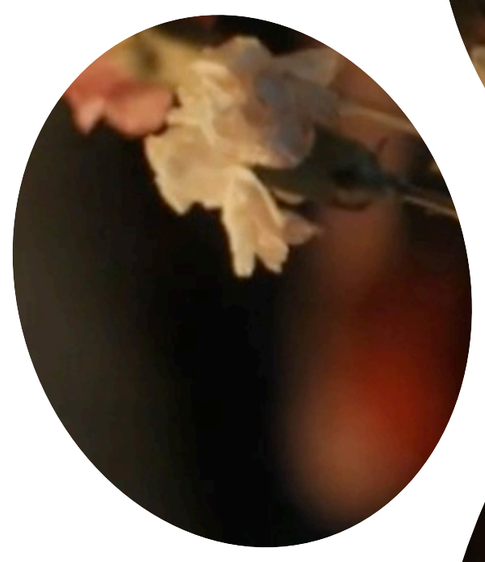
Nip in the Bud®



What is Body Dysmorphic Disorder (BDD)

This article was reviewed and enriched with expert insights from Dr Sean Cavanagh - Academic Clinical Fellow, National and Specialist CAMHS OCD, BDD and Related Disorders Service. We are grateful for his time and expertise in ensuring the accuracy and clarity of this piece

What is BDD? A simple definition

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, family routines). It often leads the person to perform time-consuming repetitive behaviours such as checking their appearance or comparing the perceived flaw with other people. The person can go to significant efforts to hide the perceived appearance flaw (e.g. with clothing, or make-up), and it can lead them to avoid social contact with others. BDD commonly co-occurs with depression and carries a raised risk of self-harm and suicidal thoughts. For more detailed information you can see nhs.uk,

It's important as much as possible to view problems in functioning (not just symptoms) and to consider interactions between your child or pupil and their environment:

- Body functions & structures (impairment): persistent distressing preoccupations about appearance, repetitive checking or comparing.
- Activities & participation (activity limitations / participation restrictions): 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/advertising that emphasise appearance can increase distress. Find more about this here BDDF, or happymaps.co.uk
- Personal factors: low self-esteem, anxiety, perfectionism and possible neurobiological vulnerability (a person's increased risk, due to their brain's biology); co-existing depression or OCD features change how a child functions at home and school. Thinking in this way helps plan practical supports (home, school, clinical) that reduce disability and improve everyday functioning. You can also learn more about OCD in children here.

To learn more about experiences of living with Body Dysmorphic Disorder (BDD), you can listen to this podcast with Dr Bruce Clark or watch the video version. We also share films designed to support people who are caring for or working with a child experiencing Obsessive Compulsive Disorder (OCD), as well as films that explore what it can feel like to live with OCD.

Things to watch for in primary-school aged children at school

Children with emerging BDD may show subtle or changing behaviours.

Look for patterns (persistent, lasting weeks to months):

- Repeated worries about a feature (face, skin, hair, teeth, body size) that seem disproportionate to the actual appearance.
- Excessive time spent checking mirrors, asking for reassurance (“Do I look weird?”) or covering/avoiding the part of the body.
- Avoiding PE, swimming, school photos, parties or other activities because of appearance worries.
- Wearing excessive amounts of make-up or covering up with clothes or glasses in an attempt to hide a perceived appearance flaw. This may lead to difficulty following a school uniform policy.
- Frequently comparing themselves to classmates, siblings or images (TV/apps) and becoming very upset.
- Difficulty with concentrating in class may occur due to pre-occupation with intrusive thoughts about their appearance.

- Difficulty with school attendance due to appearance-related worries. Children may arrive late as they are performing time-consuming repetitive behaviours or may avoid school altogether. Avoiding being around groups of other children.
- ·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 about worthlessness or any mention of self-harm or “not wanting to be here” - take any talk of self-harm seriously, KidsHealth
- If you notice several of these, it’s reasonable to seek a professional assessment - ideally via your child’s GP or local child & adolescent mental health services (CAMHS).
- NICE recommends assessment from age 8 upwards when BDD is suspected.

