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OCD Ireland Reaching GPs: a Community-Based Research Project Examing How OCD Ireland's Communication is Received by General Practitioners

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OCD Ireland – Reaching GPs

A community-based research project examining how OCD Ireland's communication is received by General Practitioners

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"Mental health is a most important,

maybe the most important, public health issue,

which even the poorest society must afford to promote, to

protect and to invest in."

(World Health Organisation, 2003)

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Abbreviations:

OCD – Obsessive Compulsive Disorder

GP – General Practitioner

BDD – Body Dysmorphic Disorder

TTM – Trichotillomania

CBR – Community-Based Research

DIT – Dublin Institute of Technology

Context Review

OCD Ireland is a national organisation for people with Obsessive Compulsive Disorder (OCD) and the related disorders of Body Dysmorphic Disorder (BDD) and Trichotillomania (TTM). The organisation is endorsed by the Irish Mental Health Coalition, the International OCD Foundation and St. Patrick's University Hospital. Founded by counsellor Liz Hickey in the early 1990's, OCD Ireland aims to provide information and support to people with these disorders, to their families, friends and carers, and to interested professionals. Regular support groups and free public talks are intended to promote awareness of OCD, BDD and TTM. OCD Ireland is a non-profit organisation which relies entirely on the work of its voluntary committee members to continue and gaining exposure and reaching sufferers is a considerable challenge.

As students of the Community-Based Research Module, offered as part of the MA Public Relations at D.I.T., the researchers chose to work with OCD Ireland in addressing this challenge by conducting research to inform its communications strategy. Community-based research involves working with under-served community-based organisations to develop new knowledge collaboratively in order to solve a pressing communication problem or effect social change. The process draws on John Dewey's theory of linking knowledge *with* social inquiry and addresses the higher education mandate of wider social responsibility (Strand et al., 2003).

Arriving at the Research Question

At a meeting with Leslie Shoemaker of OCD Ireland in October 2012, she drew on her empirical knowledge on the matter and identified communication as one of the organisation's biggest challenges. The researchers agreed that this could be an appropriate focus for the research. OCD Ireland's questions were as follows:

- Where are OCD Ireland's messages landing?
- Why aren't GPs directing patients to the organisation?
- How do medical professionals receive messages?
- Is there a better way of communicating with GPs?

Following deliberation and further discussions between the research partners, the research question "**How are OCD Ireland's communications received by GPs?**" was provisionally agreed upon, although this was revisited at many stages of the research process. Later a sub-question was added: "**To what extent do OCD Ireland's communications influence GP referrals?**"

Literature Review

Throughout the undertaking of this research project, the researchers were able to identify with theories of semiotics and social sciences which were relevant to the study. Such theories were used as a lens through which to look at researching with the community partners and the results and dynamics that were revealed through this research. Simply defined, theory is an explanation of phenomena. It is the researchers' contention that theory is implicit in all human action and is critical in developing evidence for community-based practice. It is the relationship of theory to practice that is key in CBR: "Only theory can give us access to the unexpected questions and ways of changing situations from within" (Schratz and Walker, 1995, p.107). With regard to CBR theory, the researchers looked at the concept of collaboration in CBR and especially the work of Kerry J. Strand et al. (2003). The collaborative nature of CBR enables the members of the research project to be both researchers and learners. CBR is then a "partnership of students, faculty, and community members who collaboratively engage in research with the purpose of solving a pressing community problem or effecting social change" (Strand et al., 2003).

Semiotics and the work of Umberto Eco and Stuart Hall were of primary importance in the analysis of the data gathered from the interviews with GPs. The theory of semiotics is most used today to examine the interactions and the communication processes between individuals in society. Semiotics helps us to understand how individuals 'make meaning' of the messages they receive (Hall, 1973). The theory of semiotics involves the analysis of the "signs" and "codes" used by individuals when interacting with others. Individuals read and understand a message according to a number of "signs" that help the receiver of a message to 'decode' the message (Hall, 1973). Semioticians such as Umberto Eco studied what codes individuals use to interpret the message. The set of codes of an individual is deeply influenced by her/his own experience, culture, language, etc. In other words, each individual takes different meanings from the same message. The sender organises the message on the basis on her/his own codes but the receiver fills it with aberrant meanings according to their own particular codes (Eco, 1976). In communication, it is the role of the communicator to understand and adapt her/his message to different publics.

