfield-shala-nicely-meditation-and-mindfulness-for-people-with-ocd/>

* Research evidence about usefulness of mindfulness in OCD

<https://iocdf.org/expert-opinions/mindfulness-and-cognitive-behavioral-therapy-for-ocd/>

**Family support**

* The role of family support

<https://theocdstories.com/?s=Family>

**Role of nutrition and of nutritional supplements**

The saying healthy body, healthy mind also comes into play. There is considerable interest in the role of nutrition and of nutritional supplements in Obsessive Compulsive Disorder.

* See earlier link: Francesca’s interview
* Column providing nutrition advice to parents

<https://parentingpod.com/ocd-food/>

* A New Zealand researcher talking about nutritional supplements, including a case study of a boy with OCD

<https://www.fxmedicine.com.au/content/supplements-benefit-mental-health-julia-rucklidge>

* Evaluation of research evidence concerning various supplements

<https://www.psychologytoday.com/intl/blog/integrative-mental-health-care/202001/non-drug-treatments-obsessive-compulsive-disorder>