An Exploration of Experiences of Adult Individuals with Obsessive Compulsive Disorder in Galle Area

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Abstract- **Title:** An exploration of experiences of adult individuals with Obsessive Compulsive Disorder in Galle area

Background: Obsessive compulsive disorder (OCD) is a mostly prevalence and debilitating mental health disorder known to impact with various life domains. Yet less known about the subjective experiences of living with OCD amongst Sri Lankans and more so, the ways in which it affect to daily life functioning and whole life.

Methods: The aim was to explore experiences of adult individuals with OCD in Galle area, Sri Lanka. Qualitative semi-structured interviews were conducted with 10 adults with a primary diagnosis of OCD. Data analyze as thematically. Ethical approval obtained from the Ethical Review Committee, Cardiff Metropolitan University in United Kingdom

Findings: Findings were divided into four major themes with its' sub-categories which included as, a) Direct impact to self with coping strategies, sleep and cognitive impairment b). Living with family has various reactions from family, family members' perception c) Influences to academics and work- impairment productivity of work or academic progress, communication issues in work or academic environment. d) Social and cultural impact with socializing issues, cultural impact and religious influences and reported with no significant support from society to manage these disruptions.

Conclusion and Recommendation: Individuals with OCD have issues with their life related to self, family, work, academic and socio cultural aspects of their life. Findings can be used as basis for development of interventions that meet the person needs and attention to increase quality of life. It will reduce literature gaps in Sri Lanka and will help to arrange supportive programs to the individuals living with OCD.

Index Terms- Living experiences, Adults, OCD

I. Introduction

Obsessive Compulsive Disorder (OCD) is highly prevalent mental health anxiety disorder perceived by repetitive and intrusive thoughts and images (obsessions) and/or repetitive behaviors focused at deduction of distress interconnected with obsessions (compulsions) [28]. This disorder is a considered as one of the 10 conditions of highest disabling given its impact of persons' functioning level and quality of life[34]. It has prevalence of 1-3% globally [12]. Currently treatments are available for OCD such as combinations of therapy with anti depressants and Cognitive Behavioral Therapy (CBT)[31].

OCD prevalence in during lifetime is around 1.9%–3.0% in the normal population in general community [Karn, 1988, as cited in 30]. In Sri Lanka, 5% and 10% per cent of population are known to having with mental illness. Anxiety disorders are one of the most average illness seen in the clinical area in Sri Lanka[26]. OCD has higher influence to daily activities of living such as their work, leisure activities or their relationships with others. The persons with OCD are normally indecisive because of they have recurring thoughts and ideas. In this sense persons with OCD require significant time to create their decisions [1]. Most of persons with OCD become so with some rules, regulations and descriptions. Individuals with OCD have inconvenient to build collaboration with other peoples and don't prefer to arrange delegations for tasks in daily routines [15].

There are many variety of evidences from quantitative studies to prove that mental health condition has a most negatively affect on their daily routine activities [35]. When international context is reviewed, World Health Organization (WHO) has mentioned, OCD is categorized as one of the 10 illness with greater disabling. It impact one in 40 individual adult persons, prevalence of OCD is higher in females than males [15].

Clients with OCD may feel repetitive motions, germ-phobia and the requirement to arrange items in specific order, ritualistic behavior, social withdrawal or continuous repetition of words or activities. These preoccupations affect their efficacy in the job, it caused to miscommunication between supervisors, employees and co-workers [38]. Most of persons with OCD faced to late arriving or even absented them from presenting to regular classes, meetings, lecturers and works, often due to nominal compulsive ideas like washing hands or counting and checking all kind of things. Obsessions thoughts may disturb to students in their academic classes, while compulsions may stop them from taking parts in educational activities or fulfilling tasks within time period, thus having an impact for their education success. These obsessions and compulsions ideas generate some impossible environment to fulfill their part in society [33]. When considering Asian studies, in Indian research study has reported that individuals living with OCD basis to feel isolation and want to withdraw from others in the society and they have some disruptions of exploring their self authentic and guilt feelings relating their disorder. Most of research studies founded that their productivities and qualities of work impacted by their symptoms of the disorder [5].

