



# Obsessive-compulsive disorder (OCD)

This resource explains what obsessive-compulsive disorder (OCD) is, possible causes and how you can access treatment and support. It also includes tips for helping yourself to live with OCD, and guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: [publications@mind.org.uk](mailto:publications@mind.org.uk)

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# What is OCD?

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions.

- **Obsessions** are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. They can make you feel very anxious (although some people describe it as mental discomfort rather than anxiety). You can [read more about obsessions here](#).
- **Compulsions** are repetitive activities that you do to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels. You can [read more about compulsions here](#).

*“It’s not about being tidy, it’s about having no control over your negative thoughts. It’s about being afraid not doing things a certain way will cause harm.”*

You might find that sometimes your obsessions and compulsions are manageable, and other times they may make your day-to-day life really difficult. They may be more severe when you are stressed about other things, like life changes, health, money, work or relationships.

## What's it like to live with OCD?

Although many people experience minor obsessions (such as worrying about leaving the gas on, or if the door is locked) and compulsions (such as avoiding the cracks in the pavement), these don't usually significantly interfere with daily life.

If you experience OCD, it's likely that your obsessions and compulsions will have a big impact on how you live your life. For example:

- **Disruption to your day-to-day life.** Repeating compulsions can take up a lot of time and you might avoid certain situations that trigger your OCD. This can mean that you're not able to go to work, see family and friends, eat out or even go outside. Obsessive thoughts can make it hard to concentrate and leave you feeling exhausted.
- **Impact on your relationships.** You may feel that you have to hide your OCD from people close to you – or your doubts and anxieties about a relationship may make it too difficult to continue.
- **Feeling ashamed or lonely.** You may feel ashamed of your obsessive thoughts, or worry that they can't be treated. You might want to hide this part of you from other people, and find it hard to be around people or to go outside. This can make you feel isolated and lonely.
- **Feeling anxious.** You may find that your obsessions and compulsions are making you feel anxious and stressed. For example, some people feel that they become slaves to their compulsions and have to carry them out so frequently that they have little control over them. You can [read more about anxiety here](#).

*"I knew it was irrational ... but tapping certain objects would ease the effect of the terrible intrusive thoughts. It would be time-consuming but at least then I could feel like I wasn't a bad person."*

## Related disorders

There are some other mental health problems that are similar to OCD because they involve repetitive thoughts, behaviours or urges.

- **Perinatal OCD** is when you experience OCD during pregnancy or after birth. You can [read more about perinatal OCD here](#).
- **Body dysmorphic disorder (BDD)** involves obsessive worrying about one or more perceived flaws in your physical appearance and developing compulsive routines to deal with worries about the way you look. You can [read more about BDD here](#).
- **Compulsive skin picking (CSP)** is the repetitive picking at your skin to relieve anxiety or urges. It can be experienced as part of body dysmorphic disorder (BDD). You can [read more about CSP on OCD Action's website](#).
- **Trichotillomania** is a compulsive urge to pull out your hair. You can [read more about trichotillomania on OCD Action's website](#).
- **Hoarding** is when you collect, keep and find it hard to get rid of things, to the point where it affects your day-to-day life. You can [read more about hoarding here](#).
- **Obsessive compulsive personality disorder (OCPD)** is a type of personality disorder. It has some related traits to OCD, but is a different and separate condition. You can [read more about personality disorders and OCPD here](#).

If you have OCD, it is common to have other mental health problems as well, such as [anxiety](#) or [depression](#). This can sometimes make OCD difficult to diagnose and treat.

## OCD and stigma

Lots of people have misconceptions about what OCD is. Some people think it just means you wash your hands a lot or that you like things to be tidy. They might even make jokes about it, or describe themselves as a 'little bit OCD'.

This can be frustrating and upsetting, especially if someone who feels this way is a friend, colleague, family member or a health care professional.

Stigma about OCD can make it difficult to talk about, but it's important to remember you aren't alone, and you don't have to put up with people treating you badly.

You can [read more about stigma, and how to deal with it, here](#). These are some options that you can also think about:

- **Show people this information** to help them understand more about what your diagnosis really means.