Once the message is received and decoded, the next step in the communication process is the evaluation of the message (Petty and Caccioppo, 1986). The Elaboration Likelihood Model is based on the principle that people have neither the ability nor the motivation to evaluate everything carefully. The model describes two rather different ways by which a person might come to hold a reasonable attitude. Peripheral route to persuasion involves a low elaboration process and therefore less cognitive effort. It implies that the message is unclear, too complex, or irrelevant, and therefore "does not need an extensive cognitive processing of the merits of the actual argument presented" (Petty and Caccioppo, 1986). On the other hand, a central route to persuasion involves a high elaboration process during which the individual carefully assesses and examines the message. The individual uses a great deal of time, thought and scrutiny to evaluate the message. If the individual deems a message to be reliable, well-constructed, and convincing, it will often be received as favourable even if it is contrasting to the receiver's original point of view on the message. However, if unfavourable

thoughts are generated while evaluating the merits of presented arguments, the message will most likely be rejected. This theory is a central aspect of this research as the GPs' evaluation of support groups' communication is situated in this continuum between low elaboration and high elaboration.

The evaluation of the relevancy of the message is deeply linked with the receiver's "need for cognition". Cohen, Stotland and Wolfe (1955), in their work on individual differences in cognitive motivation, identified this "need for cognition" which they defined as "the individual's need to organize his experience meaningfully", the need to "structure relevant situations in meaningful, integrated ways", and the need to "understand and make reasonable the experiential world". If the individual has a high need for cognition, s/he will be more likely to evaluate the message by paying close attention to the relevant arguments of the message; whereas if an individual has a low need for cognition, s/he will evaluate the message by superficial factors such as the attractiveness of the message, the form or the context. Social Cognitive theory (Bandura, 1977) applied to communication examines the factors in society that affects a person's evaluation of a message. This theory implies that a person is directly influenced by the direct observation of others' behaviours in society. In marketing and communication, the direct observation of a TV advertisement which conveys a high need for cognition for the audience is likely to influence the behaviour and the attitude of the audience on the product or the subject of the advertisement.

The final theory the researchers considered was Pierre Bourdieu's theory of social capital. In *The Forms of Capital* (1986), Bourdieu distinguishes between three forms of capital: economic capital, social capital and cultural capital. According to Bourdieu, "social capital is the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition (Bourdieu and Wacquant, 1992). Social capital refers then to the relationships people have with others in society and how they may best use them to their advantage.

Methodology

For the purpose of this study, a qualitative research approach was used as a method to explore and describe how GPs receive OCD Ireland's communication and to what extent it influences their patient referrals. Qualitative research can be defined as "social research in which the researcher relies on text data rather than numerical data, analyses those data in their textual form rather than converting them to numbers for analysis, aims to understand the meaning of human action and asks open questions about phenomena as they occur in context" (Carter & Little, 2007, p. 131). Thus, a qualitative approach to research tends to emphasize exploring, describing, and interpreting social phenomenon compared to a quantitative approach which is characterized by statistical data and measurement. In *Criteria for evidence in qualitative research* (1994), Fitch states that qualitative research methodology "examines the qualities of communication phenomena whereby data tends to be continuous rather than discrete and the

emphasis is on description and explanation more than on measurement and prediction". The aim of the research was indeed to help *describe* and *explain* the reception of OCD Ireland's communication by GPs. Therefore, a predominantly qualitative research methodology was decided upon.

Methods

This study consisted of qualitative, in-depth individual interviews. The researchers conducted semi-structured interviews, in which the participant is not the subject of an interrogation but is a "conversational partner" (Berg, 2009). An interview guide was used by the researchers to ensure a number of key areas were addressed *(see appendices)*:
- Experience of patients with mental health illness and making referrals
- Experiences and attitudes around mental health
- Knowledge of OCD, TTM and BDD and OCD Ireland
- Response to a sample communication from OCD Ireland

The researchers used two print materials in the interviews: A communication sample from OCD Ireland was used to facilitate direct observation of participants' responses and a number of facts relating to OCD, TTM and BDD were shown in order to establish GP knowledge of these illnesses, without them feeling compromised or exposed *(see appendices)*. Following a pilot interview on 27th of October 2012 the researchers liaised with their research supervisors for feedback concerning the design and the guideline. Questions were then removed or revised based on their suggestions.

