Nick Sireau, chair and founder of Orchard, reflects on the successes of the past year and the work Orchard has been doing.

It’s been a successful 12 months for Orchard: we funded two research projects, hosted informative webinars, and expanded our network to increase awareness for OCD.

We raised an incredible £60,130 from our supporters for our campaign to fund a clinical trial of psilocybin, a psychedelic, as a potential treatment for OCD. We have started recruitment for this study. It is thanks to our supporters we are able to do this – thank you.

We received funding for our second research project which is trialling transcranial direct current stimulation as a potential treatment for OCD. This is a medical device that provides a very faint electric current to the brain. We worked with the University of Hertfordshire on this promising new treatment and the results of this study will come out in 2022.

We also received funding for our international OCD registry. This is a database where OCD patients can register their interest in participating in clinical studies, making recruitment much faster and efficient.

We also ran a series of webinars to raise awareness about the science of OCD and its treatment. For instance, Orchard trustee and OCD expert Professor Naomi Finberg ran a webinar in February 2021.

Looking to the future we are launching a new call for proposals in 2022, followed by a crowdfunding campaign later in the year to fund a new research project for OCD.

Thank you so much to our funders and supporters over the past 12 months. We have come a long way since we started in 2017 and have a tight-knit group of volunteers and partners who are helping us achieve our mission.

Nick Sireau, Chair and Co-founder of Orchard
About OCD

OCD is a common, chronic and long-lasting mental health condition in which a person experiences uncontrollable, intrusive and reoccurring thoughts (obsessions) and behaviours (compulsions) where they feel the urge to repeat over and over, in the attempt to temporarily relieve the unpleasant feelings brought on by the obsessive thought.

It affects 2-3% of the world population. OCD symptoms can range from mild to severe. Some people with OCD may spend a couple of hours a day engaged in obsessive-compulsive thinking and behaviours, for others the condition can completely take over their lives.

The COVID-19 pandemic has made living with OCD worse; the pandemic is associated with clinical worsening of OCD severity and the emergence of new obsessions and compulsions.

OCD is the fourth most common mental disorder and the World Health Organization named OCD as one of the most disabling of all medical disorders. On top of this 60% of patients are also depressed and many are suicidal.

Existing treatments (medication and psychotherapeutic) are out-dated and usually only partially successful. Given the chronic nature of the condition with a significant life-long impact and economic burden there is an urgent need to develop new and effective treatments and improve early detection. However, research and treatment development in OCD is significantly underfunded.

The Work We Do

Orchard is a registered charity that works to accelerate the development of new and better treatments for obsessive-compulsive disorder.

Orchard’s team consists of a board of trustees and a scientific advisory board with many experienced professionals who have a passion for health care and mental health. We also aim to spread awareness around OCD, and we run OCD webinars, in partnership with the charity Made of Millions, hosted by Orchard trustee and journalist Sean Fletcher.
Our Vision
Our vision is a world where all patients suffering from OCD receive effective treatment for their condition.

Our Mission
Our mission is to build that world by advancing collaborative translational research and driving the quest for new and better treatments for OCD.

Our Approach

Orchard's Three Pillar Approach

Research
Fund and run clinical studies

Hubs
OCD research database and repository

Dissemination
Awareness campaigns and conferences
Impact Stories

1. Why did you join the Orchard volunteer group?
Having experienced OCD, I wanted to actively do something to respond to the impact it has and help to make things better for everyone affected.

2. Why do you support Orchard?
I know how much of a difference it would make to the lives of people with OCD for more effective treatments to be available.

3. Why do we need Orchard?
To help drive the effort to undertake research and find new treatments – to make it happen.

Tracy – Orchard Volunteer

1. Why did you join the Orchard volunteer group?
Because I am a semi-recovered OCD patient who knows how serious OCD can be and I want other people to benefit from new and upcoming treatments like I did. I am also aware that when I was severely ill there was nothing on social media about OCD, so I’m interested in raising general awareness among sufferers and non-sufferers.

2. Why do you support Orchard?
Because there seems to be little out there like Orchard - with motivated people actively funding new research - which is desperately needed by the OCD community. Orchard also has an excellent track record as it has already funded two research projects.

3. Why do we need Orchard?
Because CBT/medication only helps approximately 70% of OCD sufferers. Until my deep brain stimulation treatment came along the doctors just prescribed repeated CBT with a succession of different therapists, over and over again for over 10 years - which I found impossible to do - so it was a total waste of resources and time. They admitted they didn’t have any other ideas. New treatment options are desperately needed.

Anonymous Orchard Volunteer
A Personal Experience with Deep Brain Stimulation

An anonymous person who volunteers for Orchard and has suffered with OCD shares their story on how deep brain stimulation (DBS) changed their life. This DBS study was carried out before Orchard was created and shows the importance of research to treat OCD.