- **Get more involved in your treatment.** Our pages on [seeking help for a mental health problem](#) provide guidance on having your say in your treatment, making your voice heard, and steps you can take if you're not happy with your care.
- **Know your rights.** Our [pages on legal rights](#) provide more information.
- **Take action with Mind.** See our [campaigning page](#) for details of the different ways you can get involved with helping us challenge stigma.

*“One of the most difficult things about OCD is how people perceive it. Intrusive thoughts and compulsions take a greater toll, yet people don't seem to understand that.”*

## What are the symptoms of OCD?

### Obsessions

Obsessions are persistent thoughts, pictures, urges or doubts that appear in your mind again and again. They interrupt your thoughts against your control, and can be really frightening, graphic and disturbing. They may make you feel anxious, disgusted or uncomfortable.

You might feel you can't share them with others, or that there is something wrong with you that you have to hide. You might feel upset that you are capable of having such thoughts.

Remember: **obsessions are not a reflection of your personality.** People with OCD are very unlikely to act on their thoughts.

*“I get unwanted thoughts all through the day, which is very distressing and affects my ability to interact with others and concentrate on my studies.”*

Type of obsession	Examples include
Fear of causing or failing to prevent harm	<ul style="list-style-type: none"><li>• Worrying you've <b>already harmed someone</b> by not being careful enough. For example, that you have knocked someone over in your car.</li><li>• Worrying you're <b>going to harm someone</b> because you will lose control. For example, that you will push someone in front of a train or stab them.</li></ul>
Intrusive thoughts, images and impulses	<ul style="list-style-type: none"><li>• <b>Violent intrusive thoughts or images</b> of yourself doing something violent or abusive. These thoughts might make you worry that you are a dangerous person.</li><li>• <b>Religious or blasphemous thoughts</b> that are against your religious beliefs.</li><li>• <b>Relationship intrusive thoughts</b> often appear as doubts about whether a relationship is right or whether you or</li></ul>

	<p>your partner's feelings are strong enough. They might lead you to end your relationship to get rid of the doubt and anxiety.</p> <ul style="list-style-type: none"><li>• <b>Sexual intrusive thoughts or images.</b> These could be related to children, family members or to sexually aggressive behaviour. You might worry that you could be a paedophile or a rapist, or that you are sexually attracted to someone in your family.</li></ul>
Fear of contamination	<ul style="list-style-type: none"><li>• <b>Contamination (for example by dirt, germs or faeces).</b> You might worry that you have been contaminated and that you – or other people – are spreading the contamination. You might worry that you have or might get a disease.</li><li>• <b>Mental contamination.</b> You might experience feelings of dirtiness that are triggered by a person who has harmed you in some way. These feelings may also be triggered by your own thoughts, images or memories.</li></ul>
Fears and worries related to order or symmetry	<ul style="list-style-type: none"><li>• You might have a <b>fear that something bad will happen if everything isn't 'right'</b> – for example if things are not clean, in order or symmetrical.</li></ul>

You might experience more than one type of obsession. They are often linked. For example, you might experience a fear of contamination and a fear of doing someone harm by accidentally making them ill.

You can [read more about the different types of obsessions on OCD-UK's website](#).

## Anxiety and arousal

Intrusive sexual thoughts may lead you to constantly monitor and check your genitals. This attention and the anxiety you are feeling may actually increase blood flow and physical arousal. This can make you feel as if you are aroused by the intrusive thoughts when in fact the opposite is true. Many people with this type of OCD call this a 'groinal response'.

*"I would seek medical reassurance online and for a day or so I could breathe a sigh of relief ... but then the doubt would set in and I started the process again."*

## Compulsions

Compulsions are repetitive activities that you feel you have to do. The aim of a compulsion is to try and deal with the distress caused by obsessive thoughts.

You might have to continue doing the compulsion until the anxiety goes away and things feel right again. You might know that it doesn't make sense to carry out a compulsion – but it can still feel too scary not to.

Repeating compulsions is often very time-consuming and the relief they give you doesn't usually last very long.

Compulsions can:

- be **physical actions**
- be **mental rituals** (people who only have mental compulsions sometimes refer to their OCD as [Pure O](#))
- **involve a number** (for example, you might feel you have to complete a compulsion a specific number of times without interruption).

