Obsessive Compulsive Disorder and mental health with Chloe Francis

Speaker 1:

Welcome to the Sunflower Conversations, where we explore the Hidden Disability Sunflower, and its role in supporting people with hidden disabilities.

Chantal Boyle:

Welcome to the Sunflower Conversations with me, Chantal. Today, I have the pleasure of talking to Chloe Francis. Chloe is an Assistant Production Accountant at the BBC. Chloe has multiple disabilities, including obsessive compulsive disorder, tourette syndrome, tic disorder, sensory processing disorder, vestibular processing disorder, and hypermobility, anxiety, and sleep disorder. In our chat today, we're going to focus on mental health. Hello, Chloe. Thanks for joining me today. How are you?

Chloe Francis:

Hi, I'm really good. Thank you.

Chantal Boyle:

That's great. Can we start off if you could explain to me, what is obsessive compulsive disorder?

Chloe Francis:

Yeah, of course. That's a really, really good question and I absolutely love answering this, because I think OCD definitely has a huge stigma with what a lot of people think it is. OCD, it's a really serious chronic mental health condition, and it's categorized by obsessions and compulsions. Nobody's actually 100% sure of the cause of OCD, but all that I've been told and all that we know so far is that genetics and brain abnormalities and the environment play a huge role. The difference between OCD and a normal anxious feeling that the everyday person may feel is how it impacts your everyday life. For someone with OCD, a really simple routine can result in mind-torturing rituals, obsessions, and routines. The average person may associate an anxious routine like I don't know, double-checking the door's locked and checking the hob, all these things that are relatively normal in order to make sure you're safe.

It does produce that anxious feeling, which although uncomfortable and annoying, it is normal. For some with OCD, checking the door and checking the hubs is a repetitive ritual that can continue all night. It can affect your sleep, and your way of life. It comes hand-in-hand with obsessive thoughts that are extremely intrusive, and these thoughts torture and are really, really painful. There's various types of OCD, hoarding, harm OCD, contamination OCD, and so, so many more, which includes the subtype of cleaning, which many people associate the condition with. The reality is that OCD can be really, really dangerous. A person can have very serious compulsions and obsessions usually target towards themselves. And the way OCD works is that it takes what you learn, what you'd least like to think about, whether it be someone you love passing away, being attacked, or something that really scares you, and it tells you that thing is going to happen.

You see it, you feel it, and you know it's irrational. That's the thing with OCD. We know that those things are irrational, but our brain doesn't, and it forces us to do compulsive tasks in order for those things not to happen. For instance, checking your mirror every 20 minutes, because you have an obsession with your face being clean. And an interesting fact about OCD is that it often comes hand-in-hand with variety of mental health conditions, for instance, anxiety and depression. That's why it is so, so, so important for people to be educated about OCD.

I've got close people in my life who have known me for years and known how much I struggle and still say things like, "Oh, I'm so OCD," because people are still so uneducated about it. I know people who would rather live with a learning disability or a mental health condition than get a diagnosis, which opens a full door of support of understanding and education, just because mental health and learning disabilities still hold such a stigma. And I even know people who struggle themselves and don't fully understand how to get support. Invisible disabilities need to be spoken about more, not just for the people who live with these conditions, but definitely for the people who don't understand them.

Chantal Boyle:

Yeah. Well thank you because you are right. I think that there is a myth that OCD is people who clean a lot and like to have their tins facing the right way in the cupboards. And as you've just really eloquently described, this is so much deeper than that. And everything that you explained there, the intrusive thoughts, is there ever a scenario where somebody who has obsessive compulsive disorder would be positive thoughts or is it always a negative action or thought?

Chloe Francis:

I've always said that my OCD makes me who I am and there is a lot of positives from it, because I do look so deeply into things obsessively. It has also, but now I've got the support and got the help. Now my OCD does work sometimes in positive way. I've got a very big awareness of danger. I know if something doesn't quite sit right in me. Sometimes with people with OCD, it's had to distinguish if you are thinking obsessively or if it is actually dangerous. But when you've had that support and had the counseling or whatnot, though you learn to handle those thoughts and you do get a very good awareness of danger and of things that might not quite be right.

Chantal Boyle:

So you can use it to your advantage?

Chloe Francis:

Yeah, definitely. Definitely.