Practical ideas & strategies for parents and carers at home

(Quick, actionable strategies grounded in clinical guidance and family resources.)

- Stay calm and curious. Ask open, non-judgmental questions about how they feel (“That sounds very upsetting - tell me more.”) rather than minimising or arguing about appearance. Avoid statements like “there’s nothing wrong with you”
- Limit reassurance and appearance-focused discussion. Reassurance often provides short relief but maintains the cycle. Instead of talking about the content of the appearance concern, 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 (e.g., shorten mirror time, join a short activity they enjoy) and praise effort. Use problem-solving: plan what to do when worries come up.
- Avoid supporting behaviours to hide perceived appearance defect. It is understandable that parents and carers often try to support their child’s attempts to hide their appearance concern. This can include giving them large amounts of cosmetic products. Hiding their appearance often provides short relief but maintains the cycle.

ABC

- Focus on function, not appearance. Encourage activities that build skills and confidence (clubs, skills-based play, creative projects) to increase participation and peer connections.
- Model healthy talk about bodies. Avoid negative body talk about yourself or others; emphasise strengths, kindness and what the body can do. youngmindsapp.co.uk
- Keep routines and sleep consistent. Anxiety and low mood are worse with poor sleep and chaotic routines; structure helps. Learn more in our film with Dr Sian Williams on how to support children with their sleep.
- If there are safety concerns (self-harm or suicidal talk): do not leave the child alone, seek urgent help (GP, emergency services/CAMHS crisis) and use crisis lines if needed. See the 'Where to go' section below for helplines. nhs.uk and watch our films to help support a child at risk of self-injury/self-harm.
- Seek specialist help early. BDD is a common condition which is very treatable with expert support. NICE recommends cognitive behavioural therapy (CBT) adapted for BDD (and medication in some cases). Early access to assessment and treatment improves outcomes. NICE, ACAMH
- Look after yourself. A child experiencing BDD can be distressing for the whole family. It is important to take time to look after yourself and make sure you have a support network in place. Some parents or carers can find support groups helpful.

Practical ideas & strategies for teachers and schools

(Tried and tested classroom adjustments and supportive responses – for more information about how to tackle Body Image conversations or make adjustments watch our film with educationalist Alis Rocca.)

- Listen, validate, and record concerns. If a pupil reports distress about appearance, respond calmly ("I'm glad you told me. I'm worried about how upset you are.") and note what they said; pass 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 (e.g., alternative PE clothes for privacy). Keep adjustments discreet.

- Focus on participation goals. Set small, measurable activity targets (e.g., attend playtime twice a week) and celebrate functional gains rather than appearance; reduce participation limits.
- Supportive classroom adjustments. These may include providing extra time to complete homework or exams, and providing short breaks when the child is distressed. Take an understanding and supportive approach if a child's school attendance is impacted by appearance concerns.
- Work with parents and professionals. Arrange sensitive, collaborative conversations with parents/carers and, with consent, involve school nurses, educational psychologists or CAMHS as needed.
- Reduce appearance triggers in class. Be aware of media content (ads, filtered images) used in lessons; include media-literacy and kindness/anti-bullying work that addresses appearance pressure.
- Provide emotional supports and safe spaces. Ensure the child knows a trusted adult they can go to, and offer short check-ins; 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 - don't promise confidentiality over safety. nhs.uk

What treatments and supports are effective?