Type of compulsion	Examples include
Rituals	<ul style="list-style-type: none"><li>• washing your hands, body or things around you a lot</li><li>• touching things in a particular order or at a certain time</li><li>• arranging objects in a particular way</li></ul>
Checking	<ul style="list-style-type: none"><li>• checking doors and windows to make sure they are locked</li><li>• checking your body or clothes for contamination</li><li>• checking your body to see how it responds to intrusive thoughts</li><li>• checking your memory to make sure an intrusive thought didn't actually happen</li><li>• checking your route to work to make sure you didn't cause an accident</li></ul>
Correcting thoughts	<ul style="list-style-type: none"><li>• repeating a word, name or phrase in your head, or out loud</li><li>• counting to a certain number</li><li>• replacing an intrusive thought with a different image</li></ul>
Reassurance	<ul style="list-style-type: none"><li>• repeatedly asking other people to tell you that everything is alright</li></ul>

## Avoidance

You might find that some activities, objects or experiences make your obsessions or compulsions worse. For example, if you are worried that you might stab someone, you might avoid the kitchen because you know there are knives there.

Sometimes it might feel easier to avoid situations that mean you have to do a compulsion. For example, if you have to do a long and time-consuming ritual every time you leave the house, you might just decide it's easier to stay indoors. But avoiding things can have a major impact on your life.

*“Getting ready involves so much hand washing and so many mental rituals. Sometimes, I feel like staying in bed and avoiding the day.”*

## What is 'Pure O'?

Pure O stands for 'purely obsessional'. People sometimes use this phrase to describe a type of OCD where they experience distressing intrusive thoughts, but there are no external signs of compulsions (for example, checking or washing). The name is slightly misleading as it suggests that there are no compulsions at all.

If you have Pure O, you will still experience mental compulsions but you might not be aware of them. Because they are not as obvious as physical compulsions, it can sometimes be difficult to define exactly what these compulsions are.

Here are some examples of internal compulsions:

- **checking how you feel** (for example, you might check to see if you are still in love with your partner)
- **checking bodily sensations** (for example, you might check to see if you were aroused by an intrusive thought)
- **check how you feel about a thought** (for example, you might check whether you are still upset by the thought)
- **repeating phrases or numbers in your head**
- **checking if you still have a thought** (for example, first thing in the morning).

You can [read more about Pure O on the OCD-UK website](#).

## What causes OCD?

There are different theories about why OCD develops. None of these theories can fully explain every person's experience, but researchers suggest that the following are likely to be involved in causing OCD:

- personal experience
- personality
- biological factors.

Even though we don't fully understand what causes OCD, it can still be successfully treated. You can [read more about treatments here](#).

## Personal experience

Some theories suggest that OCD is caused by personal experience. For example:

- **If you've had a painful childhood experience**, or suffered **trauma, abuse or bullying**, you might learn to use obsessions and compulsions to cope with anxiety.
- **If your parents had similar anxieties** and showed similar kinds of compulsive behaviour, you may have learned OCD behaviours as a coping technique.
- Ongoing [anxiety](#) or [stress](#), or **experiencing a stressful event** like a car accident or starting a new job, could trigger OCD or make it worse.
- **For some women, pregnancy or birth** can trigger perinatal OCD. You can [read more about perinatal OCD here](#).

## Personality

Some research suggests that people with certain personality traits may be more likely to have OCD. For example, if you are a neat, meticulous, methodical person with high standards, you may be more likely to develop OCD.

## Biological factors

Some biological theories suggest that a lack of the brain chemical serotonin may have a role in OCD. However, it's unclear whether this is the cause or an effect of the condition.

Studies have also looked at genetic factors and how different parts of the brain might be involved in causing OCD, but have found nothing conclusive.

### Is childhood OCD caused by an infection?

Some experts have noted that some children seem to develop OCD symptoms very suddenly after having a streptococcal (or strep) infection, such as strep throat or scarlet fever. However, no one knows why this can happen, and no research has yet been able to identify a physical cause to explain the link. Some children who develop OCD symptoms in this way show them for a while and then they fade.

You can [read more about the possible causes of OCD on OCD-UK's website](#).

