

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE guidelines

DRAFT Equality and health inequalities assessment (EHIA)

**Obsessive-compulsive disorder and body
dysmorphic disorder: assessment and
management**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

- Full update and changes to the scope for current guideline CG31 obsessive-compulsive disorder and body dysmorphic disorder: treatment.

Appendix [X]: equality and health inequalities assessment (EHIA)

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

Guideline: Obsessive-compulsive disorder and body dysmorphic disorder: assessment and management

Date of completion: July 2027

Focus of guideline or update: Full update and changes to the scope for current guideline CG31 obsessive-compulsive disorder and body dysmorphic disorder: treatment.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

Equality issues were identified during the [surveillance process](#) which included literature search updates, external topic expert feedback and stakeholder consultation.

Other approaches to identify potential equality and health inequalities issues in early scoping work

The implementation and partnership directorate consulted with key stakeholders in order to gather intelligence and data on implementation, and any potential equality considerations were identified from this work. This intelligence gathering included exploration of the Talking Therapies (IAPT) dataset, interrogation of the Race and Health Observatory reports on race inequalities in relation to mental health which include recommendations for policy makers, and feedback from other key.

The feedback provided by the NICE GP reference panel was also reviewed in order to identify potential equality and health inequalities issues.

The scoping workshop included people with lived experience, as well as organisations representing people with lived experience, who raised and discussed equality and health inequalities issues.

Data analysis of real world evidence in order to identify potential equality and health inequalities issues is also being explored, including NHS Talking Therapies, for anxiety and depression (NHS TTAD) dataset (formerly IAPT) and Clinical Practice Research Datalink (CPRD).

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

Protected characteristics outlined in the Equality Act 2010:

Age:

Children and young people:

- Treatment with selective serotonin reuptake inhibitors (SSRIs) for children and young people are only available as a further-line treatment option to augment ongoing psychological treatment in the current guideline, and stakeholders raised that this may negatively impact treatment response
- Problems with implementation in terms of referral to child and adolescent mental health services (CAMHS) for SSRI treatment. The current recommendations require assessment and diagnosis by a child and adolescent psychiatrist prior to SSRI prescription and limited availability of UK CAMHS consultants is making these recommendations challenging to implement
- Incomplete inclusion of children in the current guideline (restricted to those aged 8 years and older)
- Significant changes to service delivery for children and adolescents (as well as adult services), and the potential for digitally-delivered low-intensity psychological interventions to improve access
- Under-recognition of OCD and problems with assessment, particularly for children and young people, as generic assessment can lead to incorrect diagnosis and inappropriate treatment referral
- The role of parent training for children and young people with OCD was also highlighted as an area that the update should consider
- It is estimated that 1% of children and young people are living with BDD in the UK, and that it is most prevalent (5.6%) in girls aged 17-19 years old (Veale et al., 2016, NHS Digital, 2017).

Older adults:

- People with a common mental disorder from older age groups (≥ 65 years) are less likely to access NHS talking therapies than younger people and may be less computer literate than younger people.

Disability:

Physical disability:

- People with a common mental disorder and a physical disability are less likely to receive treatment from NHS talking therapies than those without a disability

Autism and other forms of neurodiversity:

- Under-recognition of OCD in people with autism spectrum disorders (ASD) as OCD symptoms might be assumed to be ASD rituals
- Intervention adaptations may be required to effectively treat OCD in people with autism or other forms of neurodiversity

Learning disability:

- People with a learning disabilities may be less computer literate and could be disadvantages in accessing digital therapies

Pregnancy and maternity:

- Intervention adaptations may be required to effectively treat OCD in pregnancy or the postnatal period

Race:

- Ethnic minorities with OCD are underrepresented in secondary and tertiary mental health services, and this inequality is significantly more pronounced than for depression
- People with a common mental disorder from an Asian ethnic background are less likely to access NHS talking therapies than those from White ethnic backgrounds, and are more likely to experience worse outcomes, longer waiting time for assessment, and less likely to receive treatment following assessment. These inequalities were particularly marked for people from 'Bangladeshi', 'Pakistani' and 'Other Asian' (not including 'Indian' and 'Chinese') ethnic groups, as well as people from 'Mixed White' and 'Black Caribbean' ethnic groups
- Need to take account of linguistic, cultural and ethnic diversity among patients and clinicians, particularly with respect to CBT

Geographical area variation:

- Barriers to access, including variation in access to NHS talking therapies, and specialist services

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Based on equality issues and gaps identified in the [surveillance process](#), stakeholder and topic expert feedback, the identified equality and health inequalities issues will be further explored and considered as follows:

1. Review questions:

- a. Review question on the diagnostic accuracy of brief assessment tools for OCD will focus specifically on children and adolescents. Given the anticipated sparseness of validated scales and diagnostic test accuracy studies for body dysmorphic disorder (BDD), the recognition and assessment question on BDD is not divided by age but where evidence is identified on specific scales for children and young people this will be reviewed
- b. Separate review question on the effectiveness of psychological, pharmacological, and combination interventions for the treatment of OCD in children and adolescents, and SSRIs as first-line treatment as well as parent training will be included as interventions in this review; otherwise children and young people will be considered as a subgroup within intervention review questions for BDD
- c. Intervention review questions include remotely delivered psychological interventions (for example computer-assisted delivery) that could facilitate access to psychological treatment. This could address geographical inequalities but may disadvantage people with limited access to computers or those who are less computer literate (for example older people or people with learning disabilities)
- d. Specific review question addressing what works well, and what could be improved, in terms of accessing and engaging with treatment
- e. Consideration of protected characteristics will take the form of subgroup analyses wherever possible

2. Scope considerations:

- The lower age limit of 8 years in the current guideline will be removed so that the update will include all children, young people and adults with OCD or BDD

3. Cross-reference to existing NICE guidance:

- The NICE guideline on Antenatal and postnatal mental health (CG192) includes recommendations on providing interventions for OCD in pregnancy and the postnatal period
- The NICE guideline on Autism spectrum disorder in adults (CG142) and Autism spectrum disorder in under 19s (CG170) includes recommendations on how interventions might be adapted for people with an anxiety disorder (including OCD)

4. Committee considerations:

- The committee will use clinical knowledge and experience, lived experience, feedback from stakeholders and patient groups, and evidence to:
 - Ensure that identified groups are considered within recommendations
 - Consider research recommendations to address gaps in evidence
 - Think about how recommendations might impact existing health inequalities

5. Implementation considerations:

- The committee will consider the evidence for the effectiveness of interventions in the context of the current service configuration and will structure recommendations to take implementation issues into account

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

We have good representation on our list and have encouraged stakeholders to register from groups that can help explore equality and health inequalities issues:

1. Mental health organisations (including general mental health as well as specific OCD and BDD organisations)
2. Youth organisations
3. Organisations representing women
4. Organisations representing neurodivergent people
5. Organisations representing ethnic minorities
6. Organisations representing religious practices
7. Organisations representing carers and health professionals
8. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue
9. LGBTQ+ organisations
10. Pregnancy and maternity
11. Organisations focused on health inequalities

We also have engagement from a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities.

There are ongoing discussions with the People and Communities team regarding the need for a strong focus on the perspectives of people with the condition, and the use of focus and/or reference groups is being considered.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The views and experiences of those affected by equality and health inequalities issues will be included in the guideline development process through the following mechanisms:

1. Stakeholder consultation: The comprehensive stakeholder list includes organisations representing various groups affected by health inequalities. These stakeholders will

have the opportunity to comment on the draft scope and guideline, ensuring diverse perspectives are considered

2. Committee expertise: Members with experience of working with diverse populations will be included. Lay members who are experts by experience
3. Evidence review: The evidence review process will include a focus on extracting data related to equality and health inequalities where available and from the views and experiences of people included in qualitative research studies
4. Committee discussions: The committee will be encouraged to consider equality and health inequalities implications throughout their discussions and decision-making processes
5. Consultation feedback: Particular attention will be paid to feedback received during the consultation phase that addresses equality and health inequalities issues

These approaches should ensure that the guideline development process meaningfully includes the views and experiences of those affected by equality and health inequalities issues. If during the development process it becomes apparent that certain perspectives are underrepresented, additional steps (such as targeted consultations or additional expert input) will be considered.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Stakeholders will be provided with this EHIA document and will be asked whether the draft scope adequately addresses the proposed equality and health considerations and whether there are any further equality and health considerations that they believe have not been addressed. Feedback will be taken into consideration and where appropriate, the scope will be updated.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

Specific evidence reviews will not be conducted for this update where the area has already been covered in existing NICE guidance. However, the committee will consider recommendations in the following areas, and cross-refer to this other NICE guidance where appropriate:

- Adaptations to interventions for people with OCD and autism ([Autism spectrum disorder in adults](#) NICE clinical guideline CG142; [Autism spectrum disorder in under 19s](#) NICE clinical guideline CG170)

- Adaptations to interventions for people with OCD in the antenatal or perinatal period ([Antenatal and postnatal mental health](#) NICE clinical guideline CG192)

Completed by developer _____

Date _____

Approved by committee chair _____

Date _____

Approved by NICE quality assurance lead _____

Date _____