How did OCD affect you before your surgery?
By 2013 my OCD had been profoundly debilitating for 10 years. I had been living continuously in psychiatric hospitals for six years. I had been an inpatient at the Anxiety Disorders Residential Unit at the Bethlem Royal hospital (Maudsley), Springfield Hospital in Tooting and the Priory Hospital North London in Southgate and seen world experts from all these hospitals as well as from the Centre for Anxiety Disorders and Trauma (Maudsley) as an outpatient.

I had no quality of life and the only tasks I attempted were the basics i.e. I ate, drank and used the loo and slept. When I used the bathroom, I would be in the bathroom for up to 14 hours because of my OCD rituals. (I limited my fluid intake so that I only needed to go to the toilet once a day.)

My overwhelming symptoms were obsessional slowness and included mentally reviewing every single action I took just after I’d completed the action, e.g. I would carefully use one piece of loo paper, then take about 10 minutes to review it, then take the next piece of paper etc. The purpose of reviewing an action was to make sure nothing got contaminated during the action as I was terrified of poisons and other contaminants and of losing control. I believed that these hazardous materials got everywhere.

Reviewing was an exhausting process, compounded by the fact that I didn’t eat or drink enough and was clinically depressed so was physically exhausted too.

My slowness was so bad that, for example, it would take me 2-3 hours to cross my bedroom floor to get from the door to my bed and then another hour to lift my legs onto the bed and lie down. I barely ate as it was such a lengthy, exhausting and terrifying process to prepare food, even something as simple (for others) as using the microwave. I showered, changed my clothes and brushed my teeth only once a month as it was such an incredibly arduous task. I took an overdose.

My situation was desperate, and I was open to any kind of new treatment.

I had no quality of life - the only tasks I attempted were the basics i.e. I ate, drank and used the loo and slept. When I used the bathroom, I would be in the bathroom for up to 14 hours because of my OCD rituals.
Did you try any treatment before surgery, and did they have any affect??
I was prescribed exposure and response prevention (ERP) cognitive behavioural therapy (CBT) by every specialist I saw from when I was officially diagnosed with OCD in 2003 until the surgery in 2013. However, I found it impossible to do the CBT. I tried as hard as I possibly could, tirelessly, for years and years but it was mentally impossible. I can’t explain why and it was not just fear that stopped me. There was something going on in my brain that prevented me from stopping my rituals. I had to and needed to do them. Therefore, my OCD steadily and persistently got worse and worse despite all this well-intentioned and expert intervention and also unending support from my family.

What were the steps leading to deep brain stimulation surgery?
I was referred to Professor Keith Matthews in October 2012 for a preliminary discussion about deep brain stimulation and whether I was a suitable candidate for a trial study of DBS for which funding had just been approved, which I was. I was then admitted in May 2013 for the surgery at the National Hospital for Neurology and Neurosurgery (NHHN) in Queen Square, London. It was explained to me by the surgeons that, although DBS for OCD is new, DBS has been a successful treatment for Parkinson’s disease and other movement disorders for decades and the surgeons perform the same surgery three times a week for other conditions.

The operation took 10 hours and included implanting four metal electrodes into my brain, through two holes which were drilled into my skull, feeding wires from the electrodes under my skin to my chest, where two neurostimulator packs were fitted.

I was also on medication all this time. I tried all the recommended SSRI and antipsychotic medications but they didn’t do anything and neither did the CBT. I was only selected for the surgery because I had tried all the recommended treatments (CBT and medication) and been in all the specialised residential OCD units in the UK at least once.

What happened after the surgery?
When the system was first switched on the neurologists tried each contact point on each electrode in turn and waited 24 hours each time to see if I felt different at all. I didn’t feel anything for a few days but then I did.

I felt unexplainably excited and happy with a great sense of looking forward to life. Since I had reacted to that particular setting the neurologists increased the strength of the signal on that point and I felt even better. I recognised the feeling from 20 years before when I had been well. I was so excited. I found I could walk from room to room in the hospital much more quickly and, miraculously, my need to review subsided. Whereas before the DBS I had needed supervision and reassurance for everything that I did, I was soon performing tasks on my own. I started getting dressed again, went shopping in London with my mum (something I hadn’t done for 10 years) and after a few days of practice, I could use the loo in 10 minutes. It was absolutely incredible.
Our Impact – OCD Research Projects

We currently have two fully funded OCD research projects to find a treatment for OCD.

1. Psilocybin Research Project

Psilocybin is a psychedelic drug which is the active ingredient in magic mushrooms. A previous study in 2006 showed that it can reduce OCD symptoms.

Orchard is now collaborating with Professor David Nutt, Imperial College London, and Professor Naomi Fineberg, Queen Elizabeth II Hospital, to run a new pilot clinical trial using psilocybin to treat OCD.