The researchers attempted to secure a purposive sample for this study, recruiting participants though the researchers' network and also through informal contacts (See Fig. 1). A total of nine GPs participated in the study: five women and four men. The GPs' ages ranged from early thirties to late fifties. The average length of the interviews was 20 minutes. The data collection process took place between 27th of October 2012 and 10th of December 2012.

GP	Location	Age	Practice Type
Ann	Rural - Co. Galway	Late 50s	2 GP-practice
Betty	Small town - Co. Galway	Early 30s	Medical Centre - 5 GPs
Ciaran	Urban - Galway city	Early 30s	Medical Centre - 4 GPs
Darina	Urban - Galway city	Early 50s	Medical Centre - 4 GPs
Eddie	Urban - Galway city	Late 30s	Medical Centre - 4 GPs + Jigsaw
Felix	Suburban - Galway	Mid 30s	3 GP-practice
Gabrielle	Rural - Co. Laois	Late 50s	2 GP-practice
Helen	Urban - Cork city	Mid 50s	Medical Centre - 4 GP-Practice
Ian	Suburban - Dublin	Early 30s	Medical Centre - 5 GP-Practice

Fig. 1: Details of interview respondents

Data Analysis

Time

All nine of the respondents made reference to 'time' during the course of the interview. The issue of time constraints was discussed in relation to the duration of their patient consultations and the challenges this presents, particularly for patients with mental health illnesses. Ciaran remarked that "The biggest challenge for me as a GP is time". In contrast, Eddie worked two days a week in Jigsaw, a mental health support service for teenagers, and spoke of the luxury of having longer consultations: "I'm lucky that I have the gift of time. I have 30-45 minutes with each patient. You don't get that much time in a GP practice".

Time was also mentioned in relation to accessing information. Felix stated that "There isn't time to go searching for the documentation". For many of the respondents their working day didn't allow for opening correspondence except at lunchtime, although two of the respondents commented on how they often "run over" and their lunch is cut short. Helen said "It [the documentation] needs to be clear… I can open it quickly and read it at lunchtime" while Ian spoke of looking at emails "at lunchtime or after work". Two of the participants said that looking at emails or post would not be a priority for them and all of the GPs said that they would regularly delete emails without opening them because of the quantity they receive every day: "It wouldn't be your priority to look at those emails in your day, so if you have something in paper you're more likely to look at it" (Betty).

Drawing on the work of Petty and Cacioppo (1981, 1986), Elaboration Likelihood theory may be used to understand how time can act as a barrier to communication with GPs. Petty and Cacioppo suggest that the amount and nature of the thinking that a person does about a persuasive message has an important influence on the kind of persuasion that occurs. They contend that not every situation provides sufficient time for reflection on a message and this would appear to be the case with GPs when receiving communications. Time constraints present a major challenge to OCD Ireland in communicating with GPs as this variable severely limits the likelihood that persuasion will occur, and if it does, it is most likely to only occur peripherally.

Confidence

One of the issues addressed in the interviews was the respondents' perception of how confident GPs are in dealing with mental health patients on a scale of 1-5 (1 being very confident and 5 being not at all confident). All of the respondents said that they felt GPs would be between 2 and 3. Later in the interview eight of the respondents made reference to diagnosing OCD and, indirectly, their lack of confidence in doing so: "GPs would be slow to make a diagnosis of OCD. We would usually refer the patient for a diagnosis. Often GPs suspect these illnesses but I think we are afraid of labelling people" (Helen). Betty remarked "GPs are a bit slow with these types of diagnoses...it's a bit beyond your regular depression or anxiety so we try to share the burden of diagnosis...we get a specialist involved and then we are involved in the on-going treatment".

As confidence is a very subjective feeling, it is difficult to draw conclusions on the data relating to this theme. The researchers did note, however, that Betty, Ciaran, Eddie and Felix (all in their thirties) were more explicit in their discussion of dealing with mental illness.