Chantal Boyle:

When did you become aware of your mental health?

Chloe Francis:

I became aware when I was very, very young. I remember being in primary school, I think five or six, I must have been around 10 and I had severe tics. I didn't really understand why I was doing them. It was really isolating. I think the worst part of having those struggles when you're quite young was not understanding why I was struggling. Why I was the only one in the room having to jump up and down five times because my brain told me to. Why I had to touch the teacher's books five times, or I felt like someone was going to die. Those feelings when you are young is very confusing. That's why I'm extremely lucky that my parents educated themselves on the condition and got me educational and medical support if, and when I needed it, soon as they saw the issue arising.

And I think there's a lot of taboo with people waiting and people's human medical support for children with mental health conditions should be paused until they're older. My opinion is definitely if a child has a physical disability, would that support to be paused? and that's stigma that really needs to go. I believe that the main reason I'm able to work, travel and learn the way I do today is because I've learned how to live with this condition from the get go. And I'd say to anyone out there who may think the children are displaying OCD symptoms or any invisible disability symptoms, it's real and there is medical support out there.

Chantal Boyle:

And you were in primary school then?

Chloe Francis:

Yeah. And primary school was when my tics first started displaying the symptoms. Teachers mentioned it, everyone mentioned it, and I couldn't hide it. It was very visible tics and they arised from anxiety. That's where tics come from. And it can be hard to diagnose tourette syndrome because tics come hand in hand OCD as well. There's a difference between an anxious tic and tourettes tic, which is neurological. That was a difficulty in diagnosing, but obviously I went to neurologists and doctors and whatnot. I was displaying those tics with OCD symptoms when I was that age, which the OCD symptoms tended to be obsessions, eating in front of people. I was 10 years old and I was terrified to go to a restaurant with my family because the thought of someone seeing me eating don't know, like a roast dinner was just terrifying. I didn't understand it. I couldn't explain it. I knew it was irrational. I knew it wasn't right. I knew that I should be able to enjoy a meal with my family. But even at that age, it was just too much for me.

Chantal Boyle:

Yeah. So you were conscious that your family were enjoying a meal out and you weren't having the same experience, but you couldn't quite put your finger on what the difference was.

Chloe Francis:

No. I used to try every day. I remember my obsession with eating wasn't eating. It was having things on my face. I was terrified with having food on my face, anything on my face. So that just developed into, if I eat, then I'll get something on me, and then everyone will see my face as having something on it. Then that developed into everywhere that sold food, supermarkets, shops. I remember vividly that I couldn't walk around Tesco with my mum. I couldn't walk around there. I used to try. Every time I used to sit in the car and she used to give me a car keys and she used to say, "I'll tell you what, you walk around the first aisle and then walk back. And then maybe next time you can walk around two aisle and walk back." And it took me years. It took me about five years to get to the third aisle.

Chantal Boyle:

Empathetic.

Chloe Francis:

Yeah. Oh, mum and dad are amazing. It's genetic in my family, so my dad suffered from OCD too. But I think it was definitely different in those times. Mental health definitely didn't have the awareness it does today. He didn't get the self educational help that I did. So the second that he saw me having the issue rather than say, "Well, wait a bit." He was like, absolutely not. I want my daughter to have the best possible life she can get. So I owe everything to them. They definitely got me every bit as support, that's why I'm the person I am today.

Chantal Boyle:

Good. That's really good. It's nice to hear you talking about your parents in that way. And so now as an adult, how it manifested for you when you were younger, is it the same? Is it the same thing with your tics? When you do them in public places, does that cause you anxiety? Do you still have a fear of having something on your face or is it different now that you're older?

Chloe Francis:

My OCDs dramatically changed since I was younger. I think it changes with hormones, with age, with learning about it. Compulsions change, obsessions change. And for me it would be completely different to when I was younger. So my tourette side of things and my tics are definitely reduced massively. The only real time that my tics come out is when I'm anxious, when I'm concentrating or when I'm doing something that's really important that my tic shouldn't come out. With that one time that you wish you didn't, that shouldn't come out. And my tourette syndromes definitely reduced as my OCD has reduced while I'm on the medication. The most prominent thing I suffer from now is definitely my OCD and tics. But the neurological tourette side of it has definitely reduced. It is more now movements in my hands, my muscles, my body, but vocal tics and the jumping and all that, that's nowhere near as bad as it was when I first got diagnosed.