Most of past researches of quantitative manner haven't illustrated on all aspects of life of issues related with clients. This develops a gap of knowledge about life experiences of participants. Because of there is a need to gathering more details around this title. In other hand, several research studies reviewed were done in developed countries in the world. There is a important need for a qualitative research study that exploring to experiences of clients with OCD in developing countries, such as Sri Lanka, because of various setting values of cultural and custom in the country.

When considering Sri Lankan context, Sri Lanka is differing from other South Asian countries by unique free health service system and social and cultural related background. However, social stigmas on psychiatry diseases have in a sector of curative. There is a unpublished burden of OCD in the primary community stage [30]. In this context, the clients with OCD have several of life time experiences in day today life. There are less of published regarding researches about OCD persons in Sri Lanka.

Another hand, due to the less of researches there is a gap to fulfill with this research study to explore of living experiences of persons with OCD. This research will specifically intend to greater understand noticeable issues that achieve when a patient progress OCD and how they subjectively focus at their illness. Findings are helping to give best approaches of clinically to achieving the requirements of these clients.

Findings of the study will help to a developing insight regarding much better approaches of humanistic to health workers interconnecting with persons with OCD. Its outcomes will support to plan therapeutic treatment modules and more formal designed psychotherapy programs to them. And also findings will help to arrange various counseling and educational sessions .This findings about social related issues that faced by persons will help to create awareness of the community and relevant referrals and to get related socio-economic help to disburse some problems. Therefore, these research findings will support to enhance quality of life of clients with OCD. Therefore this study is going to be exploring living experiences of OCD persons.

In this study was founded to explore the everyday functioning of persons who are primarily diagnosed with OCD. This research was guided by main research question in focusing with objectives: How does OCD influence an individual daily living? The primary areas that four guided questions comprised: (1) self esteem (2) living with family (3) Impact of academic or work activities (4) experiences with socio-cultural events

Purpose of the study.
General objective

An exploration of living experiences of individuals with OCD who are registered in psychiatric clinic in Teaching hospital karapitiya.

Specific objectives
1. To identify the impact of OCD on self esteem of the individual with OCD who are registered in psychiatric clinic in Teaching hospital karapitiya.
2. To discuss living experiences with family members of individual with OCD who are registered in psychiatric clinic in Teaching hospital karapitiya.
3. To identify experiences with academic or work activities of individual with OCD who are registered in psychiatric clinic in Teaching hospital karapitiya.
4. To describe the experiences with socio cultural events of individual with OCD who are registered in psychiatric clinic in Teaching hospital karapitiya.

II.   RESEARCH METHODOLOGY

1.Research design

A qualitative phenomenological design was utilized in this study to explore the living experiences of individuals with OCD .The experiences are qualitative and difficult to quantify. Also, this is the best type of study design which could be used to explore the living experiences of individuals with OCD adequately and in-depth because of individuals with OCD are allowed to talk freely and it intended to generate knowledge grounded in experience of humans [29].

2. Study setting

Research participants were recruited from the individuals with OCD who are registered in psychiatry clinic, Teaching hospital Karapitiya, in district of Galle**.**

3. Participants and sampling

Ten subjects were selected from among clients who are registered in clinic of psychiatric in Teaching hospital, Karapitya. The participants recruited applying method of purposive sampling. Characteristics of client may impact to results. So, inclusion criteria were identified according to clients' characteristics. Clients' inclusion criteria were in 18 to 45 years of age, who are on more than 5 years of treatment, currently be an out-patient in Galle area, primarily diagnosed with OCD, have ability to express their experiences in Sinhala or English languages and being willing to participate to research study. Exclusion criteria were Clients who having previously diagnosed with other psychiatric or neurological illness, clients who are alcoholic or drug abused, have any intellectual disabilities and have any considerable medical illness. Participants recruitment were continued until the saturation of data level is achieved [11].