This may be related to knowledge. One respondent, Ian, said "I think it [confidence in making OCD diagnoses] depends if you've done the scheme* or not...most people have. Most schemes have mental health in them but you are so junior at that stage you don't make any decisions. You do what consultants say. I think it's a matter of gaining confidence" Darina spoke of a fear of labelling. Gabrielle, when asked about her propensity to make referrals when dealing with patients with mental health said "I don't know, I'm more inclined to just pop them on a tablet first". The researchers noted that this lack of confidence was apparent despite the prevalence of mental health illness, which Ian drew attention to: "It's our bread and butter…it's so common".

*The majority of GP training programmes in Ireland contain a psychiatry rotation (referred to here as a 'scheme') but this can sometimes be optional.

Knowledge

Respondents were shown five facts on OCD, BDD and TTM during the course of the interview. All of the respondents expressed surprise at at least one of the statements, and many of them indicated that they were unaware of some of the facts provided: OCD - "I would have thought it was to do with personality...I forgot the compulsions don't give the person pleasure...I didn't know that" (Darina); TTM - "I didn't know much at all about it. I would probably have lumped it in with self-harm. Is it a form of self-harm?" BDD - "...insufficient level of serotonin...I didn't know that" (Ann). The researchers noted that six of the respondents spoke of OCD as being part of anxiety and depression, and two said that pure OCD was very rare: "I've very few patients with OCD. People don't come for OCD. They come for other issues and it's usually a 'by the way'. It's often part of depression or anxiety" (Gabrielle)

The researchers have looked to the work of Cohen, Stotland and Wolfe (1955) and Petty and Cacioppo (1982) to understand how knowledge may be a factor in OCD Ireland's communication with GPs. The Need for Cognition theory proposes that people who have a motive to find something out are more likely to be receptive to a message than those with no motive. The fact that the respondents in this study have indicated a lack of confidence in dealing with patients with mental health illness and that some have indicated a lack of knowledge in the area of OCD should provide a motive to seek information. The Elaboration Likelihood Model (1981, 1986) identifies personal relevance as a factor in the likelihood of persuasion occurring. As all of the respondents had experience treating patients with OCD this would also act as a motive for elaboration. The researchers have concluded that time (as discussed earlier) is acting as a barrier to knowledge acquisition in this area.

Trust

Direct knowledge of the support service/organisation when making referrals was mentioned by eight of the respondents as being important during their interviews: "There was one organisation I can think of…a friend of mine who had a psychiatric illness had been referred to and she found this really helpful so I would be inclined to refer to them as a result" (Darina); "I feel I'd be slow to recommend something… it's usually those I had dealings with that I would be more comfortable referring to" (Eddie). The vulnerability of mental health patients was cited as an issue of concern in patient referrals where the person or organisation being referred to was not known to the respondent: "People with mental health illnesses are often very vulnerable and so there can be a hesitation to access services you don't have direct knowledge of" (Helen).

Pierre Bordieu's Theory of Cultural Production (1993, 1996), and more specifically his concepts of Field and Habitus, provide a useful framework in which to analyse the data obtained here. Respondents appear to be relying on their existing social capital – "a durable network of more or less institutionalised relationships" (Bourdieu and Wacquant, 1992) – when referring patients with mental health illness. As OCD Ireland was not known to *any* of the respondents in this study, they are faced with a serious challenge in terms of building relationships and trust with GPs in order for referrals to be made. Petty and Cacioppo's Elaboration Likelihood Model (1981, 1986) also points to the importance of trust in achieving persuasion. Source trustworthiness is one of the variables identified in the model as determining the likelihood of message yielding and it is evidently an important factor to the respondents in this study. Social Cognitive Theory (Miller and Dollard, 1941; Bandura, 1962) proposes that behaviour is reciprocally determined by internal personal factors and the environment in which the person lives. It can be implied from the data that GPs' behaviour in making referrals is commonly determined by their colleagues' behaviour.

Access to Information

Interviews revealed that four of the respondents worked in practices where their post was filtered by the receptionist: "My post is filtered by receptionist and put in my tray" (Ian). In two cases, the receptionist also decided which communications should be displayed: "The receptionist opens all the post. She would decide which leaflets are displayed in the waiting room and she organises them… She chooses which are displayed most prominently… That's probably not right… It should really be a doctor who does that" (Darina). Eight of the respondents felt that post was the most effective means of communicating as they were most likely to take notice of it. One respondent, Felix, spoke of having a preference for post because he could take it with him and read it while eating his lunch. The researchers noted the link between accessing information and time constraints.

