

An interdisciplinary approach to caring for people living with Obsessive Compulsive Disorder

Diwata is a 58 year old Filipino woman who has been a nurse for 30 years. She moved to Australia after she met her Australian husband Geoff (65) 35 years ago. Diwata and Geoff have two boys who are now grown and both married. Their eldest son Elijah has one child, Noah who is 2 years old. Diwata's parents arrived in Australia from the Philippines 10 years ago and live in a small unit in a neighbouring street. They live nearby as Diwata is expected to provide regular care for them.

Diwata lives with obsessive compulsive disorder (OCD) and was first diagnosed 20 years ago. At first, she experienced a lot of anxiety while at work in her then role as a general nurse in a general surgery ward. She had to change a lot of bloody and seeping dressings following operations. Diwata was mostly concerned about contamination. Diwata would shower before leaving work and when she got home to ensure that she had eradicated any contaminants from the hospital. If she did not go through this routine Diwata had overwhelming thoughts of being dirty and felt ashamed of herself.

In her home setting everything in her cupboards had to be neat as a pin. In addition, she had to clean her house from top to bottom daily and when her OCD was out of control, she would clean sinks, toilets, and many surfaces in the house multiple times to keep

contaminates at bay. She would wash her hands up to 30 times a day with bleach. The overwhelming feelings of shame and being dirty exacerbated when her anxiety levels increased with everyday jobs such as grocery shopping and she couldn't attend social functions. It even became difficult for her to be intimate with her husband. By the time the boys had started secondary school things were becoming worse. Diwata received good care after her family GP referred her to a psychiatrist. Once the psychiatrist gave Diwata, medications to cope with her anxiety and psychological strategies to overcome some of the psychological barriers she was facing, her OCD became manageable. After 2 years of ongoing psychiatric care Diwata's psychiatrist suggested that she could be cared for by her GP and a psychologist. Diwata would see the psychologist from time to time if she felt things were getting out of her control.

Diwata has cared for her grandson Noah, 2 days a week since he was 2 months old and really enjoys the time they spend together. Nappy changes were initially something she found difficult because she would experience intrusive thoughts about hurting him such as tugging on his little limbs when changing a nappy or putting on a nappy too tight and cutting off his circulation. By engaging in exposure therapy with her psychologist she learnt to cope with these thoughts.

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Diwata also spends a lot of time with her now elderly parents, taking them food and dropping in to see if they need her to do any shopping. She also takes them to their medical appointments.

It has been 12 months since Diwata visited her psychologist and the recent onset of the Covid 19 pandemic has increased her anxiety. She has noticed herself obsessively cleaning again and her usual strategy of wearing gloves and now PPE clothing at work has had to be implemented to help her cope. When she is minding her grandson, she is washing her hands so much she feels it is impeding on the time they spend together. When Noah is having his morning and afternoon naps, instead of resting she is frantically cleaning everything as she is concerned that harm in the form of Covid 19 will come to him if she refrains from cleaning. It is imperative in her mind that her house stays meticulously clean to ensure that she keeps her family safe.

Diwata has also had to do the cleaning of her parents' house since the onset of the Covid 19 pandemic. Her mum has not wanted the usual council to help to come into their home for fear of Covid 19. After 6 months of no council help Diwata insisted that it would be ok and her mother agreed for the Council homecare to resume, however the Council said it would be a different cleaner and that has caused her mother to reverse her decision because she

said, "I don't want a stranger in my house, especially with Covid 19 in the community". For now, Diwata has agreed to keep up with the cleaning but she is hoping she can have a conversation with her mother to convince her otherwise as the stress of doing all of her mother's housework is a bit much when her OCD symptoms have flared up.

Diwata realises her OCD is getting out of her control and recently said to her husband "I feel like an addict, and I have to clean to calm my feelings of distress". Geoff wants her to visit her GP and update her mental health care plan but she said, "It will be ok, I just have to use the strategies, I don't have time at the moment, with work, looking after Noah and now mum and dad". The real issue however is that Diwata is too scared to go to the GP clinic in case she gets Covid 19. She is also fearful of having to see a new Psychologist because the one she used to see sent her a letter 3 months ago saying she was retiring. Diwata doesn't think she could cope with a new person caring for her.