Chantal Boyle:

You are listening to the Sunflower Conversations with Chantal. To learn more about the sunflower, visit our website. Details are in the show notes. So you mentioned that you're on medication, you still have obsessive compulsive disorders. What is your mental health like on a day to day basis? Is it peaks and lows, or do you manage to maintain a steady balance?

Chloe Francis:

I'll explain it in my obsessions. Words and smells provide a feel like fight or flight response for me. After getting medical support, I'm capable of going to the places I never went to, eating the foods I could ever have eat. But those fight off flight responses that the fear is definitely still there. I've just learnt to manage those thoughts and manage those fears and rationalise them more in my head. I definitely still have compulsions, which goes up and down. The compulsions can be to harm myself, to touch things, to say things to people, to do anything. And although they are very well managed now, I know how to deal with them. Those thoughts, and sometimes those actions still do appear if I'm having a really bad OCD flare up, which is why I do take it really seriously on taking medication and getting my support and doing anything I can.

The compulsions wise, it's difficult. It's difficult to explain to people as well, because some people don't really understand why someone would have to do an action or a ritual. And the only way I can explain it is by saying, "If you could feel someone behind you running with a knife, and you knew that knife was going to go into your back and all they had to do was keep running. That really terrified feeling is what someone gets when they're about to do a compulsion." The feeling that something is going to explode inside you, something really bad is going to happen unless you do the compulsion, but you see it, you feel it, it's real and it's in your head. And although it's irrational, those feelings are really hard to ignore. Those feelings are completely still there. I still get those horrible compulsions, horrible obsessions. But luckily when those come now, I'm capable of dealing with them in a way I never could have used to.

Chantal Boyle:

Yeah. That sounds really terrifying. And if you're experiencing that feeling, then there is no way, it's very difficult to deny yourself to carry out whatever that compulsion is.

Chloe Francis:

Yeah. It's a cycle. Like you get those feelings that come with anxiety. You do that compulsion, which gives you that relief, but then you get the anxiety again and you crave the relief, because you want to feel okay for a few minutes. So it's that vicious cycle of giving into compulsions.

Chantal Boyle:

Yeah. It's really all consuming, isn't it?

Chloe Francis:

Yeah. A hundred percent.

Chantal Boyle:

I was going to ask you about triggers, but you've mentioned smells have been a trigger for you in the past.

Chloe Francis:

It's all sorts of triggers. Obviously there's environmental changes, things happening in your life, someone passing away, moving, new jobs. All these things for me, massive triggers for a relapse in your OCD. But there's also other triggers within your environment, like smells, sounds, things like that. because I have sensory process and disorder as well, that maximizes those feelings. So that's why those definitely trigger my OCD responses.

Chantal Boyle:

Yes. It sounds like to me, the package of disorders you've got are so intrinsically linked. Kind of you can't really separate them out, as you mentioned the cycle before with [inaudible 00:14:32]

Chloe Francis:

Yeah. You'll find a lot of people with OCD do have other mental health conditions, because they're so difficult to distinguish, because OCD is so different. Every individual person, it does come hand in hand with other disabilities. It comes hand in hand with different learning disabilities and different mental health conditions.

Chantal Boyle:

What was your educational experience like? Because you're quite young aren't you? I don't know-

Chloe Francis:

I'm 23 now. 23.

Chantal Boyle:

You're 23. So yeah. What has educational experience been like for you?

Chloe Francis:

It's been ups and downs. On the most half, it was pretty normal because to the eyes of most people, when you look at me, you'd never ever think because I like to dress up, I like to do my hair. I just look like an average 23 year old girl. But my also OCD was definitely visible. During school, it was at its worst, but my class was amazing. I remember one lesson, I had this mirror, and I used to have to look in there obsessively to make sure nothing was on my face. And our supply teacher was really trying to get me to stop. It's difficult to explain to someone you've just met in a class of 30, that you're not looking in your mirror to be vain, you're looking in your mirror, because your brain is telling you your whole lunch is on your face and everyone's laughing at you.

