INTRODUCTION

While perfectionism can be positively viewed as striving to make sure things are ‘the best they can be’ and provide motivation to complete tasks, it can be challenging for young people when ‘the best’ is not perceived to be enough. As a result, perfectionism can have multiple, detrimental impacts on the emotional, social, educational and occupational wellbeing of young people.

UNDERSTANDING PERFECTIONISM

Perfectionism is a personality characteristic.(1) Generally, individuals who display perfectionism expect themselves and others to be perfect and strive to do their best in all that they do. Perfectionism can have both motivational and maladaptive outcomes.(2)

"Experiencing perfectionism is a really difficult thing because sometimes you don’t necessarily think that your mentality and habits are ‘maladaptive’ until you burnout or experience a mental illness episode.”

CASSANDRA, YOUNG PERSON

There are three traits of perfectionism, young people may experience a combination of these perfectionism traits:

- Self-oriented perfectionism: the belief that striving for perfection and being perfect are important. This involves having excessively high or unrealistic standards and working towards these, despite distress or other negative consequence.
- Other-oriented perfectionism: refers to expectations that others should be perfect. This is primarily directed at people close to the young person, such as family/carers, friends and partners, but may also be directed more generally at others.
- Socially prescribed perfectionism: the belief that others, such as family/carers or teachers, expect you to be perfect.(3)
In addition to perfectionism traits, the comprehensive model of perfectionism (1) also includes intrapersonal and interpersonal components of perfectionism. Intrapersonal components comprise automatic thought processes, such as self-criticism and self-dialogue. Interpersonal components encompass how people experiencing perfectionism present themselves to others and their willingness to disclose challenges or difficulties, including mental ill-health.

Perfectionism, in particular socially prescribed perfectionism, can contribute to the development of a number of negative outcomes. (4) Mental health concerns associated with elevated levels of perfectionism in young people include:

- eating disorders, particularly anorexia nervosa and bulimia nervosa;(5)
- depression;
- anxiety disorders, such as social anxiety and panic disorder;
- obsessive-compulsive disorder;
- anger;
- relationship problems;
- withdrawal from others;
- feeling a need to please others;
- suicidal tendencies;
- reduced help-seeking behaviours; and/or
- low self-esteem.(6–9)

Additionally, perfectionism has been associated with a variety of personality disorders in adults,(10) including obsessive compulsive personality disorder (11) and borderline personality disorder.(12)

Studies have suggested there are high prevalence rates of perfectionism in young people diagnosed with autism spectrum disorder (ASD), compared to their neurotypical peers.(13–16) Research has identified young people with ASD report higher levels of externally imposed expectations compared with neurotypical peers. This can result in challenges understanding the expectations of others, leading them to overestimate or misinterpret the expectations others have of them.(15)

Other-oriented perfectionism, that is, having high or exacting expectations for others, may also negatively impact relationships with others, with studies indicating a relationship between other-oriented perfectionism, hostility and social disconnection.(17–19)

Perfectionism has been found to be a risk factor for self-harm or non-suicidal self-injury (NSSI), and both NSSI and perfectionism have been found to be significant predictors for suicidal behaviour.(20) There is limited research into the function of NSSI in people with high maladaptive perfectionism, although it has been proposed that it may be used to elicit care and social support or as a form of self-punishment.(21)
While perfectionism is viewed as maladaptive in many cases, there is some debate about whether there is also adaptive or positive perfectionism. In particular, there is contention about self-orientated perfectionism and whether it can be considered positive. Positive perfectionism is defined as healthily striving towards high standards, with some suggestion that perfectionism can benefit people by leading to the obtainment of goals and positive emotional outcomes.

Striving for excellence is a concept intertwined with positive perceptions of perfectionism. Although perfectionism and striving for excellence overlap, perfectionism differs in terms of goal setting (for example the difficulty of goals) and goal striving (for example the way individuals work to attain their goals). Specifically, individuals with greater levels of perfectionism will often state having ‘rules’ or expectations about how things should be done, which can lead to having unrealistic expectations. In turn, these standards continue to perpetuate perfectionism.

It is argued that unlike striving for excellence, perfectionism is related to unhelpful academic outcomes and is maladaptive for successful learning. Young people with higher levels of perfectionism may have trouble with time management, find it difficult knowing when to stop and be over-reliant on performance for self-worth. Additionally, people with perfectionism are less likely to reward themselves when they have experienced success and may not feel satisfied when they do well.