4. Data collection.

Before starting study, approval was taken from relevant authorities from psychiatric clinics in Teaching Hospital, Karapitiya. Data gained by semi-structured interviews by applying interview guide by audio tape recording in the psychiatric clinic in Teaching Hospital, Karapitiya. Researcher was conducted 10 interviews. Participants were four males and six females.

5. Data analysis

Thematic analysis used to analyze the data in present study. Thematic analysis widely used in qualitative research [2].Thematic analysis has been determined as one of a synthesis of validated methods for qualitative research findings. This study has used the term of 'thematic analysis, as translated techniques for the analysis of study findings commonly termination of 'thematic' for use in systematic reviews [6]. The technique used draws on other established techniques however applied method generally discussed as 'thematic analysis' .It used seven steps of processing like familiarization with collected data, coding, themes

searching and reviewing , themes defining , themes naming and written up[6].

6. Rigor / Reliability and validity of the instrument

Qualitative studies are using this terminology to check the reliability, validity, credibility, transferability, dependability, and conformability. Credibility means confidences that discussed as the data of the sample selection method of faithful presenting description and experiences interpretations of study participants [20]. The investigator built better interpersonal connections with the participants of the study to build the trust to avoiding to getting false information and distortions. To avoid these conflicts member checks by the participant as well as discussion with supervisor to conformation of data credibility.

Transferability is means to the extent to that the results have ability to be transferred to another setting or group of people [25]. The research in qualitative type doesn't target to generalize findings [13]. Data which find out of this research study required to be evaluation done in relationship to applicability to all other divisions of Sri Lanka. Data collection length of the study is helps to the data transferability.

Dependability describes to stabilities of conditions and data over time periods [25]. In this research study having one investigator collection of data and data transcribes has ability to affect the data dependability. To minimize the dependability of this study, Researchers decided to continue face to face interviews in same manner by the guidance of semi structured interview guide.

Conformability of the research study is free condition from biases and regarding naturally values [13]. In here the method and procedures have been discussed explicitly and enough details to exhibit the sequences of this research. Members check were continued and that also provided further evidences of investigator's awareness of self regarding assumption and thinking pattern, values and decisions making through the process of collection and analysis of data [25].

7. Ethical consideration.

Ethical approval for the study was granted by the Ethical Review Committee of the Cardiff Metropolitan University in United Kingdom through ICBT campus, Sri Lanka and administrative clearance was also obtained from the relevant authorities. The patients were informed that their participation was completely voluntary and the ability to withdraw from their participation at any time without any consequences was left open. All participants were kept fully informed of the purposes, benefits, potential risks of the study before taking their informed consent.

Individuals living with OCD from the data analysis with four themes. Themes influenced the experiences of individuals living with OCD. These themes are;

1. Direct impact to self
2. Living with family
3. Influences to academics and work
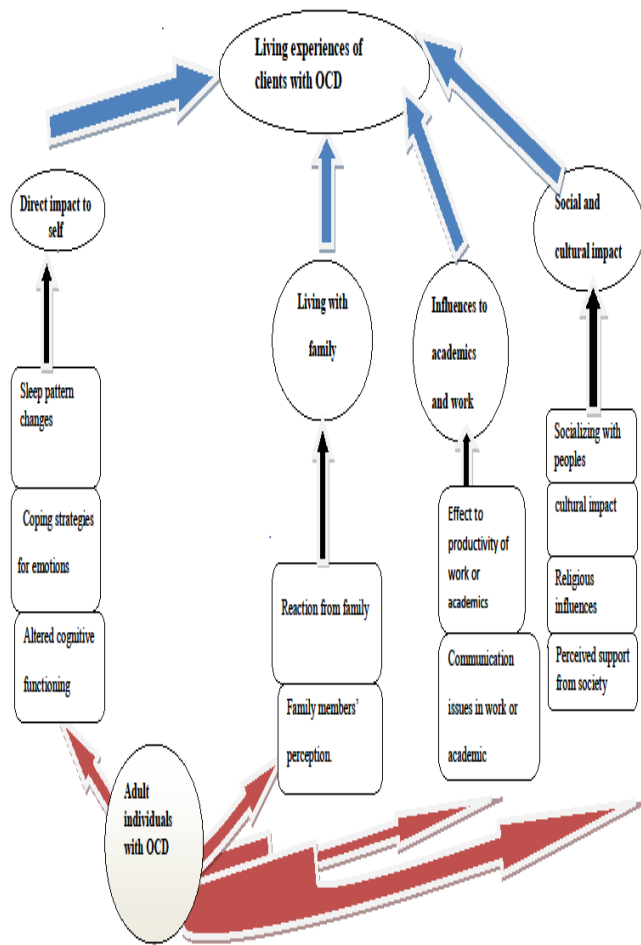4. Social and cultural impact.

