Massachusetts General Hospital
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HARVARD MEDICAL SCHOOL

ICOCS International College of Obsessive Compulsive Spectrum Disorders

Is global mental health forgetting about OCD?

And what about pediatric OCD in global mental health?

Clinical neuroscience goes from bench to bedside.
Global mental health goes from bedside to beyond.

after Stein DJ et al., Lancet Psychiatry 2015

Lilian Flora Ebner

22nd ICOCS Scientific Meeting in Munich, 14 October 2026

Dan J. Stein Memorial Award Talk

Global Burden of OCD - the number that vanished

WHO burden estimates, 2004 update

#	Cause	DALYs, millions
1	Unipolar depressive disorders	65.5
2	Alcohol-use disorders	23.7
3	Schizophrenia	16.8
4	Bipolar affective disorder	14.4
5	Alzheimer's and other dementias	11.2
6	Drug-use disorders	8.4
7	Epilepsy	7.9
8	Migraine	7.8
9	Panic disorder	7.0
10	Obsessive–compulsive disorder	5.1
11	Insomnia (primary)	3.6
12	Post-traumatic stress disorder	3.5
13	Parkinson's disease	1.7
14	Multiple sclerosis	1.5

OCD is no “western disorder”: in low- and middle-income countries: OCD also 10th - 4.5 of its 5.1 million DALYs. Source: Collins et al., Nature 2011 (WHO Global Burden of Disease 2004 update).

GBD cause list, mental disorders only (since 2010)

Depressive disorders (major depressive disorder, dysthymia reported separately)
Bipolar disorder
Schizophrenia
Anxiety disorders (OCD inside, not reported separately)
Eating disorders (anorexia and bulimia reported separately)
Autism spectrum disorders
Attention-deficit hyperactivity disorder
Conduct disorder
Idiopathic (developmental) intellectual disability
Other mental disorders (“a residual group comprising personality disorders without a comorbid mental or substance use disorder”)

No OCD burden estimate of its own in GBD 2010, 2019 or 2023

OCD sits inside "anxiety disorders" by definition (ICD-10 codes F40–F42 and related codes), its burden is never reported separately.

Substance use disorders and neurological disorders (epilepsy, migraine, dementia, Parkinson’s, MS) are separate GBD cause groups with estimates of their own.

GBD 2010 cause list as reported in DCP3 Mental, Neurological and Substance Use Disorders (2016), Table 2.2; GBD 2019 Mental Disorders Collaborators, Lancet Psychiatry 2022; GBD 2023 Mental Disorders Collaborators, Lancet 2026.

And pediatric OCD in global mental health?

OCD starts in childhood, but is mainly measured in adults

Age at onset — Stein DJ, Ruscio AM et al., BMC Medicine 2025 (World Mental Health surveys, 10 countries):

Half of all OCD begins by age 17

and more than 80% by age 24.

Prevalence-data coverage — Erskine HE et al., Epidemiol Psychiatr Sci 2016 (GBD team's own audit):

44% of adults vs. 2.9% of children

are covered by prevalence data for anxiety disorders (OCD included), the rest is extrapolated; 124 of 187 countries have no child data at all.

What WHO guidance says

WHO Essential Medicines List 2023 - clomipramine and fluoxetine for OCD:

For "adolescents and adults" only

By design: **no essential psychotropic medicines for children up to 12 following the WHO's non-specialist guide (mhGAP)** (Barbui et al., 2024).