And it's so strange, and anyway, the whole class really fought my corner. I had people standing up for me explaining to her and even then the supply teacher didn't understand. I look back now and I think that's just horrific that the children were more understanding and educated on invisible disabilities than some of the adults were. I was-

Chantal Boyle:

Was that Chloe because you've spent some time explaining to your classmates about-

Chloe Francis:

Yeah, definitely. And I think the children and the kids in my class were so patient and so understanding of the disability and I think that's what it is with invisible disabilities. The education side of it. If I was visibly disabled, even if you didn't understand and you weren't educated, you'd still have that understanding and patience where that is a massive difference of mental health. I shouldn't have to explain my full disability for people to be understanding. I was motivated and I know I had OCD, and I knew I was never going to get rid of it. I had amazing parents and family who never let it take over me. And from the second I got my diagnosis, I was learned how to deal with it. I got my GCCEs A levels first class degree and first class master's. So you can absolutely get an amazing education for OCD.

Chantal Boyle:

That is absolutely brilliant. Yeah. Well congratulations, because that's a great achievement. I can't say that I have the same. So I haven't achieved the same accolade. Well done, and congratulations.

Chloe Francis:

Oh, thank you very much.

Chantal Boyle:

And I get the feeling that because of your parents' approach to mental health, their understanding, their desire to get knowledge, feed knowledge to you means that you've been able to approach it in a positive way. You haven't let it disable you.

Chloe Francis:

No, a hundred percent. Even on the worst lows and the worst times, my mom was always like, when it was really bad, she treated it like an illness. She was there knocking. If you are ill have a day in bed. You're not staying in bed tomorrow. You're getting up. Whether you go out for an hour and then you come back home, I'll pick you up. I'll be there. Whether you go out and try for 10 minutes, I'll be there. But you're trying. You're not giving up. So I always did. I always tried, and maybe one day I was in for 10 minutes next day I was in for an hour, but it did progressively get better because I never gave up.

Chantal Boyle:

Yeah. And that's it, isn't it. Sometimes we just need to take small steps to get to where we want to be, I think putting pressure. That's a very interesting one about just if you're not feeling too good today, okay, well then have a day in bed because you are unwell, but it's not a lifestyle choice. And sometimes just, be kind to me a time, look after myself is what you need in order to then progress to the next step. I think when we're under a lot of pressure that we are either in for a full day and on top of everything then the fear of that, knowing that, well maybe I can only actually manage half a day or a couple of hours. And it puts us off from trying to step forward. So having your family and your employers and your teachers to have give you those adaptations is important so that you're not completely pushed out from the educational experience. Because it could have turned out that you missed so much education. That you weren't able to pass your exams.

Chloe Francis:

Yeah. And many people do so many people miss so much of their education because of mental health. That's why I'd say as soon as you think there's an issue there, get help. Even if it's not a disability, even if you just feeling really down, really anxious, there's no shame in getting support. And there's no shame in saying, "I'm feeling ill today. I'm going to take one day to myself, and then tomorrow I need you to push into that school. Even if it's for 10 minutes, even if it's for five seconds, I'm going to try." And I think it's difficult for parents of people with mental health because you can't get your child who's sobbing and really struggling and say, "You're going the school." So it's such a difficult thing that there definitely needs to be more support around.

Chantal Boyle:

You are listening to the Sunflower Conversations with Chantal. To share your story, details are in the show notes. So can I ask you from your personal experience when you've described quite a few times, when you have felt really, really low. You just mentioned about harmful thoughts to yourself, sobbing, not being able to move. What can somebody around you in that moment, what can they do to support you?

Chloe Francis:

This is very individual to different people, but I'd say the biggest thing is just to know someone's there and there is absolutely no expectations. I think there's always a feeling that people just want you to stop. And I think when you read anxious, you feel embarrassed and you feel a bit of a burden because you don't want everyone to think that you're just being upset. But just to know that they take you seriously, and just that they're there for you, and just that they know that you're ill, not that you just start crying is really important. You are just holding the hand. If they enjoy music, I always enjoy just putting on a song that I like that always grounded me back to earth. Someone did that for me. That's really nice. Or just talking even if like they're not talking back, just talking about your day and just grounding them back to everyday life. Because when you are in that bubble, it's really hard to get back to it and controlling your breathing and just getting back to normal life. And knowing that's someone next you is definitely really helpful.

