Introducing Dr Anna Conway Morris

Dr Anna Conway Morris is a Consultant Child and Adolescent Psychiatrist based in Cambridge. She is the East of England’s training programme director for child psychiatry and works for the Cambridgeshire and Peterborough NHS Foundation Trust. Recently, Anna has been involved in research which found that many adolescents with Obsessive Compulsive Disorder also have widespread learning and memory difficulties.

Top 12 Takeaways from the ‘Get a Grip’ Blog with Dr Anna Conway Morris: Obsessive Compulsive Disorder (OCD) in Children and Young People

1. OCD is a relatively common disorder, affecting roughly 2% of the population. As a neurodevelopment disorder it is present from early life, but usually only becomes apparent from around the age of 10. OCD seems to run in families, a child with OCD will nearly always have a close relative with OCD or OCD traits.

2. Obsessive, repeated, ritualised behaviours can be common in younger children especially between the ages of 8-11 but will often settle down with maturity and not develop into OCD.

3. OCD consists of having a recurrent worry that gets more and more intrusive (these are the ‘obsessions’) and then feeling driven to perform a behaviour (like hand washing) or mental act (like counting), which are the compulsions. In the short term these compulsions relieve the worry, but need to be repeated every time the worrying thought reappears. The worry and behaviours interfere with daily life, often taking up a lot of time and/or causing distress.

4. Common examples of worries and routines include worries about germs and hand washing; worries about something bad happening unless certain routines (e.g. counting or tapping) are performed and worries about safety and excessive checking, but there are a wide variety of OCD worries and compulsions.

5. An effective treatment for OCD is called Exposure Response Prevention (ERP), and is a special type of Cognitive Behavioural Therapy (CBT) especially for OCD. It involves helping the person with OCD resist performing the compulsive behaviour when they have the worry. Parents and carers would be shown how to help and intervene to support the young person. If looking for private help with OCD, Dr Conway Morris strongly recommends seeking trained and experienced psychologists registered by the British Psychological Society (now registered by the Health and Care Professions Council – HCPC).

6. Dr Conway Morris suggests that an isolated incident of worry and compulsive behaviour is not a cause for concern, however, once a child has reached the age of 10 or 11 and there are several compulsive behaviours which are interfering with daily life (e.g. causing distress or taking up lots of time) then it is time to seek help.

7. Children and adolescents very often feel ashamed of their worries and compulsions because they know they don’t really make sense. This can mean they try and hide their worries and routines and do not like talking about them. This secrecy, along with the distracting worries and time stealing compulsions can be exhausting and overwhelming.
8. In school, children and young people will often try really hard to hide their difficulties, however, they can be distracted by their worries, seem anxious and uneasy, need to leave the room often and even sometimes have panic attacks or outbursts as anxiety overwhelsms them.

9. Sometimes, perfectionism can be a feature of the OCD. Children may struggle to hand in work unless they consider it perfect; they may cross out good answers because of small errors, they may work at a slow pace in great detail causing problems with workload and exams. Schools, parents and children need to work together to find ways of overcoming the difficulties.

10. If the OCD involves worries about germs, this can mean children find sharing resources in school, including using the toilets, very difficult.

11. New research that Dr Conway Morris has been involved in has also shown that learning and memory processes are often different in young people with OCD, and parents and schools should be aware of this. Children with OCD may need specialist support with their learning.

12. Remember, OCD is treatable and children often improve with Exposure and Response Prevention (ERP) therapy. In more severe cases medication can be used and the combination of ERP and medication can be effective. Symptoms can certainly get better over time. Symptoms often peak between the ages of 11-14 and even those adolescents who don't reach complete remission find that symptoms reduce and are much less significant in adult life.

Resources recommended by Dr Conway Morris:

NICE guidelines for treating OCD in children and young people:  
https://www.nice.org.uk/Guidance/CG31

OCD UK website:  
https://www.ocduk.org

OCD Action website:  
https://ocdaction.org.uk
Five Bonus Takeaways on General Mental Health and Internet Safety

1. Dr Conway Morris suggests primary school children are unlikely to benefit from a smart phone and will need closer supervision if using social media. Once in secondary school we need to help young people learn how to use their increasing freedom safely and this goes for digital technology too. One golden rule for children, only connect with people on social media that you have met in person; treat other people online as strangers and realise they may not be who they seem. Be wary of strangers, both online and in the real world!

2. On the question of whether looking at a teenager's phone or device is an invasion of privacy, Dr Conway Morris makes an analogy with a teenager's bedroom. You might not barge into their room but it's ok to say 'I'm concerned, I want to have a look, Can we talk about...? Can you show me what you've been looking at'. If you are concerned, you need to find out, just like if you were worried about what they were doing in their bedroom.

3. With any mental health concerns, Dr Conway Morris suggests parents can reach out to many organisations for help in the first instance such as schools, third sector groups and many organisations linked to schools. If this input is not enough then seek a referral to Child and Adolescent Mental Health Services (CAMHS) via the GP.

4. To help children and young people understand mental health, have conversations with them about feelings and share your feelings. Traditionally parents may have tried to hide their emotions, Dr Conway Morris advises the opposite, especially for men. Children watch adults closely and model the behaviour they see, so by talking openly about feelings it encourages children and young people to also do so.

5. Even difficult subjects, such as death and dying, Dr Conway Morris suggests talking about in an age appropriate way. She explains that in her experience, asking children to keep secrets or hiding things from children that they will eventually find out always leads to more problems.