Clarity and Relevance of Communications

In order to identify what the respondents felt constituted effective communications, they were asked to give an example of a piece of communication that they considered to have been particularly persuasive. From their responses, it appears that clarity of information is very important: "The suitability of the leaflet to the patient population is really important… that it's eye catching and not too much jargon" (Ciaran); "I think some posters are too heavy-handed… cartoons are good… something bright and breezy… and posters are good for a waiting room. Patients will look at them in the waiting room. The HSE winter flu vaccine is a really good one" (Ann). Interestingly, all of the respondents answered this question from the perspective of the patient, and not from their own perspective.

Respondents spoke about too much text being off-putting for patients and how the language used had to be appropriate to the patient: "not too much medical jargon or abbreviations" (Eddie). Some of the GPs felt that asking questions was a good way of catching the patient's attention, especially as the patient might not realise what illness they have or that they have any illness at all. Six of the respondents recalled posters/flyers which used bright colours and two mentioned the use of cartoons. One GP suggested having separate communications for the GP and the patient (having been prompted to consider the question from their own perspective, as opposed to that of the patient). Four GPs said they liked to have something they could hand to the patient and mentioned business cards, 'pull off' contact details or flyers as effective: "I need something I can keep so I can hand it out" (Felix). It would appear that respondents are indicating the need for communication to have personal relevance to the patient and indeed to themselves. As discussed previously, this is one of the variables associated with The Elaboration Likelihood Model (Petty and Cacioppo, 1981, 1986).

Conclusions and Recommendations

This study, although small in scale, has generated high-quality data which may be used to inform OCD Ireland's communication strategy and in turn increase referrals to the organisation. In answer to the research question 'How are OCD Ireland's communications received by GPs?' the researchers concluded that GPs, in fact, are not receiving communications from the organisation. As this became apparent during the data collection stage, consideration was given to adjusting the research question but it was ultimately agreed by all parties that this finding did not detract from the validity of the research question and that the data collected in response to such a question would be beneficial nonetheless. The researchers have concluded that in answer to the sub-question 'To what extent do OCD Ireland's communications influence GP referrals?' that OCD Ireland's communications do not influence GP referrals at all (based on the responses of the nine GPs in this study).

The study found that all of the respondents had experience dealing with mental health illness on a daily basis and the prevalence of such illness was flagged by many. Although unaware of the organisation, all of the respondents expressed a need for a support service such as that provided by OCD Ireland and expressed approval that the body existed. Six of the

respondents indicated that they would make referrals to the organisation in the future. The researchers found that time and trust are the two biggest factors influencing the impact of communications on GPs and their referrals. A lack of time results in many communications not being received at all in some cases (emails being deleted without being opened, post being filtered by receptionists due to the volume received), or only being given a most cursory review in others. Persuasion, if it is to occur at all, will most likely be peripheral. In many cases, the vulnerability of mental health patients leads GPs to only refer to support services and organisations of which they have direct knowledge or have been recommended by a colleague.

All of the respondents felt that there was a need to modify OCD Ireland's existing communications, based on the sample shown during interview: "I think that's not clear enough to be honest...I think these kind of things [support organisation posters] need to ask a question. Something basic is best…saying what they (the mental health organisation) offer, where they are, and their contact details" (Gabrielle). Language was identified as an important factor: "The suitability of the leaflet to the patient population is really important… that it's eye catching and not too much jargon. Maybe it would be a good idea to have separate leaflets for GPs because sometimes the language can be too confusing" (Ciaran). The use of bright colours and cartoons was also seen as effective. All of the respondents spoke of the validity of communication from the patient's perspective and not their own.

In light of these findings and drawing on relevant theories from the literature, the researchers are making the following recommendations to OCD Ireland regarding how they communicate with GPs:

- Post was regarded by all respondents as the most effective means of communication. OCD Ireland currently distributes a poster through the post on a yearly basis. The researchers recommend that they continue to do so and, where possible, increase the frequency of communication.