- Cognitive Behavioural Therapy (CBT) tailored for BDD is the recommended first-line psychological treatment for children and young people. CBT is a form of talking therapy where you are supported to see the connections between thoughts, behaviours, and feelings. For BDD, NICE recommends specialist CBT approaches that address checking, avoidance and distorted beliefs about appearance. See more at NICE or ACAMH
- Medication (SSRIs / 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. See more at BDDF

Safety and suicidal thoughts - how to respond

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: nhs.uk

- Use 24/7 helplines if you need immediate emotional support (Samaritans in the UK: 116 123). If you are outside the UK, use local emergency numbers or national suicide prevention services. Samaritans and nhs.uk
- Document concerns and escalate through your school’s safeguarding procedures and with parents/carers, unless there are clear reasons not to (in which case seek immediate professional advice). NICE
- To learn more about self-injury or self-harm you can also watch our expert-led, evidence based film “Understanding Self-harm”

Where to go for further information and support

(Trusted, evidence-based organisations and pathways.)

- NHS (UK)
- Information on BDD, crisis help and how to access local services; start with your GP for assessment and referral to CAMHS
- NICE guideline CG31 : Clinical guidance for assessment and treatment of OCD and BDD (covers young people aged 8+). Useful for clinicians and schools: NICE
- Body Dysmorphic Disorder Foundation (BDDF): Access to parent guides, practical resources and peer support materials: BDDF
- YoungMinds: Practical, age-appropriate advice for parents about body image and getting help for children/young people: YoungMinds and the appyoungmindsapp.co.uk
- Samaritans - 24/7 emotional support in the UK (116 123). If you feel there is immediate danger, call emergency services (999 in the UK): Samaritans
- Local CAMHS For assessment and treatment of children and adolescents (access via GP or school health service).

Remember

- You are not alone - parents, teachers and clinicians working together give the best chance of early identification and helpful intervention.
- The charity BDDF is focused only on BDD so can be a vital resource.
- If you are worried about safety now (self-harm or suicidal thoughts) act immediately: keep the child safe, call emergency services (999 in the UK), contact the GP/CAMHS urgent team and use 24/7 helplines such as Samaritans (116 123).

How to Begin: Supportive Questions for Primary-Age Children

If you are looking for help in how you have a conversation when talking to a primary-school-aged child who might be experiencing body dysmorphic disorder / BDD-type worries you can adapt these ideas.

These questions use age-appropriate, non-judgmental language and aims to validate your child or pupils feelings, avoid reinforcing appearance concerns, and open a door to ongoing support.

First Steps

Setting:
Choose a quiet, calm place where the child feels safe (at home or in a low-stimulation area at school). Sit at the child's level. Keep your voice warm and unhurried.

Opening 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."

Why this works: It's observation-based, not judgmental, and it focuses on the child's feelings, not their body.

Inviting them to share
"Can you tell me a bit about what's been on your mind? There's no right or wrong answer."

If the child finds it hard to start, you can offer prompts:

- "When do these worries come up most?"
- "What happens in your body when you start to feel worried about how you look?"

Validating 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." This can make the child feel unheard.

Naming the experience in simple terms
"Sometimes our brains get stuck on one thing - like a little glitch - and keep telling us there's a problem, even when other people don't see it. It's not your fault, and it doesn't mean you're making it up. It just means your brain needs some help to feel calmer about it."

Reassuring about help and support
"We can work together to find ways to help you feel better about this. You don't have to manage these thoughts on your own - there are grown-ups who know how to help with these kinds of worries."

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 [another trusted adult/teacher/doctor] so we can get the right help for you."

Tips for using these prompts:

- Check in with yourself and how you're feeling- Keep your tone calm and steady - children often take emotional cues from adults.
- Pause after each question or statement; give the child time to think and speak, you don't need to fill the gaps.
- Avoid too much reassurance about appearance - focus on the feelings and the plan.
- Follow up soon after with clear next steps (e.g., contacting a GP, school nurse, or CAMHS) so the child sees that talking leads to action.

For more ideas on talking with children about their mental health or neurodivergent experiences, watch our YouTube Q&A series with clinical psychologist Dr Bettina Hohnen, where she answers real parents' questions