

Our Ref: NG/RM/24431  
Date: 16<sup>th</sup> December 2024

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North Staffordshire Combined Healthcare NHS Trust  
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Reception: 0300 123 1535

Dear

### Freedom of Information Act Request

I am writing in response to your e-mail of the 5<sup>th</sup> December 2024. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

#### **Requested information:**

I am writing to you under the Freedom of Information Act 2000 to request the following information from one or more of your Talking Therapies (IAPT) services within your Trust regarding data for adults with Body Dysmorphic Disorder (BDD).

1. Please identify the Talking Therapies service that you are answering on behalf of.
2. Please may you inform us whether Body Dysmorphic Disorder (BDD) appears on your drop-down menu as a diagnosis/ problem descriptor on for example
3. IAPTus or PC-MIS software for measuring outcomes? (If not, what descriptor, do you use?)  
If it is not on the drop-down menu, can you identify people with BDD in a different way (for example, the number who have completed the Body Image Questionnaire for BDD)?
4. Do you use a digital front door like Limbic to screen clients? If yes, which one do you use, and does it directly screen for BDD?
5. Please inform us whether your staff ask the recommended screening question to help identify people with BDD? (The "Talking Therapies manual for anxiety and depression" recommends a question "Have you worried a lot about your appearance or the way a bodily feature looked and wish you could think about it less?". ) If you do not use the recommended question, do you routinely screen for BDD with a different question or leave it up to therapists to identify if it appears clinically relevant? (if yes, what is the question)?
6. If you use a screening question to try to identify people with BDD, at what stage do you ask the question. e.g., (a) first contact/triage, (b) at assessment at step 2 guided self-help (c) at assessment for step 3 (high intensity)?
7. Please inform us if you use the recommended Anxiety Disorder Specific Measure (ADSM) "The Body Image Questionnaire" (BIQ) in people with BDD to determine outcomes during therapy? If not, do you use the PHQ9 and GAD7 for BDD or something else?

8. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, please inform us of the total number of people you discharged (all diagnoses, at least one contact) and the total number of people discharged for BDD as the main problem.
9. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, please inform us of the total number of people you took on for therapy (all diagnoses, at least 2 contacts) and the total number of people with BDD that you took on for therapy (at least 2 contacts) that were discharged.
10. Of those that you took on for therapy, what proportion / numbers of people with BDD received treatment at Step 2 with a PWP? If treatment is with a PWP, what proportion and number is a generic CBT for anxiety/ depression or other approach, and what proportion and number received a specific computer program or workbook for BDD? Please specify which one you use.
11. Of those with BDD who received treatment at Step 2 with a PWP, what was the average number of sessions for generic CBT for anxiety/ depression and for a specific computer program or workbook for BDD?
12. For people discharged from the 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 with the last treatment type being step 3, what was the average number of sessions in the episode for those treated with BDD and the average for all other diagnoses in the service?
13. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, please inform us of the number of people with BDD who had 2 Body Image Questionnaires completed prior to discharge (and the number who had the GAD7 instead of the BIQ) at Step 2 and at Step 3 (high intensity)?
14. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, what percentage and number of people with BDD in the treated sample achieve reliable improvement at Step 2 and Step 3? (Note the reliable change on the BIQ is  $\geq 10$  – please state if you are using the GAD7 for reliable improvement). How does that compare to the percentage and number who achieve reliable improvement on all the other diagnoses in the service?
15. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, what was the mean and standard deviation and number of clients of the Body Image Questionnaire in those taken on for treatment at Step 2 and at Step 3?
16. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, what was the mean and standard deviation and number of clients with BDD on the Body Image Questionnaire after treatment at Step 2 and at Step 3?
17. For people discharged in the year 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, what proportion and number achieve reliable improvement and recovery after treatment ( $\leq 40$  is no longer a case) with BDD on the Body Image Questionnaire at Step 2 and Step 3?
18. How many of your CBT therapists have attended a top up workshop or any other training in treating BDD?
19. Please can you do a survey of your CBT therapists in your service and ask them.  
“How much of a priority do you think is training in BDD compared to other problems in your service?”
  - Not a priority
  - Low priority
  - Medium priority
  - High priority

– Essential

When you report the results, please provide the number of respondents and the individual scores (e.g. n=6 who scored 1,2,2,3,4,4) so we can calculate a mean across the whole of England.

**Talking Therapies (IAPT) services is outsourced and provided by Midlands Partnership University NHS Foundation Trust (MPFT) <https://www.mpft.nhs.uk/>**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



**Nicola Griffiths**  
**Deputy Director of Governance**