- Direct knowledge of the support organisation is extremely important to GPs. Considering the limited resources available to OCD Ireland, the researchers propose that, outside of postal communication, the most effective way the organisation can maximise its exposure (thereby increasing direct knowledge) is through continuing to develop its website and social media presence. Gaining coverage on traditional media where possible will also be of benefit.

- Personalising communication with GPs will also be an important factor in building trust and increasing the likelihood of attracting attention. It will also overcome the issue of the communications gatekeeper.

- Sustained publicity of the support groups offered by OCD Ireland is required and the researchers suggest that the organisation create a database of GP email addresses which could be used to issue 'reminders' prior to events. Although this study has identified email as being far from the ideal communication medium, the researchers believe that through the profile-raising activities described above, emails from OCD Ireland may receive greater attention.

- Many of the respondents spoke of the benefit of having a document they can give to patients. The researchers recommend providing posters with pull-off tags/business

cards with OCD Ireland's website address. Again, resources will dictate the extent to which this is possible.

- Tailoring the communication to the target public is vital to the success of OCD Ireland's communication strategy. Communications intended for patients should use appropriate language, while GP communications should attempt to attract attention using lesser-known facts about OCD, BDD and TTM and new research findings. Many of the respondents suggested urging GPs to flag for these illnesses in patients with depression and anxiety.
- Communications designed for sufferers of OCD, BDD or TTM should be bright and colourful, possibly using a cartoon or other eye-catching graphic and should be kept very simple. Asking a pertinent question which provokes thought may help patients who don't realise they are sufferers.

Limitations of the Project and Future Research

The choice in the research design and methods depends greatly on the resources, population characteristics, population accessibility, orientation and skills of the researchers, and the nature of the research question. There were some clear limitations on the research which were imposed on the researchers both by the resources and time available for the project. As a result, the sample obtained is relatively small and the researchers acknowledge that this may have distorted the findings to some extent. Geographic bias may be a factor. Had it been feasible to conduct further interviews in Dublin, for example, a greater awareness of OCD Ireland may have been revealed. This by no means invalidates the findings of the current study however, as OCD Ireland is a national organisation and, as such, is concerned with establishing nationwide recognition. Although some patterns were detected in the data (practice size and access to information; respondent age and knowledge; respondent age and confidence in treating mental health illness; education and knowledge and confidence), further research is required to confirm these. A number of the respondents revealed that the practice receptionist was acting as a communications gatekeeper. A study exploring this practice may be of benefit in gaining a greater understanding of how OCD Ireland can best communicate with GPs.

Research focusing on mental health patients and the mental health component of medical training in Ireland would also be valuable in informing their broader communications strategy. Indeed, GPs' knowledge on OCD inevitably influences their referrals to mental health organisations and support groups. An interesting area of research would be to investigate if GPs with a strong knowledge on OCD would refer patients to OCD Ireland's support group. As shown in this research, the lack of knowledge and the inability to diagnose OCD inevitably affect GPs in their referrals. Instead of referring to support group organisations, GPs might prescribe medication or refer to mental health support groups that deal with depression or suicide such as Aware. As such, the researchers believe that there is a need for a study on the education of OCD at third level and as part of the continuous professional development.

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Appendices

Topic Guide

Experiences and attitudes around mental health

1. Do you have or have you ever had any patients with a psychiatric disorder?
2. Approximately what percentage of your patients has a mental illness and which are the most common ones?
3. On a scale of 1-5, with 1 being very confident and 5 being not confident at all, how confident do you think GPs are generally in recognising psychiatric disorders, making assessments and appropriate categorisation in patient populations?

Influences and choices of patients' referrals

4. Do you refer psychiatric patients to mental health services for support? If yes, which organisations might you refer to?
5. Do you refer psychiatric patients to mental health services for therapy? If yes, which organisations might you refer to?
6. What do you think influences you to make referrals to particular mental health support services over others? (Success of past referrals, profile of organisation, recommendation by colleagues, information received from organisation, accessibility of services, other?)
7. Do you receive any communications from mental health support services such as HSE services or non-profits such as Aware, Headstrong, Bodywhys? If yes… how are they received and how frequently?
8. Do you think the nature of an organisation's communication influences your decision to make referrals to them? For example how influential (if at all) would you consider the following to be: how and when communication is received, the source, the language used, the information contained in the communication, use of imagery, the use of statistics and testimonials, 'shock factor', other?
9. Can you think of an example of a communication campaign that influenced you in your referral? This may have been as a result of the information contained in communication (facts or statistics), the frequency with which it was received, how the communication was received, the sources...as above

10. What do you think is the most effective medium of communication for mental health organisations to contact GPs? For example through post, electronic mail, phone, in person, other?

