Perspectives and recommendations: Disclosure of pediatric obsessive-compulsive disorder in the school setting

Tanisha Vallani¹,², Zainab Naqqash³, Boyee Lin², Cynthia Lu², Jehannine Austin³,⁴,⁵, and S. Evelyn Stewart²,⁴,⁵
¹MD Undergraduate Program, University of British Columbia; ²Provincial OCD Program, BC Children’s Hospital; ³Department of Medical Genetics, Faculty of Medicine, University of British Columbia; ⁴Department of Psychiatry, Faculty of Medicine, University of British Columbia; ⁵British Columbia Mental Health and Substance Use Research Institute, Vancouver, BC, Canada; *Joint Senior Authors.

Introduction
Pediatric obsessive-compulsive disorder (OCD) commonly impairs school functioning in terms of concentration, homework completion, certain subject material, executive function, and overall graduation rates.¹,² Direct disclosure of an OCD diagnosis to school personnel by an affected youth may improve school functioning by increasing awareness and accelerating the initiation of necessary support.

Study Aims
Our study aims to qualitatively explore the perspectives of OCD-affected youth surrounding:
1. Disclosing or concealing their diagnosis in the high school setting
2. Current school-based disclosure supports
3. Improving the school disclosure process

Methods
Heterogenous purposive sampling (i.e., age, gender, race) of youth 13-18 years old with DSM-IV/5 OCD

~60-minute online semi-structured interviews and subsequent verbatim transcription of audio recordings

Inductive analysis through Interpretive Description, yielding practical and clinically relevant results

OCD school disclosure model to help facilitate the process in schools

PHASE 1: Stigma surrounding diagnosis
Key characteristic of the disclosure phase
Recommendation by youth with OCD
Negative internalized beliefs
Meaningful education for school personnel

PHASE 2: Internal bargaining
Balancing openness versus acceptance
Creating a safe space

PHASE 3: Trust building
Affinity of pre-existing relationships
Deep and reciprocal connections

PHASE 4: Empowerment
Viewed and treated as a person first
Confidential and personalized supports

Results
1. Shame and stigma were the main barriers to disclosure. Education surrounding OCD and mental illness is warranted to alter internalized beliefs held by the affected youth and school personnel.
2. The youth balances increasing openness with decreasing acceptance. A safe space initiated by the school would allow them to independently choose where they sit on this continuum.
3. Building trust with target(s) of disclosure is paramount for success. Superficial and unrelatable connections were barriers to developing trust, as opposed to deep and reciprocal (i.e., sharing struggles, interests) connections.
4. The youth feels empowered when they are treated as a person rather than a diagnosis. Confidential and personalized supports can assist to empower.

Conclusion
This OCD diagnosis school disclosure model may help inform school disclosure strategies and optimize support for youth. Future research can explore its utility and the perspectives of school personnel and parents on its applicability.

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References

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