Identified 11 sub themes under this major four themes.

Figure one present a living experiences model which illustrates the living experiences of individuals with OCD.

Table 1: **Demographics table**

Socio demographic data of participants of individuals with OCD

Participant ID	Sex	Age years	Marital status	Education level	Occupation
C1	M	32	Single	O/L	Security Officer In a Hotel
C2	M	19	Single	A/L	School Leaver
C3	M	27	Single	A/L	Customer Service Assistant
C4	F	45	Married	A/L	House Wife
C5	M	32	Married	A/L+aat	Owner in Book Shop
C6	F	36	Married	A/L	House Wife
C7	F	29	Single	Graduate	Teacher
C8	F	42	Married	A/L	House Wife
C9	M	23	Single	Up to A/L	School Leaver,
C10	M	36	Married	Have a diploma in IT	Bank Assistant

III. FINDINGS

According to demographic data of the study, 10 individuals *(N =10)* with OCD were selected who live in Galle area. Individuals with OCD age above 18 years. Participants were four males and six females. Both of participants who had ability to share experience clearly

Figure 01- **An exploration of living experiences of individuals with OCD.**

Theme I : Direct impact to self

Under this theme have three sub themes. Those are Coping strategies for emotions, sleep pattern changes, altered cognitive functioning

Coping strategies for emotions

Participants have identified several ways of coping to living with their illness. Participants identified various ways of coping with their OCD, it can identified as neutralizing behaviors This comprised techniques like self punishing, reporting notes or drawing own thoughts as an art, taking drugs and praying for help from religion, stay more times in religious places. Participants arranged themselves for situations that may trigger their OCD

"I want to cope some thoughts, then I take a self punishment like self hitting for me. Then I can tolerate it" (Interview 03, C3).

" *I want to write and draw pictures more to away from my thoughts, that methods to help to cope my emotions, I wrote again*

by again my thoughts and finally I can cope my own emotions, but I had to take more time to do it (Interview 10, C10).

Some participants have gained better feelings from their irrational thoughts by using their medications. One participant explained '*'It influenced to more time consuming to complete my daily routing with occupied thinking. It is really affecting to my life. Now I am feeling better with drugs''.* (Interview 07, C7).

Praying for help from religion is used as another common cooping strategy. one participant says,
"Sometimes I went church and pray more times , it was helped control my bad thoughts". (Interview 09, C9).

Sleep pattern changes

Alteration in sleep pattern can be caused by frequently wake after start of their sleep due to their repetitive thoughts. Participants do not have enough sleep time night time .

"Even I can't sleep properly due to my unwanted thoughts. Sometimes I want go to check doors of my shop at mid night, and then my wife is arguing with me. Then we are quarreling at home. I feel sorry about this miserable life. "(Interview 05, C5).

''I can't' sleep properly since suffering from this illness. Now I take my treatments for sleeping disturbances .Because I awaked at some of night times due to my repetitive thoughts, I feel less of security at home, , I checked all doors, gas regulator , all switches and taps in several times at night. I know it is very unproductive work .but I can't stop it.''(Interview 08,C8).

Commonly every human being need at least 6-8 hours' sleep times for the day. Clients required maintaining better physiological health to tolerating the work load for their life. Therefore persons with OCD required enough sleep to enhance their health states and well functioning to daily life.