Chantal Boyle:

And that's great advice because everyone can do that. And I think that there's a general... maybe there's a fear within society of, well, how do I fix this? What do I do? And actually as you said, it's just to be there and to listen. And I really like the term that you use grounding. It kind of goes very much into meditation, doesn't it?

Chloe Francis:

Definitely. And I think even in school or in the workplace, we are taught first aid. We're taught what to do if someone has a seizure. What to do if someone is epileptic. What to do if someone can't breathe. What to do if someone chokes. And the likelihood of that happening is 10 times slimmer than someone having a panic attack. And I think why aren't we taught what to do if we've got a friend, a colleague, family who are having a panic attack? It's not difficult to help, but we're not taught it. And I think it's outrageous. I think we should definitely be taught how to handle those situations.

Chantal Boyle:

Yeah. Because I know that there is a push from Mind, the mental health charity to get all employers to have mental health first aiders as well. And I know that in some companies, there is wariness as to how big does that go? Would that mental health first aider be under any pressure if there was like, for example, suicidal thought, something like that, would it be their duty to prevent that from happening? But you mentioned panic attacks, and panic attacks are now being spoken about much more in the open aren't they?

Chloe Francis:

Yeah.

Chantal Boyle:

But my understanding and correct me if I'm wrong, when a person is experiencing a panic attack, it actually feels like you're having a heart attack?

Chloe Francis:

Yes. A hundred percent. It depends on the severity of the panic attack, and different people have different symptoms. Panic attacks are sole physical. I've had panic attacks where my heart feels like it's out my chest. It's terrifying. My muscles can go numb. My hands are tingling. I feel like I can't move, and breathing feels like you can't breathe. You start getting really, really dizzy and blurry vision. It's scary. It's so physical. It's not just a panic. It's not just like, I can't breathe. I need help. It's not something that should be taken lightly. It's something that should get support. I know that there is obviously a debate about mental health. First aiders, how far can you take it? Will suicide thoughts... Well, what you mentioned then.

But I'd say to that, "If you're a first aider, they can only go so far too." They can't treat a heart attack. They can treat you if you're struggling with your asthma, but they can't treat a heart attack. They'd call an ambulance. That should be the same as mental health first aider. They can deal with a panic attack. If they think this is too much, then they ring an ambulance or they ring the mental health crisis team or they do what they can.

Chantal Boyle:

Very right. That's very, very true. And you are working at the BBC now.

Chloe Francis:

Yes.

Chantal Boyle:

Well, congratulations with that.

Chloe Francis:

Thank you.

Chantal Boyle:

Presumably that's from your wonderful degree that you-

Chloe Francis:

Thank you.

Chantal Boyle:

... obtained. How do your employers support you?

Chloe Francis:

The BBC is such a large workspace and you meet so many people so often that it is difficult sometimes for staff to know about your disabilities. However, if I do wear the sunflower lanyard, or if I've told anyone about it, they are so supportive and understanding. And it's really refreshing because when you're in the BBC building, you see so many people of different disabilities, different backgrounds and everything. So it's lovely because there's always someone you can relate to. And it's nice because there's not just one type of person there. There's not just the typical person. There's people of all different backgrounds. And I love that because it makes me feel welcomed, and it makes me feel like I can talk to people. That's definitely something I loved. The second I walked into the BBC, but definitely I feel like if I spoke to management about my conditions, which I have done, they are very understanding and they have lots of things accessible to me should I need it?

Chantal Boyle:

It's good to hear that the BBC is diverse and has a diverse employee.

Chloe Francis:

Yeah, definitely.

Chantal Boyle:

You wear the Sunflower or you just mentioned, so what is it that you like about the sunflower? And where do you tend to wear it?

Chloe Francis:

I like it because it's just the way of letting people know that you have a disability that you normally wouldn't be able to. It's a way of people being aware that you may have difficulties in different areas or you just may need support. And you can wear it anywhere at work, at shops and restaurant, anywhere that you think it may benefit yourself or others. Personally, I wear it in places where I believe I might need that little bit of extra support or patience, for example, restaurants or at work. If I get really obsessive or really anxious and I'm surrounded by food or mess or whatever, I can wear it to make people have that little bit extra patience where I need it.

Chantal Boyle:

So you have a degree in music theater. Did you get that at a university and how was that experience with your health? Did you have to extend your study period?