## How can I help myself?

Obsessions and compulsions can take over your life, and leave you feeling helpless. However, there are some things you can try to help manage your OCD and improve your wellbeing.

Remember that different things work for different people at different times. If something isn't working for you (or doesn't feel possible just now), you can try something else or come back to it another time.

## Try self-help resources

Self-help resources for OCD are designed to help you develop coping strategies and are often based on [cognitive behavioural therapy \(CBT\)](#). Make sure any resources you use are properly accredited.

- [OCD-UK](#) offers a range of self-help resources.
- You can ask your GP to recommend a self-help book from a Reading Well scheme called '[Books on Prescription](#)'. This scheme is supported by most local libraries, so you can go and check the books out for free – you don't actually need a prescription from a doctor.

## Build a support network

Many people find it hard to talk about OCD. You might worry that people won't understand. You might have kept your OCD secret for such a long time that it feels very scary to put some of your experiences into words. Strengthening the relationships around you may help you feel less lonely and more able to cope.

- **Talk to someone you trust about your OCD.** Find a quiet space to talk where you won't be interrupted. You could show them this information (especially [our page for family and friends](#)) to help them understand. Some people find it helpful to write their feelings down and then talk about this together.
- **Spend time with friends and family.** You might not feel ready to talk openly about your OCD yet. But spending more time with friends and family may help you feel more comfortable around them and, in time, more able to share your experiences.

*"Sharing the obsessive thoughts made them feel less powerful."*

## Try peer support

Making connections with people with similar or shared experiences can be really helpful. You could try talking to other people who have OCD to share your feelings, experiences and ideas for looking after yourself. For example, you could:

- contact [Mind's Infoline](#) or a [local Mind](#) to see what support there is in your area
- try an online peer support community, such as [Elefriends](#), [OCD-UK's online forums](#) or [OCD Action's online forums](#)

- **find a local support group** through an organisation such as [OCD Action](#), [OCD-UK](#) and [Top UK](#)
- **check out our tips on [peer support](#).**

If you're seeking peer support online, it's important to look after your wellbeing. You can [read more about looking after your online mental health here](#).

*"I remember wishing I could just talk to someone who could tell me they had felt what I was feeling."*

## Learn to let go

- **Manage your stress.** Stress and anxiety can make OCD worse. You can [read more about how to manage stress here](#).
- **Try a relaxation technique.** Relaxation can help you look after your wellbeing when you are feeling stressed, anxious or busy. You can [read more about relaxation here](#).
- **Try mindfulness.** You might find that your CBT therapist includes some principles of mindfulness in your therapy. Mindfulness can help you reduce stress and anxiety. For some people, it can be helpful as part of recovery from OCD. You can [read more about mindfulness here](#).

## Look after your physical health

- **Get enough sleep.** Sleep can give you the energy to cope with difficult feelings and experiences. You can [read more about sleep problems here](#).
- **Think about your diet.** Eating regularly and keeping your blood sugar stable can make a difference to your mood and energy levels. You can [read more about food and mental health here](#).
- **Try to do some physical activity.** Many people find exercise a challenge but activities like yoga, swimming or walking can help improve your mood. Any kind of physical activity counts – from a chair-based exercise regime to dancing round the kitchen – the important thing is to find something that works for you. You [can read more about physical activity here](#).

## What treatments can help?

### How can I access treatment?

Most people who get the right treatment see a significant improvement in their OCD. The first step to getting treatment for OCD is to visit your GP. Your GP will ask about your symptoms and discuss different treatment options.

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – suggests that treatment for OCD should include talking treatments and medication. You can [read the full guidelines and recommendations here](#).

The combination of treatments you are offered depends on how severe your OCD is, and what treatments have worked or not in the past. If you feel a treatment isn't working for you, it's a good idea to discuss this with your GP, as there may be other alternatives available.

## I'm worried about talking to my doctor

You might feel scared about telling anyone, even a doctor, about how graphic or distressing your obsessive thoughts can be. You may be ashamed of your obsessions or worry that the doctor might report you to the police or social services. Or you may find it hard to admit how much time your compulsions take up.

These feelings can make it difficult to get the right help. But the type of treatment you are given depends on the intensity of your OCD and how much it affects your life, so the more honest you are, the more likely you are to get the best help for you.