Altered cognitive functioning

Clients reported that their illness often left from their life unable to decide clearly. Sometimes clients' memories were altered and clients can't remember some arrangements in home due to their unwanted thoughts. Sometimes they missed their important t occasions of their life.

"I'm occupied with some thoughts regarding checking and counting, I don't have a better memory. Most of days missed my deadlines of completing tasks in the bank. it's really difficult to describe to other one actually what is happening to me" (Interview 10, C10).

OCD impacted to clients 'decision making process of continuing their affairs with their partners, as a result of these OCD thoughts, Some participants were inability to continue their affairs with their partners
"I had to make major decisions of my life that regarding my girl friend. I had more irrational thoughts regarding my affair. Sometimes I feel imaginary thoughts regarding her death. I couldn't to continue my affair due to this interruption.. I couldn't do it because of my OCD. But finally she left from me." (Interview 09, C9)

Although clients with OCD who believed that relevant cognitive functions had been altered due to OCD thought. According, that is a barrier to continue the quality of life their own life.

Theme II : Living with family

Living with family emerged as a major theme among the issues expressed by OCD clients. Issues generated by OCD can comprise excessive conflict of family, under this theme has two themes such as reaction from family, family members' perception

Reaction from family

Clients with OCD faced to reaction from family in supportive and unsupportive manner.

"My husband is not considering about my illness. He is a calm person. When I was diagnosed with OCD he was very supportive with financially supporting my therapy and emotionally supporting me". (Interview 07, C7).

Clients discussed that unhelpful reactions were perceived as inabilities of certain family members to accept and show empathy towards to clients, Further, unhelpful reactions were perceived as an cannot understand the general condition of OCD , an example:

"When I feel some bad thoughts, then I feel angry and I want to quarrel with my brother, then my father was attending to it and he punished to me. Unfortunately I couldn't stop it due to my thought"(Interview 09, C9)

Clients who lives with other adults and children, explained how her husband and his family member reactions to her condition was perceived as negative for example

"I continuously have problems with my mother in laws and sister in law. I think they have taken to more effort to control my activities and interrupt to daily process. They can't understand my thoughts and they do not require support to me. Therefore, I do not have better connection with either of them". (Interview 06, C6)
Even though several clients who hadn't support for their condition. Most of family members hadn't better awareness regarding illness process of OCD.

Family members' perception

The nature of illness process is always affected to change family members' perception regarding client. Several clients explained it as a bad perception for them. As a example,

"My behaviors upset to my husband. He is not more considering his relationship with me. Sometimes he said I am a crazy one," (Interview 06, C6)
Another participant perceived same idea as that,

"My brothers are not considering me. They feel their brother is a abnormal boy. My mother is thinking it is my faith. It can't go back "(Interview 03, C3)

According these evidences prove that the perception of family members regarding participants has been changed due to nature of the illness and their behaviors.

Theme III: Influences to academics and work

OCD has very problematic influence to the work place and academics activities. Under this major theme have two sub themes. Those are effect to productivity of work or academic progress, communication issues in work or academic environment.

Effect to productivity of work or academic progress

Several study participants perceived that OCD influenced their education and professional productivity. Clients couldn't fulfill their aims because certain repetitive technique (like several time checking and counting) had to be presented whilst working, and repeating notes were done in study time, Participants recorded that they took more time to complete their job task, participant who worked in bank explained as,

"I count and count money on the counter, then customers were waited more times and they asked 'why what happen miss.. Am I help you '' like things. My colleagues laughed and negligee me." (Interview 10, C10)

Some participant who faced to academics failures due to nature of illness, as an example,

"When writing a sentence, I feel some bad thoughts then I can't continue my notes, then I want to re write my previous sentence. It influenced to more time consuming to complete my notes. It was really affect to my efficacy of education. I think it was affected to my A/L results". (Interview 02, C2)

According to that OCD has affected to productivity of participants work and academics.

