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Let's talk obsessive compulsive disorder (OCD)

Part of the Applied Mental Health Science Series

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What is obsessive-compulsive disorder?

Obsessive-compulsive disorder (known as OCD) is a mental health problem that can occur across a spectrum of severity, from mild to very severe and disabling.

The key features of OCD are the repeated experience of obsessions, which may be in the form of verbal thoughts, mental images, feelings of doubt or urges, and compulsions, which are behaviours that occur in response to obsessions.

Obsessions present the idea of something bad happening which the person can cause or prevent. For example, someone might consistently worry that they touched something contaminated, that they forgot to turn the oven off, that they accidentally harmed someone, or that they somehow did something awful deliberately. These are just a few examples, but these types of thoughts feel very important and real, are unwanted and intrusive. It is important to remember that urges and obsessions are not the same as desires, these are often intrusive, unwanted thoughts which can be distressing.

Compulsions can be physical or mental behaviours (for example checking, washing, going over things in your mind, doing things in a particular order or number of times). They are directed at preventing the bad thing from happening and reducing anxiety or trying to be certain that the bad thing that was feared has not occurred . Occasional obsessions and compulsions are very normal experiences and almost everyone in the population has them. However, this does not mean that everyone is a 'little bit OCD'. The experience of OCD is characterised by the high frequency of obsessions and compulsions and the significant distress and interference and disruption caused to daily life.

Due to the distressing nature of the fears and how important they are to prevent (or ensure they didn't happen), people with OCD are often trying very hard to feel completely clean or certain, for example, and spend more and more time trying to achieve this sense of certainty. The diagnostic criteria note that the clinical threshold is an hour per day, but often the problem can take many more hours than this and therefore impacts functioning.

The problem can interfere with an individual's personal and professional life in a number of ways - OCD is distressing and time-consuming. It can significantly impair life and prevent people from achieving their potential.

Signs and symptoms

Common symptoms of OCD include:

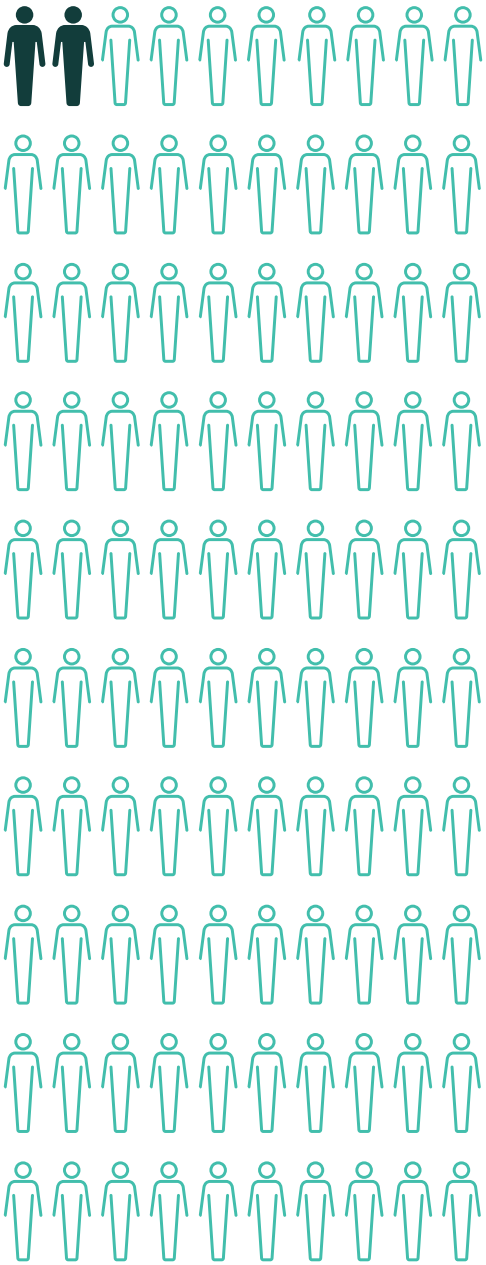
- Repeated and excessive checking, cleaning, or asking for reassurance
- Doing things in a particular order or number of times so that it 'feels right'
- Spending additional time on everyday tasks
- Avoidance of tasks, people or places due to fears that 'obsessions' will be triggered by particular situation or feeling that going into a situation will involve having to perform a lot of compulsions
- Experience of distress, anxiety, shame and guilt
- Can co-occur with symptoms of depression and/or other anxiety disorders such as generalised anxiety, and social phobia

If you are experiencing any of these symptoms, consider reaching out to a qualified medical professional, for example a GP, for help and support.

Who is affected by OCD

On average one-to-two in every 100 people experience OCD at any one time, with two-to-three having OCD over their lifetime. OCD can affect anyone in any walk of life and overall is slightly more common in females than males. For many people it can start in childhood and this earlier onset is slightly more common in boys than girls, who tend to have onset during adolescence and early adulthood. For some, the symptoms and interference can gradually increase over several years, but for others it can start quite suddenly, often after a significant transition or life event such as leaving home, a new job, or having a child.