You can [read more about talking to a GP here](#).

## What talking therapies might I be offered?

You may be offered the following talking therapies for OCD, either on their own, or along with medication. In some areas, you may be able to refer yourself online for NHS therapy, via [the NHS's Improving Access to Psychological Therapies \(IAPT\) search tool](#) or [the NHS's general search tool for health services](#) (both England only).

### Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) focuses on how your thoughts, beliefs and attitudes affect your feelings and behaviour. You can [read more about CBT here](#).

### Exposure and response prevention (ERP)

Exposure and response prevention (ERP) is specifically designed for OCD. It encourages you to confront your obsessions and resist the urge to carry out compulsions.

During ERP, your therapist will support you to deliberately put yourself in a situation that would usually make you feel anxious. Instead of performing your usual compulsion, you will be encouraged to try and tolerate the anxiety.

ERP helps you to see that the uncomfortable feelings will eventually go away even if you don't perform a compulsion.

This type of therapy can be challenging and may make you feel more anxious at first. It's a good idea to talk to a health care professional before you start about what it involves, and whether you are in a good place to start it.

## Cognitive therapy

Cognitive therapy focuses on identifying and changing negative feelings about yourself, to help you change unhelpful responses and behaviours.

*I started to learn how to manage my OCD when I spoke to a therapist.*

## Seeking therapy privately

Waiting times for therapy on the NHS can be long, and some people choose to seek private therapy instead. This is usually quicker, but it can be expensive. You can [read more about seeking private therapy here](#).

## What medication might I be offered?

You may be offered the following medications for OCD, either on their own or alongside talking therapy:

- **selective serotonin reuptake inhibitors (SSRIs)** – a type of antidepressant that has also been shown to be effective in treating OCD
- **clomipramine** – a tricyclic antidepressant, which you may be offered if an SSRI doesn't work.

You can [read more about these antidepressants here](#).

Different people find different medications helpful. You can talk to your doctor about your options – you might find you need to try out a few different types of medication before you find one that works for you.

*I've been on meds for the last three years and my OCD is so much more controllable.*

## Might I be offered social care support?

Depending on how your OCD impacts your life, you may be eligible for social care. Social care services support people who struggle to manage day-to-day activities. You can [read more about social care in our guide to health and social care rights](#).

## Specialist OCD services

If your OCD is very severe and the above treatment options have not helped, you may be referred to a specialist OCD service. Unfortunately, not all areas have specialist services and you might have to travel outside your local area.

You can [read more about national specialist OCD services on the NHS Choices website](#).

## How can other people help?

*This section is for friends and family who want to support someone who has obsessive compulsive disorder (OCD).*

If someone you love has OCD, knowing how to support them can be hard. You may struggle to understand their experiences, or feel that their obsessions and compulsions get in the way of daily life.

But your support and understanding can make a big difference, and there are things you can do to help.

## Be open about OCD

Your loved one may find it difficult to talk about their obsessions and compulsions. They may have kept them secret for a long time and be very worried about your reaction.

It can help to acknowledge this and encourage them to talk about their experience in a way that feels comfortable to them.

- **Be patient.** Remember that their fears are very real to them, even if they seem unrealistic, irrational or extreme to you.
- **Don't judge.** It can be upsetting to hear about some obsessive thoughts, but if you act shocked or judge them, they will be less likely to share their thoughts and feelings with you in future. Make it clear that you love and support them regardless.
- **Find out as much as you can about OCD.** This will help you understand what your loved one is going through. You can read more about OCD on the [OCD-UK](#) and [OCD Action](#) websites, or [read more about people's personal experiences of OCD on our blogs page](#).

*"I could feel loved ones' frustration at my need to still carry out these compulsions, despite us both knowing it was illogical."*

## Work out how to deal with compulsions together

One of the hardest things about supporting someone with OCD is how to deal with their compulsions. You may find yourself helping them (this is sometimes called accommodation). For example:

- helping them carry out their compulsions
- offering reassurance about their obsessive thoughts and behaviours.

Refusing to help can increase someone's anxiety and makes things more difficult for both of you. But helping someone with their compulsions is usually not helpful in the long term. Every time someone acts on a compulsion (including asking for reassurance), it reinforces the belief that the compulsion is the only way to deal with their anxiety.

