Body Dysmorphic Disorder (BDD)

What it is and how to help

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What is BDD?

Body dysmorphic disorder (BDD) is an anxiety-related mental health condition in which a child or adult becomes preoccupied with one or more perceived flaws in their appearance. These perceived flaws are either not visible or appear only slight to others. The preoccupation causes significant distress or interferes with daily life — school, play, friendships, and family routines.

BDD often leads the person to perform time-consuming repetitive behaviours such as checking their appearance or comparing the perceived flaw with other people. They may go to significant efforts to hide the perceived flaw — for example with clothing or make-up — and may avoid social contact. BDD commonly co-occurs with depression and carries a raised risk of self-harm and suicidal thoughts.

How BDD affects functioning

- **Body functions:** persistent distressing preoccupations about appearance; repetitive checking or comparing.
- **Activities and participation:** difficulty concentrating in class, avoidance of PE, refusing school photographs, reluctance to join social activities or play with peers.
- **Environmental factors:** family responses (criticism or over-reassurance), peer teasing, and social media or advertising that emphasises appearance can increase distress.
- **Personal factors:** low self-esteem, anxiety, perfectionism, and possible neurobiological vulnerability. Co-existing depression or OCD features change how a child functions at home and school.

Signs to watch for in primary-school-aged children

Children with emerging BDD may show subtle or changing behaviours. Look for patterns that are persistent, lasting weeks to months:

- Repeated worries about a feature (face, skin, hair, teeth, body size) that seem disproportionate to their actual appearance.
- Excessive time spent checking mirrors, asking for reassurance ("Do I look weird?"), or covering and avoiding a part of the body.
- Avoiding PE, swimming, school photos, parties, or other activities because of appearance worries.
- Wearing excessive make-up or covering up with clothing in an attempt to hide a perceived flaw — which may cause difficulty with school uniform policy.
- Frequently comparing themselves to classmates, siblings, or images on TV or apps, and becoming very upset.
- Difficulty concentrating in class due to preoccupation with intrusive thoughts about appearance.
- Difficulty with school attendance — arriving late due to repetitive behaviours, or avoiding school or groups of other children altogether.
- Strong negative reactions if teased about appearance, or continual attempts to hide perceived flaws (hats, scarves, hair over face).
- Signs of anxiety, low mood, talk of worthlessness, or any mention of self-harm or "not wanting to be here" — take any talk of self-harm seriously.

If you notice several of these signs, seek a professional assessment via your child's GP or local CAMHS. NICE recommends assessment from age 8 upwards when BDD is suspected.

Strategies for parents and carers at home

- **Stay calm and curious.** Ask open, non-judgmental questions about how they feel rather than minimising or arguing about appearance. Avoid statements like "there's nothing wrong with you."
- **Limit reassurance and appearance-focused discussion.** Reassurance provides short-term relief but maintains the cycle. Acknowledge the emotion ("I can see you're really worried") and redirect to coping steps.
- **Reduce checking and avoidance gently.** Work with the child on small, manageable steps — for example, shortening mirror time or joining a short activity they enjoy.
- **Avoid supporting behaviours that hide the perceived flaw.** This includes providing large amounts of cosmetic products. Hiding the appearance concern often provides short relief but maintains the cycle.
- **Focus on function, not appearance.** Encourage activities that build skills and confidence — clubs, skills-based play, creative projects.
- **Model healthy talk about bodies.** Avoid negative body talk about yourself or others; emphasise strengths, kindness, and what the body can do.
- **Keep routines and sleep consistent.** Anxiety and low mood are worse with poor sleep and chaotic routines; structure helps.
- **If there are safety concerns** (self-harm or suicidal talk): do not leave the child alone, seek urgent help (GP, emergency services, or CAMHS crisis), and use crisis lines if needed.
- **Seek specialist help early.** BDD is very treatable with expert support. NICE recommends CBT adapted for BDD, and medication in some cases. Early access to assessment improves outcomes.
- **Look after yourself.** A child experiencing BDD can be distressing for the whole family. Make sure you have a support network in place.