There is no single cause for OCD but, as with almost all mental health problems, it occurs due to a combination of genetic vulnerabilities, significant early experiences in which we form views about how the world works, and life stressors.



There is no one story or profile of a person with OCD, but having anxiety as a child, being perfectionistic, experiences of having too much responsibility or being over-protected by parents, and traumatic experiences, have all been associated with increased likelihood of OCD in studies.

OCD occurs in all nations at about the same rates, but the most common focus of OCD can vary across cultures. OCD seems to be less common in ethnically minoritised populations, but this may be due to barriers in research participation and help-seeking or differences in how mental health is conceptualised.

For those with neurodivergent conditions (particularly autism), OCD is more common than in the general population, and autism may be more common in those with OCD.

Did you know?

We have other guides in our series on Anxiety, Depression, PTSD and Perinatal Anxiety and Depression

What are the common types of OCD

OCD can take many forms and tends to focus on what is particularly meaningful for an individual at that point in their life.

The most common forms of OCD relate to:

- Fears of contamination and cleaning; fears of causing or allowing harm
- Excessive checking
- Rumination and mental checkingordering and arranging things linked to feeling 'not right'

It is not unusual to have obsessive-compulsive symptoms in more than one area, because at the core, OCD is underpinned by a style of thinking.

How is OCD diagnosed and treated?

OCD is typically diagnosed by a mental health professional such as a psychiatrist or clinical psychologist, using a combination of clinical judgement, nationally recognised criteria and screening questionnaires, following referral from a GP.

Formal diagnosis is usually guided by the two main criteria systems in use: the International Classification of Diseases (ICD), and the Diagnostic and Statistical Manual of Mental Illnesses (DSM-5-TR). Both criteria systems identify obsessions, compulsions and interference as the core elements of OCD. A diagnosis is made on the basis of severity and impairment.

Freely available checklists and questionnaires such as the obsessive-compulsive inventory (OCI), and the Yale-Brown obsessive-compulsive checklist and scale (YBOCS) provide a list of common obsessions and compulsions and questions regarding severity.

Completing these can give you an idea of whether your difficulties fit with a diagnosis of OCD. These questionnaires do not cover everything, and some people will have very individual symptoms that are not represented. **You should consult with a professional to get a formal diagnosis.**

The evidence-based treatment and therapy guidelines used in the United Kingdom and the NHS are based on recommendations from the National Institute for Clinical Excellence (NICE).

Psychological therapy, particularly Cognitive Behavioural Therapy (CBT), is the first-line treatment for OCD and is widely available in the NHS and private sector. There are also specialist services including inpatient units for OCD, for people who have tried primary care and outpatient interventions and require more intensive support.

A range of medications such as selective serotonin reuptake inhibitors (SSRIs) are also recommended. Both CBT and medication are effective, with slightly better relapse rates in CBT. It is important to note that medications can have side effects, and you should discuss these with a GP.

Did you know?

In England in 2023-24, there were 1.83 million people referred for NHS Talking Therapies (NHS England Digital, 2025).

To access a talking therapy, in most cases you can either refer yourself or be referred by a GP.

What does psychological support for OCD look like?

Psychological therapies aim to reduce psychological distress and improve quality of life.

The first step of therapy for OCD is gaining a shared understanding of the problem; getting insight into why and how OCD makes a person do things that part of them knows is excessive.

The second stage is to think about an alternative understanding of OCD as a problem of fear, rather than one of being in danger.

The next stage of treatment is to act on that understanding, to challenge the fears and rules that OCD has put in place. This is often called 'exposure and response prevention', in which feared situations are approached without compulsions in order to gain new experiences and find out what really happens. This usually occurs with the support and help of a trained therapist.

Friends, family and colleagues are often a part of people's recovery from OCD, but it is important that the person with OCD is at the centre of choosing to do things differently. CBT has good outcomes, with most people gaining significant benefit and about 50 to 60 per cent of people no longer meeting diagnostic criteria for OCD at the end. However, for many, therapy is the start of embedding the new techniques into life and it can take longer to feel fully confident in recovery.

What can you do to support yourself, if you are experiencing OCD

There is a community of support for those with OCD and those who care for and about them, in the form of national charities run by people who have had OCD. These offer peer support, information about all aspects of OCD, support with accessing treatment, and stories of inspiration and hope. It can be very helpful to connect with others who have lived experience, to see what has been helpful for them in their recovery. Please refer to the Seeking Support page for further information on who to contact for support.

The more you understand about OCD the better, as it will help you see the problem for what it is. The charities hold regular conferences and events led by people with lived experience to attend or watch online. OCD can impact some of the universal foundations of mental health: sleep, nutrition and exercise. Although not a cure, looking after these aspects can help you in doing the work of recovery from OCD. Involving trusted family and friends in your journey can provide connection and support.

How to support reasonable adjustments in the workplace for those with OCD

Equality legislation in the UK defines disability as a physical and/or mental health condition that has a substantial and long-term impact on a person's ability to undertake normal daily activities. Under the provisions of the legislation, employers must make reasonable adjustments to ensure that the individual is not disadvantaged at work. They can be changes or adaptations that remove barriers in the workplace.