We raised £60,130 from a crowdfunding campaign in 2020 which was match-funded by a foundation.

The current study will use a low dose of psilocybin (10 mg) and an inactive placebo to test the effect of psilocybin on thinking processes and symptoms of OCD patients. Psilocybin is a safe compound and will be provided under a license from the UK’s Home Office. The study is due to start later in 2022 and will last 18 months, recruiting and following up 15 patients.

2. Transcranial Direct Current Stimulation (TDCS):

We received funding for our second research project in September 2020. This research at the University of Hertfordshire involves working on a promising new treatment that involves passing a small, almost imperceptible electric current into brain areas connected to OCD. This may help people with OCD think and behave differently and could help treatments work better. The results of this study will come out later in 2022.
OCD Registry

On top of running OCD research projects, we have received funding from the Bally’s Foundation for a two-year project to build an international registry of OCD patients. Registries are crucially important for medical research as they can accelerate recruitment into clinical trials of potential treatments and increase our understanding of a disorder such as OCD by asking patients to report their symptoms and current treatments.

Promoting Research

Our mission is to build that world by advancing collaborative translational research and driving the quest for new and better treatments for OCD.

Online Presence, Webinars & Scientific Meeting

OCD Animation Video

Orchard worked with an illustrator, animator and photographer called Khushi Inamdar who created an informative OCD animation that we shared on our website, e-news and social media. This short video explains OCD clearly and its misconceptions.

Online Presence

In 2021, we increased our social media presence on Instagram, Twitter and Facebook. We also started to send a monthly e-news to our email subscribers to update them and to promote new OCD research studies. We will continue this in 2022.
Webinars

Since 2020, we have worked in partnership with the mental health advocacy organisation Made of Millions, hosting webinars to help raise awareness around OCD and the work we do. These webinars have been hosted by Orchard trustee and TV journalist, Sean Fletcher.

In February 2021, we hosted the webinar “Treating OCD During the COVID Pandemic feat. Professor Fineberg & Sean Fletcher”. Professor Naomi Fineberg made a virtual presentation and Sean hosted a Q&A afterwards.

In July 2021, we hosted a webinar “Deep Brain Stimulation for OCD: A Conversation With Dr Himanshu Tyagi and Sean Fletcher” where Dr Himanshu Tyagi discussed his research into deep brain stimulation.

Scientific Meeting

The 17th Annual Scientific Meeting of the ECNP-OCRN International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) was held in Lisbon on 1st October 2021. This year for the first time it was a hybrid event, with 17 in-person and 21 remotely attending participants spread across the world. This conference was funded by Orchard.

As a brand-new format, it was a great success, conducted according to all preventive measures toward the COVID-19 pandemic and allowing the widest possible number of interested people to participate.

The main focus of the meeting was on the impact of the COVID-19 pandemic and lockdown on patients in particular with OCD and how to manage them in this period of uncertainty.
OCD Online Questionnaire and Future Plans

OCD Online Questionnaire and Interviews

In 2021, we worked with the Cambridge Consulting Network to carry out an insight gathering exercise to find out what research is important for OCD patients. More than 220 patients responded to the survey and in-depth interviews were carried out with nine of these. The majority of the participants of the survey (66%) had questions regarding the treatment of OCD, summarised as follows: What is the best treatment for OCD? The second most common subcategory of questions within the theme of treatment of OCD was about recovery from OCD and whether OCD could be cured, deeply intertwined with the theme of the prognosis of OCD.

We will use the results of the questionnaire and interviews to inform our OCD research and social media strategy.

Examples Of Questions Within This Subcategory Include:

- Is there a way to make OCD go away forever?
- Will I ever be fully okay again?
- What does recovery look like?

Future Plans

In 2022, our psilocybin research project will start, and the results of our transcranial direct current stimulation study will be released. We are also fundraising for other OCD research projects.

Orchard will do another call for proposals in 2022 that will be similar to our 2020 call for proposals. This will be to fund a new OCD research project that we have raised £150,000 for. We will then run a crowdfunding campaign in late 2022 to fundraise for an extra £50,000 for the winning study.
Financial Review

Reserves: £41,787

Income

Unrestricted funds

General fund 100% £39,622
Designated Fixed Assets 0% £0
> Total- £39,622

Restricted funds

Research into the efficacy of Psilocybin 72.4% £88,262
Research into TDCS 27.5% £33,504
> Total- £121,766

Total: £161,388

Expenditure

Unrestricted funds

General fund 98.1% £25,805
Designated Fixed Assets 1.9% £489.00
> Total- £26,294

Restricted funds

Research into the efficacy of Psilocybin 22% £4,220
Research into TDCS 78% £15,000
> Total- £19,220

Total: £45,514
Thank You!

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