Strategies for teachers and schools

- **Listen, validate, and record concerns.** Respond calmly ("I'm glad you told me. I'm worried about how upset you are.") and note what they said; pass concerns to the designated safeguarding lead or SENCo.
- **Avoid public attention to appearance.** Don't single out the child for PE or photos; offer a private conversation to find reasonable accommodations. Keep adjustments discreet.
- **Focus on participation goals.** Set small, measurable activity targets and celebrate functional gains rather than appearance.
- **Supportive classroom adjustments** may include extra time for homework or exams and short breaks when the child is distressed. Take an understanding approach if attendance is impacted.
- **Work with parents and professionals.** Arrange collaborative conversations with parents and, with consent, involve school nurses, educational psychologists, or CAMHS as needed.
- **Reduce appearance triggers in class.** Be aware of media content used in lessons; include media literacy and anti-bullying work that addresses appearance pressure.
- **Provide emotional supports and safe spaces.** Ensure the child knows a trusted adult they can go to; consider social skills groups to rebuild peer confidence.
- **Know and respond to risk.** If a child mentions self-harm or suicide, escalate immediately to safeguarding arrangements and urgent services. Do not promise confidentiality over safety.

Treatment

- **Cognitive Behavioural Therapy (CBT)** tailored for BDD is the recommended first-line psychological treatment. NICE recommends specialist CBT approaches that address checking, avoidance, and distorted beliefs about appearance.
- **Medication** (SSRIs and sometimes other agents) can be effective in moderate-to-severe cases, usually in combination with CBT. Medication decisions for children should be made by specialists.
- **Family involvement, psychoeducation, and school liaison** improve outcomes by reducing environmental factors that maintain distress.

Safety and suicidal thoughts

Take any talk of self-harm or "wanting to die" seriously.

- Stay with the child if they are in immediate danger and call emergency services (UK: 999).
- Contact the child's GP, CAMHS urgent access, or local crisis team.
- Use 24/7 helplines for immediate emotional support — Samaritans in the UK: 116 123.
- Document concerns and escalate through your school's safeguarding procedures.

Where to go for help

- **NHS:** Start with your GP for assessment and referral to CAMHS. Visit nhs.uk for information on BDD and how to access local services.
- **NICE guideline CG31:** Clinical guidance for assessment and treatment of OCD and BDD, covering young people aged 8+.
- **Body Dysmorphic Disorder Foundation (BDDF):** bddfoundation.org — parent guides, practical resources, and peer support materials.
- **YoungMinds:** youngminds.org.uk — practical, age-appropriate advice for parents about body image and getting help.
- **Samaritans:** 116 123 (24/7, free, UK) — emotional support at any time.
- **Local CAMHS:** for assessment and treatment of children and adolescents, accessed via GP or school health service.

Starting a conversation with your child

Choose a quiet, calm place where the child feels safe. Sit at the child's level and keep your voice warm and unhurried.

- **Open gently:** "I've noticed you've been looking a bit worried lately, especially about how you look. I wanted to check in because you're important to me, and I care about how you're feeling."
- **Invite them to share:** "Can you tell me a bit about what's been on your mind? There's no right or wrong answer."
- **Validate feelings:** "It sounds like those thoughts are really upsetting for you. I'm sorry it feels that way — that must be hard." Avoid: "Don't be silly" or "There's nothing wrong with you."
- **Name the experience simply:** "Sometimes our brains get stuck on one thing and keep telling us there's a problem, even when other people don't see it. It's not your fault — it just means your brain needs some help to feel calmer."
- **Reassure about help:** "We can work together to find ways to help you feel better. You don't have to manage these thoughts on your own."
- **Agree next steps:** "Let's make a little plan together about what to do when these thoughts pop up — and I'm going to speak to someone who can help."

Keep your tone calm and steady — children often take emotional cues from adults. Pause after each question and give the child time to think. Avoid too much reassurance about appearance; focus on the feelings and the plan.