

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

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## 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.<sup>1,2</sup> 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.

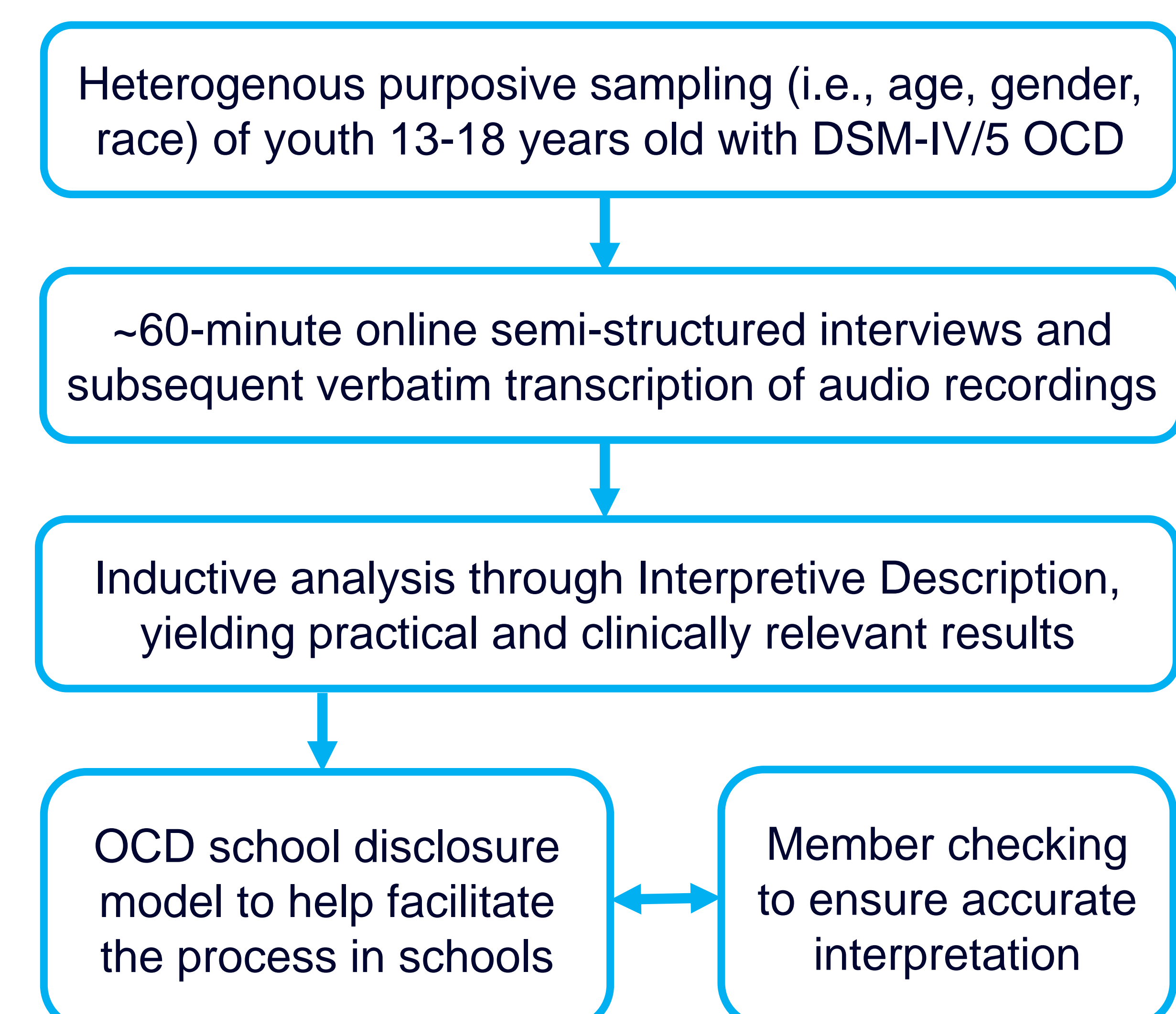
A previous quantitative study has shown that while nearly all who disclosed to schools said they would do it again, there was a significant number who feared that disclosure would make things worse for their child.<sup>3</sup> Identified disclosure barriers included bullying by peers and fear of a permanent mental illness record.<sup>3</sup> Little is known about the high school disclosure process from the perspective of OCD-affected youth.