Knowledge of and response to fact sheet on OCD, TTM and BDD and the organisation OCD Ireland

11. Have you heard of OCD Ireland? If yes, what do you know about the organisation?

12. **Fact sheet** Do any of these statements about OCD surprise you? Where did you acquire this knowledge? Treatment options?

13. How common do you believe OCD to be in the general population?

14. **Fact sheet** Do any of these statements about TTM surprise you? Where did you acquire this knowledge? Treatment options?

15. **Fact Sheet** Do any of these statements about BDD surprise you? Where did you acquire this knowledge? Treatment options?

16. Do you recall receiving any communication from OCD Ireland in the last year? If yes, how did you receive it and what, if any, was its impact on you?

Response to sample communication from OCD Ireland

17. What do you think of this leaflet from OCD Ireland?

18. Do you have any additional comments?

19. How can OCD Ireland improve their leaflets?

Sample Communication from OCD Ireland shown during interview

OCD IRELAND SUPPORT GROUPS

OCD Sufferers Support Group
OCD Support Group for sufferers only
meets three times a month.

BDD Sufferers Support Group
BDD Support Group for sufferers only
meets once a month.

Trichotillomania (TTM) Sufferers Support Group
TTM Support Group for sufferers only
meets once a month.

Family, Carers & Friends Support Group
Support Group is only for Family and Friends of sufferers of OCD/TTM/BDD and meets once a month.

All Groups run in St Patrick's Hospital, James Street, Dublin 2.
All Groups are free, confidential, safe and run by trained facilitators.
Please see OCDIreland.org for details on times and dates.

LET'S MOVE THINGS FORWARD ▷

OCD IRELAND PUBLIC LECTURES

Time for each talk: 7.00 – 8.30pm
Monthly on a Wednesday Evening, Sept. – May.
Location: Main Lecture Theatre/Hall of St. Patrick's Hospital, James Street, Dublin 2

Audience: interested persons, mental health professionals, and students
- Free attendance!
- Talks provided by leading experts and professionals!
- No registration required!
- Nine lectures each year!

PSI grants 1.5 CPD credits for each talk!
Please see OCDIreland.org for details on dates.

Statements regarding OCD, BDD and TTM shown during interview

<u>OCD</u>

Research suggests that OCD involves problems in communication between the front part of the brain (the orbital cortex) and deeper structures (the basal ganglia).

Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure.

No specific genes for OCD have yet been identified, but research suggests that genes do play a role in the development of the disorder in some cases.

OCD symptoms can take up to an hour a day of the person's life.

People with OCD may have obsessive fears of having inadvertently harmed someone else (perhaps while pulling the car out of the driveway), even though they usually know this is not realistic.

<u>TTM</u>

People who have Trich pull out hair from their scalp, eyelashes, eyebrows or other parts of the body.

Current research estimates that 1-2% of the population has this disorder.

The age for many first time hair pullers is 12 years old but there are reports of it effecting people as young as one and as old as 70.

Trich is often associated with other unrelated disorders such as pyromania and kleptomania.

Some researchers have found that nearly 20% of hair pullers eat their hair or chew off and swallow the root ends.

<u>BDD</u>

People with BDD typically think about their appearance for more than one hour a day

Ironically BDD is often misunderstood as a vanity driven obsession, whereas it is quite the opposite; people with BDD believe themselves to be profoundly ugly or defective.

Recent studies indicate that an insufficient level of serotonin, one of the brain's neurotransmitters involved in mood and pain, may contribute to body dysmorphic disorder.

There have been recent alarming reports that found that between 6% and 20% of those seeking cosmetic surgery in Ireland actually suffer from BDD.

BDD often occurs with OCD.