[Treatment for OCD](#) helps people learn that their anxiety will reduce naturally, even if compulsions are not completed.

*"Your first thought is why aren't they helping me check ... but if you step back, breathe you realise they are not helping because they care."*

## How can we manage compulsions in other ways?

Try and work out some alternatives together. Your approach might depend on what your loved one thinks about their compulsions and whether they are receiving treatment. Here are some things you could try:

- **Agree on an approach that feels right for you both.** For example, you might decide that you will say 'we've agreed I won't answer questions like that to help you overcome your OCD'.
- **Encourage them to challenge compulsions where appropriate.** For example, instead of offering reassurance, you could try and help them think about why they want to do a compulsion again.
- **Offer a hug or other emotional support** instead of helping with a compulsion.
- **Seek advice.** If they are getting treatment, you could both talk to their doctor or therapist about how to manage compulsions.
- **Accept that sometimes it will be impossible not to offer reassurance** or to help with a compulsion.

*"My husband knows he has to tell me when I start collecting things and my daughter will remind me by asking if something is what I want or an OCD problem."*

## Help them to access treatment

Your loved one may find it difficult to talk to their doctor about their OCD and seek treatment. Here are some ways you could support them:

- Remind them that the appointment will be confidential and the GP is there to help them access treatment. Offering to go with them could also help make things easier. You can [read more about supporting someone to seek help here](#).
- Some parts of treatment for OCD can be challenging. During treatment, your friend or family member may be agitated, tired, anxious or depressed. Ask them what you can do to make things easier during this difficult time.
- They may feel that things will never get better, especially if they are finding treatment hard or their symptoms come back. You can offer hope. Remind them that most people with OCD do benefit from treatment. They may find it helpful to [read about people who are successfully managing their OCD, or have recovered, on our blogs page](#).

## Look after yourself

Supporting someone with OCD can be frustrating and upsetting at times. Make sure you take time to look after yourself too.

You may find it helpful to share experiences, ask questions and get support from other people in the same situation. [OCD Action](#) and [OCD-UK](#) have sections in their forum for family, friends and carers, or you may be able to attend a support group.

You can find out more about looking after yourself on our pages on [supporting someone else](#) and [improving your wellbeing](#), or by visiting the [Carers UK](#) website.

## Useful contacts

### Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
  - Mind's Infoline – 0300 123 3393, [info@mind](mailto:info@mind)
  - Mind's Legal Line – 0300 466 6463, [legal@mind](mailto:legal@mind)
  - Blue Light Infoline – 0300 303 5999, [bluelightinfo@mind](mailto:bluelightinfo@mind)
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

## Who else could help?

### Carers UK

0808 808 7777 (Monday-Friday 10am-4pm)

[advice@carersuk.org](mailto:advice@carersuk.org)

[carersuk.org](http://carersuk.org)

Information and support for people caring for someone else.

### Improving Access to Psychological Therapies (IAPT)

[beta.nhs.uk/find-a-psychological-therapies-service/](http://beta.nhs.uk/find-a-psychological-therapies-service/)

Lists some NHS therapy services for stress, depression and anxiety (England only). You can self-refer if you're registered with a GP surgery in England.

### National Institute for Health and Care Excellence (NICE)

[nice.org.uk](http://nice.org.uk)

Produces guidelines on best practice in healthcare.

### NHS Service Search

[nhs.uk/service-search](http://nhs.uk/service-search)

Searchable database of NHS services in England.

### OCD Action

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0845 390 6232

[ocdaction.org.uk](http://ocdaction.org.uk)

Information and support for people affected by OCD and hoarding, including online forums and local support groups.

## OCD-UK

0845 120 3778

[ocduk.org](http://ocduk.org)

Charity run by and for people with OCD.

## Royal College of Psychiatrists

[rcpsych.ac.uk](http://rcpsych.ac.uk)

Professional body for psychiatrists. Includes information about mental health problems and treatments.

## Triumph Over Phobia (TOP UK)

[topuk.org](http://topuk.org)

Provides self-help therapy groups and support for those with OCD, phobias and related anxiety disorders.

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© Mind November 2019

To be revised in 2022

References are available on request.