“Striving towards an unrealistic idea of ‘perfect’ … is believing 9/10 isn’t good enough and setting your own idea up of what a pass and fail is.”

Perfectionism can also become unhelpful when external demands begin to exceed the young person’s resources. This could include during times of transition (for example moving from high school into university) or when major life stressors occur (such as illness), which can impact their ability to perform to their high standards.
FACTORS THAT INFLUENCE PERFECTIONISM

There are a multitude of factors – internal and external to the young person – that contribute to the development of, and/or perpetuation of, perfectionism in young people. (1,28) These can include:

• individual temperament, including having anxious tendencies;
• experiences with caregivers, for example only being given affection when they achieve high grades at school (also known as ‘conditional regard’);(29–30)
• adverse childhood events (ACEs) and trauma, particularly interpersonal trauma;(31)
• modelling of perfectionistic behaviours by primary caregivers;(32–33)
• experiences of reinforcement and punishment based on performance; and
• over-emphasis on achievement and placing this as more important than other domains, such as play and leisure.

Interestingly, perfectionism levels do not differ amongst those young people who are gifted compared to non-gifted populations.(23)

PARENTING OR CAREGIVING FACTORS

Authoritarian parenting or caregiving behaviours that are perceived as controlling or intrusive are associated with maladaptive perfectionism.(34) High parental expectations are associated with self-orientated, socially prescribed and other-orientated perfectionism (33). Additionally, a high level of caregiver criticism is uniquely associated with socially prescribed perfectionism.(33)

Parental conditional regard – where young people are shown love, affection and appreciation only when they meet certain expectations – is also associated with maladaptive perfectionism.(35)

Perfectionistic characteristics that are associated with self-criticism and shame can be particularly harmful.(36) For some young people, perfectionism may be a way of coping with or avoiding feeling the shame associated with core beliefs about inadequacy or defectiveness. These beliefs can develop for several reasons, including when core needs for a secure attachment to others and safety are not met in childhood and adolescence (when the young person has experienced ACEs). Young people may develop patterns of trying to do everything right and be the ‘perfect’ friend or ‘perfect’ child to avoid rejection or attain connection.

Potentially well-meaning, but overprotective and anxious caregivers, may also play a role in the development of perfectionism. When anxious caregivers attempt to minimise children’s mistakes, this can cause children and young people to internalise concerns about making a mistake,(37) rather than learning that mistakes are normal and okay. Children and young people may develop perfectionistic behaviours to minimise chances of making mistakes.

Family cohesion is believed to be a protective factor against the development of perfectionism traits. Family cohesion is negatively associated with both parental conditional regard and anxious parenting. Segrin and colleagues found that family cohesion had an indirect negative effect on perfectionism through parental conditional regard and anxious parenting.(35)

Modelling the behaviour of families who continually strive to be the best can perpetuate perfectionism, including where family/carers focus on their own work in a way that means they do not have time for other activities. The relationship between career and young person perfectionism also appears to be influenced by the gender.(23)

IDENTIFYING PERFECTIONISM

Perfectionism can look different among young people. This section includes some of the key elements of perfectionism.

STRIVING FOR PERFECTION

Perfectionism can involve striving for perfection in different domains, such as school, sports and extracurricular activities, and relationships. This can lead to the young person feeling pressure to succeed and high levels of distress.(36) It can also result in the use of unhealthy coping strategies, such as controlling their weight and shape or other aspects of their appearance.(5)

AVOIDANCE AND WITHDRAWAL

Perfectionism can also involve avoidance(38), for example procrastination or substance use when there is a discrepancy between an ideal self and current performance,(39–40). It may also involve withdrawal through social isolation, for example.(41) Avoidance and withdrawal can be accompanied by depressed mood and hopelessness.

Young people may also fluctuate between striving for perfectionism and periods of avoidance and withdrawal.

“I have struggled to put effort into things I need to improve on because I feel terrible that I’m already ‘not good’ at it. It has given me a big fear of failure, which often leads to me quitting, dropping out or deferring if I think there is even the slightest chance of failure.”

DEANNA, YOUNG PERSON.
WARNING SIGNS

A variety of behaviours may indicate that a young person might have difficulties with perfectionism. Mental health professionals should consider exploring perfectionism with a young person if they or people close to them (for example family/carers or teachers) report they are experiencing the following concerns:

- procrastination;
- need for frequent reassurance;
- constantly reviewing their work;
- difficulties making decisions;
- a desire to change or control other’s behaviour;
- taking excessive time on tasks, including schoolwork, grooming or getting dressed;
- not attending school due to body image concerns or being fearful of making mistakes;
- continuing to work when task is complete or difficulty knowing when to stop;
- difficulty persevering with tasks;
- sleep difficulties and/or daytime fatigue; and
- making comments that show a fixed mindset and/or black and white thinking, such as ‘there is no point trying, I will only fail again’. (29, 42–43)

“A lot of work needs to be done in recognising how perfectionism plays out for each individual.”

