



Data supplement

Table DS1. NICE stepped care model for obsessive-compulsive disorder

Step	Who is responsible for care?		What is the focus?	
	Adults	Children	Type of OCD	Type of care
1	Individuals, public organisations, national health service		Awareness and recognition	Provide, seek, and share information
2	General practitioners, practice nurses, school health advisers, health visitors, general health settings	CAMHS tier 1	Recognition and assessment	Detect, educate, and discuss treatment options. Signpost voluntary support agencies. Refer if necessary
3	General practitioners, primary care team, primary care mental health workers, family support team	CAMHS tier 1	Management and initial treatment	Assess, review, and discuss options. For adults: brief individual or group CBT (including ERP) with self-help materials, SSRI, or consider combined treatments. For children: guided self-help, CBT (including ERP)
4	Multidisciplinary care in primary or secondary care	CAMHS tier 2 or 3	Management of OCD with comorbidity or poor response to treatment	Assess, review, and discuss options. CBT (including ERP), SSRI, consider alternative SSRI, combined treatments, or clomipramine
5	Multidisciplinary care with specific expertise in OCD	CAMHS tier 3 or 4	Management of OCD with significant comorbidity, more severely impaired functioning and/or treatment resistance, relapse	Reassess and discuss options. As above, and consider augmentation strategies, admission
6	In-patient care or intensive treatment programmes	CAMHS tier 4	OCD with risk to life, severe self-neglect, or severe distress or disability	Reassess, discuss options, and care coordination. As above, and consider admission or special living arrangements

CAMHS, child and adolescent mental health services; CBT, cognitive–behavioural therapy; ERP, exposure and response prevention; NICE, National Institute for Health and Clinical Excellence; OCD, obsessive–compulsive disorder; SSRI, selective serotonin reuptake inhibitor.