

PATIENT INFORMATION · MENTAL HEALTH

Obsessive compulsive disorder *it is very often not about cleaning*

OCD is unwanted intrusive thoughts causing intense distress, and repetitive acts done to relieve that distress. It is widely misunderstood as a preference for tidiness. In reality it is a disabling anxiety condition, the average delay before people seek help is around a decade, and it responds well to a specific therapy.

Please seek help promptly if

- you are having **thoughts of harming yourself or ending your life**
- compulsions are taking **many hours a day** or you cannot leave the house
- you are **unable to eat, drink or sleep** because of rituals
- you have **skin damage from washing**, or physical harm from compulsions
- someone close to you is **seriously worried** about you

If you are having thoughts of harming yourself or ending your life, help is available now. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123** at any hour, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**.

How it works

An **obsession** is an unwanted, intrusive thought, image or urge that causes intense anxiety. A **compulsion** is something done to neutralise it — a physical act or a mental one. The compulsion works briefly, which is exactly why the cycle strengthens: each time you perform it, your brain learns that the danger was real and the ritual prevented it.

The themes people do not mention

- **Contamination** — the well-known one, with washing and cleaning
- **Checking** — locks, appliances, that you have not harmed someone
- **Harm obsessions** — intrusive thoughts of hurting someone you love, or of losing control. **These are the opposite of intent**, and they are distressing precisely because they are abhorrent to you
- **Sexual or 'taboo' intrusive thoughts**, including thoughts about children, which cause enormous shame and are the least likely to be disclosed
- **Religious or blasphemous obsessions** (scrupulosity)

- Symmetry and 'just right' feelings
- Relationship or health obsessions

Intrusive thoughts are not intentions

Almost everyone has intrusive thoughts — a fleeting urge to swerve the car, an unwanted violent or sexual image. Most people dismiss them. In OCD they stick, and the distress they cause is misread as evidence that they mean something. **They do not.** People with harm OCD are not dangerous; people with taboo intrusive thoughts have no desire to act on them. Disclosing these thoughts to a clinician does not result in you being reported or your children removed — it results in the correct treatment. The shame is the main reason people suffer for years.

Mental compulsions count

Not all compulsions are visible. **Mental reviewing, counting, praying, mentally checking whether you did something, arguing with the thought, or seeking reassurance** are all compulsions, and they maintain OCD just as effectively as handwashing. People with purely mental compulsions are often told they do not have OCD, which is wrong.

Why reassurance backfires

Asking 'are you sure I locked it?' or 'do you think I'm a bad person?' relieves anxiety briefly, so the brain requires more of it next time. Reassurance-seeking is itself a compulsion. This is difficult for families, who naturally want to help — and the most helpful thing they can do is agree in advance, kindly, to stop providing it. **Accommodation by family is one of the strongest predictors of poor outcome.**

Treatment

ERP

the specific therapy that works

SSRIs

often at higher doses than for depression

12 weeks

before judging medication

- **Exposure and response prevention (ERP)** is the treatment. It means deliberately facing the trigger and **not performing the compulsion**, so anxiety rises and then falls on its own. It is uncomfortable, it works, and generic counselling or talking therapy does not.
- **SSRIs** are effective, generally at **higher doses and for longer** than in depression — often 12 weeks before full benefit. Many people are undertreated on a depression-level dose.
- **Combining ERP and medication** works better than either alone for moderate to severe OCD.
- Continue medication for at least a year after improvement to prevent relapse.
- Specialist services exist for severe or treatment-resistant OCD.

Why come to us. The average person waits around ten years, usually because of shame about the content of their thoughts. Nothing you describe will shock us, and none of it goes anywhere else. We offer unhurried, confidential appointments seven days a week, prescribe and titrate medication properly — at OCD doses rather than depression doses — and refer for **ERP specifically** rather than general counselling. Psychiatry and psychology are available without a GP referral.

Nothing you say will shock us

Confidential appointments seven days a week, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

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This leaflet is based on current NHS and NICE CG31 guidance on obsessive-compulsive disorder. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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