Communication issues in work or academic environment

OCD developed some communication issues in work or academics environment, one participant, who work as a teacher in school perceived that:

"I can't do properly my teaching due to my bad thoughts. Sometimes I feel bad thoughts with imagines in school, then I alone and closed my face by using my hand, Then, I am extreme strict. However, I think my high strictness more affect to my students" (Interview 07, C7)

Another one has perceived as

"Sometimes I want to alone due to these bad thoughts that coming from mind, at that time supervisors are scolded to me they were given a salary decrease." (Interview 03, C3)
OCD features were very uncomfortable for their life to effective concentration and focusing on targeted tasks. Person with OCD experienced motions of repetitive, requirement to arrange objects in some defined order by own, isolation from society, ritualistic behavior, or continue repetitions of activities or word has influenced their efficiencies in the working environment or academic environment. They couldn't even gain to their targets of their life.

Theme IV: Social and cultural impact

Study founded four sub themes under this major theme. Such as socializing with peoples, cultural impact, religious influences and perceived support from society

Socializing with peoples

Several participants have inability to build novice and continue

connections with society as OCD perceive guarded them from visiting outside or entering activities of society, for an example,

"I don't like to be in common public places. My husband wants to go outside with me and all family members. But I don't like to it." (Interview 06, C6)

Another one has germ phobia regarding her neighbors, and she never takes them inside to the home and after she washed all chairs and all things that used for him, then her isolated from society, she explained that,

"My neighbors do not prefer to contact with me due to my behaviors and they are not like to visit to my home, finally most of neighbors are withdraw from me"(Interview 06, C6)

Another participant expressed his ideas regarding making connections,

"I haven't girl friend yet. I feel some fear to commence to love affair because always I am feeling as different. In my classes, my friends are considering as a stupid boy in the class. I want to hide it from others; I can't maintain regular friend ship with anyone." (Interview 02, C2)

OCD generally altered their friendships and relationships with society. Clients have weak connections and controlling visiting with relations, their friends, peers which generated stigmas and build sociological withdrawal or isolation. Clients generally attend to hiding OCD symptoms because of the negligence and harsh judgments of society.

Cultural impact,

Several participants have perceived their cultural impact for their life with OCD, An example,

"In our culture has a habit of asking another person's details unnecessarily. It is very harm full to privacy of the person". (Interview 03, C3) Another one explained,

"In our culture, mental illness are considering as a criticize things, as our culture we have more bond with our family and also surrounding environment, it is affect to our privacy also". (Interview 05, C5)

Several participants were expressed their cultural influence for their life with OCD.

Religious influences

OCD commonly altered thoughts and behaviors. Clients have influence between their religion and their thoughts or/and behaviors. Religious regarding thoughts are created more distress for them.

"I feel some bad thoughts regarding my religious leaders. I have imaginary thoughts regarding religious beliefs.. I can't tolerate those things and it can be result to interrupt all activities." (Interview 05, C5)

Another one explained,

"When I was in mosque I feel over cleaning ideas, I think reason for it is the common pond. I don't like to wash from pond, I think it is sinful thought and then I try to stop my thoughts" (Interview 01, C1)

However several clients used their religious activities to control their repetitive thoughts and to relieve distress from OCD. An example

"Specially Buddhist Pirith and Gatha is very help full for me to control my bad thoughts., I continued more times in chanting Buddhist pirith"(Interview 01, C1)

According to theses evidences help to prove impact of religious beliefs among living with OCD.

Perceived support from society

Clients with OCD want more support from others rather than another patients to doing their works in day to day life, but several participant hadn't more support from society, an example,

"I haven't, hadn't any social support from society or organization, I think the reason for it is Sri Lankan population hasn't better awareness regarding this illness" (Interview 07, C7)

Another one explained as,

"No any support that has received for me. Everyone is laughing and criticizing for me"(Interview 01, C1).
According that clients with OCD haven't no any support from society to living with their illness.