Have you seen our 'Let's talk adjustments campaign?'

It aims to raise awareness and empower everyone in veterinary workplaces, no matter their role, disability or health condition, to have important conversations about reasonable adjustments.

OCD can be a debilitating problem requiring professional help. Here are some ways that you can adjust your workplace to support someone with OCD:

- Allow for time off during the working day to attend medical appointments (including therapy).
- It can be helpful to have a discussion about what reasonable adjustments could be made to enable them to manage any aspects of work that OCD may be impacting. This might comprise considerations of workload, responsibilities and working patterns.
- For many people, work can provide welcome structure and connection away from the disorder and it can be very valuable to them to continue. For others, it can be a stressor for their OCD - time away and a phased return may be suitable while they are working on their OCD and gaining confidence. Encouraging the person to seek help can be useful, but should not be forced.

There are also a range of employment and education support schemes that can support with reasonable adjustments:

Access to Work

The Access to Work scheme can help you get or stay in work if you have a physical or mental health condition or disability. Access to Work is not means tested, does not need to be paid back and will not impact other benefits you might receive. To find out more visit the UK Government website.

Disabled Students Allowance

Disabled Students Allowance (DSA) is a fund that can be applied for, to support university students who are ordinarily resident in the UK, to cover extra disability-related costs or expenses they have while studying (which exceed those provided as reasonable adjustments by their university or college). DSA is not means-tested and does not typically need to be paid back. To find out more visit the Save the Student website or contact your national student finance organisation.

How to talk to someone experiencing OCD

It is important to make it as easy as possible for a colleague to disclose that they may be experiencing OCD, or convey that such a disclosure will be received with kindness and support.

It can be helpful to let them know that you understand OCD can be about many different topics but it is always distressing and difficult. Allowing people to speak about the issue in as much detail as they wish is helpful, but if they choose not to share, then don't force them to do so. If they share something that is scary try not to overreact. OCD can involve feelings of deep shame and guilt, and the nature of the obsessive fears can be very distressing and/or involve taboo subject matter, meaning that therefore it is sometimes well hidden and acts as a barrier to help-seeking behaviours. It is also important to remember that obsessions are based around fears and not desires. For example, if their OCD revolves around harming family members, this does not mean the person wishes to or intends to do so and should not be treated as such.

It is not uncommon for people to spend additional hours at work, for example engaging in unnecessary checking, due to OCD related fears and uncertainties. Gently enquiring about the impact of OCD on their work or suggesting some of the resources below can help open up the conversation.

Seeking support

NHS help and support

You can contact a GP for advice, an assessment and referral to local psychological therapies team, or to access medication. In England, Scotland and Wales/Cymru, you can also self-refer to your local NHS Talking Therapies (formerly IAPT) service.

You may also be able to access online CBT programmes such as SilverCloud.

If you need more urgent help and support, you can contact NHS 111 in England, Scotland, and Wales/Cymru, or Lifeline in Northern Ireland on 0808 808 8000 to receive support and advice. If you are deaf or hard of hearing, you can also find useful advice from the RNID on using the confidential relay service Relay UK, to contact NHS 111 and Lifeline.

You can also contact a GP surgery and ask for an emergency appointment.

If you are in crisis or need immediate medical help call 999 and ask for an ambulance or visit your local A&E department.

General support

- **OCD Action Helpline** – available Monday to Friday 9:30am to 8.00pm and offers opportunity to talk your through any information which might be helpful. Call 0300 636 5478.
- **OCD-UK Helpline** – available Monday to Friday 10.00am to 12.00pm most days to support with queries about OCD. Call 01332 588112.
- **Vetlife Helpline** – available 24/7 to listen and offer a confidential, safe, and non-judgmental space. Call 0303 040 2551 or visit the Vetlife website to register and contact anonymously via email.
- **Samaritans** – available 24/7 and provides a safe place for anyone, whatever you are going through. Call 116 123 or email: jo@samaritans.org
- **Shout** – available 24/7 and offers a free, confidential text messaging service for anyone who is struggling to cope. Text SHOUT to 85258.

There are also resources and information provided by Mind, OCD-UK and OCD Action.

If you would like a list of research and resources that have been used/referred to in this guide, please contact info@vetmindmatters.org

About this guide

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The guide has been developed by Dr Fiona Challacombe, Clinical Psychologist, in partnership with the Royal College of Veterinary Surgeons' (RCVS) Mind Matters Initiative. 'Clinical psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues' (British Psychological Society, 2025).

Did you know?

Did you know? Clinical psychologists are protected titles by law and individuals must be registered with the Health Care Professions Council (HCPC) to practise. You can check if someone is registered on the HCPC website.

Please note that our health information should not be used for diagnosis purposes. If you are concerned about your health, please seek help from a GP or a mental health professional.

For further information on our content and publications terms of use, please visit our website.

How to feed back and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this guide.

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