Chloe Francis:

I didn't have to extend my study period luckily. It was a three year course and it was actually one of the most amazing things I've ever done. And often people say to me, "Do you plan on using this in your career?" And I'd say, "Well, I use it every day. The course wasn't just singing, dancing, acting. It was confidence, it was team working and it was a huge test for me as a person." I went from not being able to walk around Tesco with my mam to being stood in a stage singing.

And I'll never, ever stop using those skills. It was full of different people, different things. I met people that I never thought I'd meet before. It was so diverse and so different and so active and fun that it really made me come out of my shell. And I discovered who I was as a person doing that course. There was definitely difficulties with my condition while doing it. My hypermobility while dancing was an issue, and the anxiety and the OCD sometimes obviously were an issue. But again, my tutors at the university were really understanding, and I had amazing friends who supported me throughout the whole three years. I absolutely loved it.

Chantal Boyle:

That's fantastic. And then you are at the BBC now.

Chloe Francis:

Yes.

Chantal Boyle:

And presumably there are so many different opportunities for different areas to move into.

Chloe Francis:

I did my degree in music theater and I did my master's in production management. So a role that would combine my passion for production and my creativity, that's my ultimate dream really. I'm only young, so I'm getting as much experience as I can. I'm loving working for the BBC. So I'm hoping in the future, that can be something I can strive for.

Chantal Boyle:

I mean, you've achieved so much already.

Chloe Francis:

Well, thank you so much.

Chantal Boyle:

I want to ask you finally, what is the best way to support somebody? We've spoken about panic attack. If somebody's having anxiety attack, is that the same as a panic attack?

Chloe Francis:

I'd say theres a slight difference. I think someone who's having a panic attack is very... Obviously there's a heart palpitation, just the extreme breathing. An anxiety attack, you can often target you can often target to one specific area, so you can get very anxious. This is where it comes down to the more nail biting or wanting to go into a shell, being scared, not wanting to leave your room. I'd class that more as being anxious, having an anxiety attack where a panic attack comes on very abruptly.

Chantal Boyle:

Thank you for making that distinction because I hadn't even considered myself until recently about nail biting, that that in children is a sign of anxiety, isn't it?

Chloe Francis:

Yeah, definitely. There's all sorts of signs of children with anxiety. And as a parent, you don't need to necessarily worry and think, oh, is my children suffering from a disability. But there's absolutely no harm in thinking is my child anxious? Like you don't have to have a disability to speak about mental health with your child or making sure they're okay, asking if they want to take time out and have a breather with you or that bit of support. I think sometimes even that one way or another this parents are almost fearful of, if I take my child to the doctors, are they're going to get a diagnosis? Does this mean something massive? Does this mean this? And I think that the stigma just needs to go. This is still a person and that mental health condition or that disability or that learning disability, that's not going to go away.

Whether they have a diagnosis or not. The only thing that's going to get is support and an education. I think there's so much stigma around that, that it causes people to grow up, not knowing what they've got and not knowing how to support themselves. And that's something that definitely needs to change.

Chantal Boyle:

With regard to anxiety then, it's offering time out, not putting the person under pressure?

Chloe Francis:

Yes, definitely. Definitely. And just talking to them. There's often a thing that you can pinpoint and my mom and my dad always say, "Write it down." If I'm having an anxiety attack that is often where I'm really anxious, I feel like I can't breathe. I can't quite pinpoint what it is. My mam says, "Write it down. What have you got to do today? What do you got to do tomorrow?" And I write it down and normally that really calms my anxiety because often there's not actually as much as I think, because there's so much in your head, you're thinking so much about everything that when you write it down, you look at it and you think, well, I've only got that. It wasn't worth being anxious about. So putting it in order, having someone speak it out with you and it's almost getting your brain and clearing it out is definitely really helpful.

Chantal Boyle:

It's been so helpful and really thought provoking what we've discussed today Chloe. You've got a lot of disorders, so perhaps we can have another chat at another time to talk about some of your other disorders in a bit more detail, if you'd be up for that.

Chloe Francis:

Yeah. That'd be great.

Chantal Boyle:

Well, I just want to thank you for being so eloquent and really sharing your personal story with us today. It's going to help a lot of people. I feel absolutely confident of that.

Chloe Francis:

Oh, that's amazing. Well, thank you so much for having me.

Speaker 1:

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