IV.   DISCUSSION

Impact of OCD on self–esteem

Several participants were used some coping strategies for controlling their emotions. Most frequently identified self punishing, reporting notes or drawing own thoughts, taking drugs and praying for help from religion. This result is similar to study done by[19] highlighted from their study, study participants discussed that a changes to their persons or their environment has to be created by alteration of their thoughts and feelings related their conditions and they focused more on using coping strategies in stressful situation. Another problem is Sleep pattern changes. They had no adequate sleep because their occupied thoughts and more time consuming repetitive behaviors during night time. This result is similar to other studies of [17], [24] and [8]. All these studies are reported sleep pattern changes of clients with OCD due to their performed certain rituals at night. Study done by [4] has identified that noticeable impairment in individuals with OCD is related to impaired cognitive abilities, deduction of mobility, housework and also caring children in home. And also [17], reported decision-making alterations were reported as an important aspect of OCD. It is similar to these study findings.

Living experiences with family members

In this study, several clients' faced family issues as major issue impacting to their life. Clients with OCD show in family issue regarding maintaining relationships with their family. One study founded that clients with OCD reported 23.1 % experienced severe family issues as their primary problem from their illness [32]. And also this study founded some supportive behaviors and unsupportive behaviors from their family members. However, the study done by [5]and [36] reported that family members do not understand their thoughts and behaviors and they hadn't more help from their family. It is also similar to these study findings. And also studies done by [16]. [37], [14], and [18] are supported to findings of the current study. Family members' perception of clients with OCD was founded from this study. Several participants had perception as crazy one or unwanted person in

the family. Several of family members not understand nature of illness and it may lead to bad perception to their family member who having OCD. Furthermore, they had stigma from their family This is similar to the studies done by [21], [7] and [9]. They also supported to this negative perception towards to clients who living with OCD. All these studies are reported changes of perception from their family.

Experiences with academic or work activities
All of participants reported that OCD influenced their academic and job performance productivity. The studies done by [17] and [22] state that similar idea of this study. These study participants were reported issues related communication in work or academic environment. The study done by [38] also reported similar evidences with persons with OCD. In other hand [16] was reported clients with OCD had disturbances in communication of work and academic environment.

Experiences with socio cultural events of person with OCD
Several participants have challenge for living with OCD to socialization, social acceptance and withdrawal from society. This idea is similar to the study done by [17] and[10].Most of participants have faced privacy issues due to Sri Lankan cultural habits such as connecting and shearing private details with neighbors. Persons with OCD more trend to hide their illness from society. In this condition, they more prone to isolated from their society and they believed it has cultural impact. The studies done by [38] and [3] ware slightly expressed some supportive ideas regarding it. In this study participant perceived influence of religion to their illness. Two participants have religious related bad obsession thoughts and it makes severe distress. It is similar to study of [23]. Study participants ware got support from their religion, and they had help to control their thoughts from religious activities and also religious leaders. It is same to study in South Africa, 60% of clients diagnosed with an anxiety disorder including OCD not got support from health care workers and they had support from religious leader and general practitioner or a family member [27].

V. CONCLUSION

This study explores living experience of client with OCD. According to the study findings of this study provide evidence of impact of OCD to adult individuals' life. The findings perceived that individuals' experience of OCD was affected by their reactions with own self, living with their family and their work and academics and interaction with socio-cultural and religion, and how clients with OCD experienced living narratives.

Recommendations of the study   : After the analyzing of the study findings, researches recommended to arrange further researches and supportive programs for individuals living with OCD to enhance their living condition. At the community level this may be an important role for psychologists and community psychiatry nurses engage in primary health care services and they have to provide assistance to most appropriate way to prevent potential problems of individuals living with OCD. Recommended strategies for support services for individuals living with OCD -Identify and incorporate individuals living with

OCD needs and future plans in the long term plan for their lives, Encourage individuals living with OCD to identify and acknowledge their own, familial, social , emotional and spiritual needs, Provide counseling services and supportive programme related their life, Assist individuals living with OCD to participate in regular clinic visits, Ensure individuals living with OCD are made aware of better cognitive behavioral therapy techniques, Assist individuals living with OCD to engage in leisure and personal interests to promote a balanced lifestyle, Assist individuals living with OCD in extending their support network by establishing links to care support groups, community groups or other appropriate support services, Develop software for the person with OCD .to interconnection with psychologist or psychiatric qualified health care worker to resolve their issues.

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