





HI ALEX,  
GOOD TO SEE YOU.



CAN YOU RATE HOW LOUD  
YOUR ANXIETY IS RIGHT  
NOW? WHAT'S THE  
TIGER UP TO?



IN CLASS IT FELT  
LIKE THE TIGER WAS  
TAKING OVER, SO  
ABOUT AN EIGHT.



I'M WORRIED MY  
MUM IS GOING TO  
BE HURT.

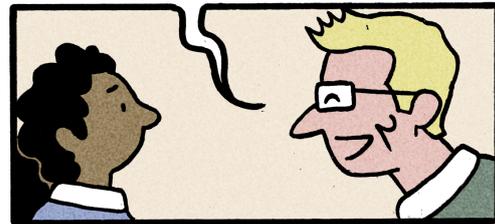


AND IS THAT  
REALITY OR  
THE OCD  
TALKING?

SHALL WE TAKE A MINUTE TO DO  
SOME DEEP BREATHS?



I'M ON YOUR SIDE. LET'S  
MAKE A PLAN. WHAT WILL  
WE DO IF WE'RE FEELING  
ANXIOUS?



FIRST, REMEMBER IT'S  
MY OCD, NOT REALITY.  
SECOND, DEEP BREATHS.  
THIRD, REMEMBER I  
CAN ALWAYS COME  
BACK IF I NEED.

SO, READY TO HEAD BACK?



YOU CAN ALWAYS COME  
BACK IF YOU NEED TO.



I DON'T. I WANT  
TO BE IN CLASS.



THANK YOU FOR TAKING THE TIME TO LEARN ABOUT OCD, IT MAKES A WORLD OF DIFFERENCE TO HAVE UNDERSTANDING AND SUPPORT.

# COMIC COMPANION

## for Educational Professionals

### WHAT IS THIS COMIC ABOUT, AND WHO IS IT FOR?

This comic is a co-created resource shaped by the lived-experience insights and expertise of children and young people with OCD, their parents/carers, and educational professionals. This comic has been designed to help school staff recognise OCD patterns and respond in supportive, practical ways in everyday school life.

Alex's fear of harm is one example of an OCD theme. Children's OCD can also include:

- Contamination fears
- Checking
- "Just right" feelings
- Perfectionism
- Sexual/moral/religious worries

The topic can vary, but the OCD cycle is often similar.

In this comic, OCD is represented as a tiger. When OCD is intense, the tiger feels big, loud, and scary. When OCD is less prominent, the tiger becomes calmer and smaller. By the end it can curl up by Alex's feet while she returns to her work.



### WHAT IS OCD?

Obsessive-compulsive disorder (OCD) is a common mental health condition involving **obsessions** (intrusive, unwanted thoughts/images/urges that feel scary or out of character), and **compulsions** (actions or mental rituals, often done repetitively, with the aim of feeling more safe or certain).

**The trap:** compulsions bring temporary relief, so the brain learns "do this to feel better". This strengthens the OCD cycle and makes it harder to break over time.

### WHAT MIGHT OCD LOOK LIKE IN SCHOOL?

You **might** notice:

- Reassurance-seeking/checking (repeated questions or requests)
- Confessing or seeking permission ("I need to tell you something...")
- Avoidance (activities, topics, places; asking to leave)
- Redoing/restarting/slow to complete work, perfectionism
- Distress at transitions (break, home time, lining up, separation from trusted adults)
- Appearing distracted/disengaged
- Irritability, panic, fatigue, tearfulness, needing frequent breaks

You **might not** notice:

- Mental rituals (e.g., silently repeating thoughts/phrases, reviewing memories, counting), like Alex's experience in the comic
- The level of fear and shame the child is carrying (often masking)