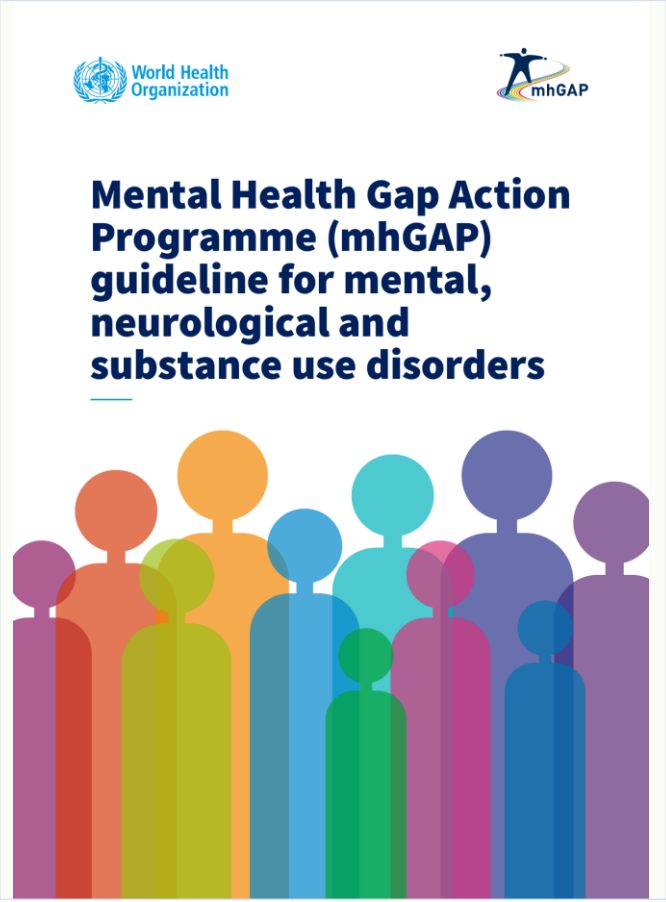
WHO Expert Committee on Essential Medicines, 2023:

The report states "WHO guidelines for treatment of [OCD] are not currently available." **(2023 report, application 1415)**

And in my searches: **No psychological treatment for OCD found in any of the WHO guidance documents**

(mhGAP guideline 2023 and Intervention Guide 2.0, Essential Medicines List, UHC Compendium, World Mental Health Report 2022)

What WHO tells non-specialist health workers for children



WHO mhGAP guideline, 3rd edition (2023) — the manual for non-specialist health workers.

mhGAP: Child and adolescent conditions with recommendations (2023 edition)

- ADHD
- Autism
- Disorders of intellectual development
- Developmental speech disorders (stuttering)
- Developmental learning disorders
- Developmental coordination disorder
- Neurodevelopmental disabilities (general)
- Cerebral palsy
- Depression
- Post-traumatic stress disorder
- Epilepsy
- Psychosis (adolescents)
- Bipolar disorder (adolescents)
- Anxiety disorders (medication not recommended, no other recommendation)

Obsessive–compulsive disorder: no recommendation for children (or adults)

OCD is not mentioned in the 2023 guideline.
Adult modules cover depression, psychosis and bipolar disorder, epilepsy, dementia, substance use, self-harm and suicide, PTSD and anxiety; and the anxiety module covers only panic disorder and generalized anxiety disorder.

Source: WHO. mhGAP guideline for mental, neurological and substance use disorders, 3rd ed. Geneva, 2023 — Table 1, recommendations CAMH1–4, STR2, EPI2, PSY, BIP.

Strategies forward

What Dan Stein asked for

"There is a particular need for pragmatic trials in the management of OCRDs, as well as for work on task-shifting and task-sharing interventions for these conditions."

Stein DJ, Indian J Psychiatry 2019

"Further cross-national research is needed on … efficacy of treatments delivered by non-specialist community health workers, and implementation of evidence-based interventions in under-resourced settings."

Stein DJ, Ruscio AM et al., BMC Medicine 2025

Proposed extensions to pediatric OCD

An OCD module in mhGAP

with a pathway for children, with psychological treatment as a priority, since WHO non-specialist guidance is no medication before 13.

Task-shared OCD treatment

tested in low-resource settings (as WHO has for example done for autism with Caregiver Skills Training, sessions are led by non-specialists, caregivers apply the strategies), piloted in 30+ countries incl. Ethiopia.

OCD burden counted

a line of its own in the burden estimates + child samples from the regions that have none.