## Study Aims

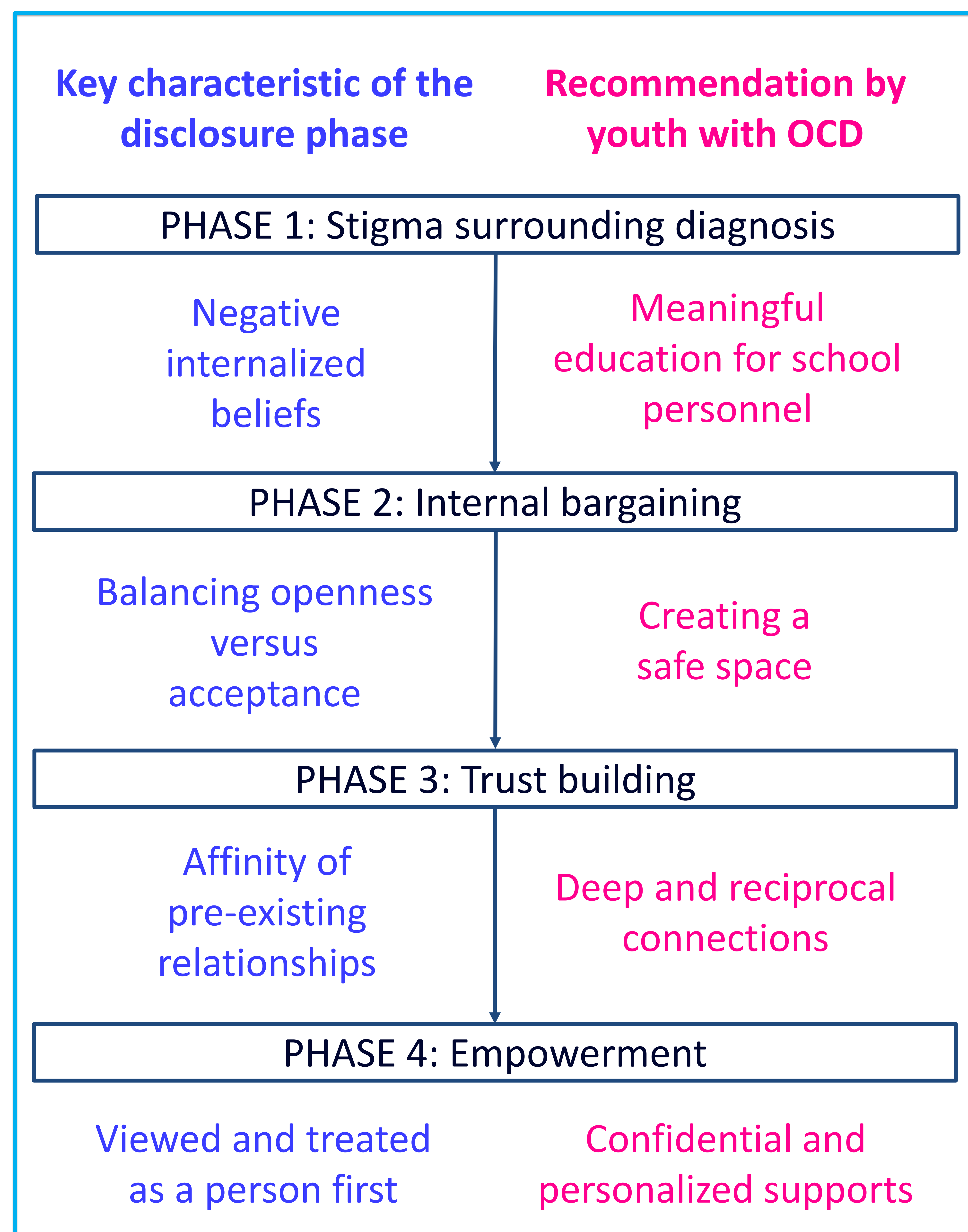
Our study aims to qualitatively explore the perspectives of OCD-affected youth surrounding:

1. Disclosing or concealing their diagnosis in the high school setting
2. Current school-based disclosure supports
3. Improving the school disclosure process

## Methods



## OCD Diagnosis School Disclosure Model



## Results

- 12 participants (6 male, 5 female, 1 non-binary)
- 15 years old on average (range = 13-17)
- 10 out of 12 identified as Caucasian
- 65-minute interviews on average

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.

## Acknowledgements

We are grateful for all youth, and their caregivers, who participated in interviews and who will participate in feedback meetings. A sincere thank you to BCCH POP Donor Funds for supporting OCD research.

## References

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