# Support Do's and Don'ts

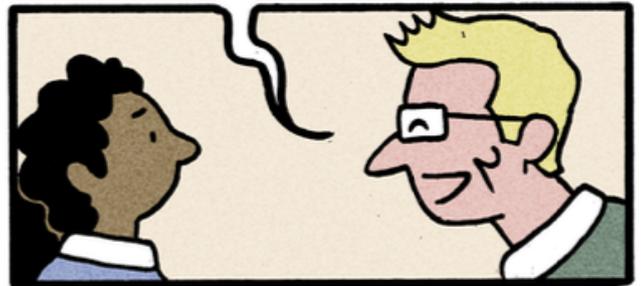
## WHAT YOU CAN DO TO SUPPORT

### In-school strategies:

- Keep routines predictable
- Offer discreet check-ins and agree a planned exit/return pathway (e.g., a "job/role" to go to a safe adult)
- Provide extra time for transitions or homework, tests and assessments if compulsions slow them down
- Identify triggers with the young person and parents/carers (e.g., toilets, shared spaces, specific topics)
- Identify a safe person (and where possible a safe space) for brief support
- Use grounding strategies (breathing, 5-4-3-2-1 senses, short walk with a return plan)
- Where possible, align with home/clinical plans so language and responses are consistent

### Helpful scripts to offer instead of reassurance:

- *"I can't answer that question again, but I can help you sit with the worry"*
- *"Do you think these thoughts are your OCD, or reality?"*
- *"That sounds really scary, but I know you are stronger than your OCD"*
- *"You have overcome this fear before, so I know you can do it again"*
- *"Thanks for telling me - intrusive thoughts are a thing brains do. You're not in trouble"*



**If a young person is distressed or discloses concerns, respond calmly and without judgement - support the child, not the OCD!**

## WHAT TO AVOID

- Avoid joining in on rituals (e.g. avoid repeated reassurance such as "I promise nothing bad will happen", checking for them, or encouraging avoidance)
- Don't punish or shame fears or compulsions (e.g. "stop being silly", "you're being dramatic")
- Don't push for, or force disclosure in front of peers - avoid making the child explain how they feel publicly
- Avoid giving unlimited exits without a plan to return to class (this can encourage avoidance) – this should be organised in communication with families and relevant professionals

## Next Steps

### SAFEGUARDING AND RISK

Some OCD themes can sound alarming, but intrusive thoughts in OCD are typically unwanted and distressing. Focus on the pattern of anxiety and compulsions, rather than assuming intent.

Follow normal school procedures if there is direct disclosure of intent, plan, immediate risk, or safeguarding concerns. Where the presentation fits OCD, respond with calm support and referral, not punishment or panic.

### WHEN AND HOW TO SEEK ADDITIONAL SUPPORT

Seek additional support if:

- OCD is frequent, distressing, time-consuming, affects learning/attendance, avoidance is increasing, or the child is regularly unable to re-engage with class
- If you receive a disclosure from a young person or family member regarding OCD-like symptoms

What to do:

- **Share concerns** with your pastoral lead/SENCO and discuss this openly with parents/carers
- **Encourage parents/carers to book a GP appointment** - the GP can refer to CAMHS (or your local NHS children's mental health pathway). Some areas also allow parent self-referral - the GP can advise if unsure
- **Keep track of helpful information** to pass on to parents and professionals - symptom examples from school, frequency/time impact, specific triggers, what helps (e.g., pastoral check-ins, grounding techniques, planned breaks)
- **Maintain strong communication with the family** - ask the young person and the parents how they would like to be supported! It may help to use consistent language and approaches, and to communicate any wins/challenges from both home and school settings

*Evidence-based treatment often includes CBT with Exposure and Response Prevention (ERP) which involves gradually helping the individual face their fears while reducing frequency of compulsions. This sometimes includes medication support. School can support by aligning responses with the child's plan and reducing accommodation.*

### HELPFUL ORGANISATIONS

**OCD Action:** Support groups and information - Helpline: 0300 636 5478 | [ocdaction.org.uk](http://ocdaction.org.uk)

**OCD-UK:** Support groups and information - Helpline: 01332 588112 | [ocduk.org](http://ocduk.org)

**Mind:** Infoline: 0300 123 3393 (also Support line: 0300 102 1234) | [mind.org.uk](http://mind.org.uk)

**YoungMinds:** Parents Helpline: 0808 802 5544 | [youngminds.org.uk](http://youngminds.org.uk)

**Anna Freud:** Switchboard: 020 7794 2313 | [annafreud.org](http://annafreud.org)

**Samaritans:** Urgent help: 116 123 | [samaritans.org](http://samaritans.org)

**Compassionate, consistent support can reduce distress, champion a young person's sense of self, and help recovery so they can feel safe, seen and keep learning - even when the tiger shows up.**



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