DEANNA, YOUNG PERSON

SUPPORTING YOUNG PEOPLE TO MANAGE PERFECTIONISM

Based on the increased risks of mental health issues amongst young people who experience high levels of perfectionism, it is important to know how to effectively support them and formulate their needs.

HELP-SEEKING AND ENGAGEMENT

Whilst providing support to young people with perfectionism is important, research has indicated that individuals with perfectionism are less likely to seek support. (44) This can be explained through the interpersonal component of perfectionism, including not wanting to admit to others that they are not coping, and to avoid experiencing a sense of failure. (40)

The timing of engagement and help-seeking is important as clinicians are advised to intervene at the earliest opportunity to prevent attitudes, beliefs and behaviours becoming entrenched. (44) including through social reinforcement. Unfortunately, many referrals are made in the final years of high school when there are increased expectations and limited time available to develop alternate thoughts, beliefs and behaviours. A young person's academic success may also make it harder for educators and family/carers to identify if the young person is experiencing perfectionism.

Once engaged in support, it is essential to utilise a therapeutic approach that meets the unique needs of the young person.

“It is definitely difficult to put aside your pride to seek support when you also hold very high expectations of yourself.”

CASSANDRA, YOUNG PERSON

ASSESSMENT MEASURES

Using a validated measure of perfectionism can be helpful to initially assess, as well as to track endorsement of trait perfectionism over time or across therapy. The four scales commonly used with school-aged young people are:

- Frost Multidimensional Perfectionism Scale; (45)
- Child-Adolescent Perfectionism Scale; (46)
- Almost Perfect Scale-Revised; (47) and
- Adaptive/Maladaptive Perfectionism Scale. (48)

Mental health professionals should review and select the measure which is most appropriate for the young person they are working with. A young person’s responses can help to guide further exploration of their experience of perfectionism, its impact on them and their mental health.

Mental health professionals can also seek to understand the extent of perfectionistic behaviours by talking to family/carers and educators about their observations of the young person’s behaviour, with due consideration of issues of consent and confidentiality.

BUILDING A SHARED UNDERSTANDING

Many factors contribute to a young person’s insight into the effects of perfectionism on their mental health difficulties. Consider what language the young person uses to understand and talk about their difficulties as they may not identify perfectionism in themselves, especially if they regularly use avoidance. It is important to understand the importance of perfectionism for the young person, how it relates to how they see themselves and why they feel the need to engage in associated behaviours. (37, 49) It is necessary to determine how their perfectionism relates to other mental health concerns they experience, including managing anxious feelings temporarily.
Consider systemic factors when trying to understand the role that perfectionism plays. (37, 49) Perfectionism may be normalised within a young person’s household, friendship group, school or culture. Be aware of the family/carer narratives of young people, particularly when education is a high priority and there are expectations on career outcomes. Mental health professionals should be aware of their own beliefs and attitudes towards achievement, and sensitive to cultural differences in norms and expectations on achievement. Beliefs and expectations may also be influenced by experiences, such as migration or financial instability. In a non-judgemental way, mental health professionals can explore with the young person what achievement means within their household as well as more broadly in their social and cultural contexts.

“Validation of experiences, exploring any procrastination-avoidance cycles and providing a comfortable space to gain greater insight into the maladaptive thought patterns is really helpful.”

CASSANDRA, YOUNG PERSON

TRAUMA-INFORMED APPROACH

Research indicates that exposure to adverse childhood events – such as abuse, neglect and family/carer dysfunction – is related to significant elevation of perfectionism (socially prescribed and interpersonal components of perfectionism). (31) Clinicians and services need to understand and integrate the principles of trauma-informed care – that is, safety, trustworthiness, collaboration, empowerment and choice – into support when engaging with young people experiencing perfectionism. This includes being transparent and supporting the young person’s agency throughout their engagement with services: collaborating with the young person on formulation, goal-setting to inform treatment planning and getting feedback throughout.

For more information on trauma-informed care you can read the What is trauma-informed care and how is it implemented in youth healthcare settings? resource on Orygen’s website.
COGNITIVE BEHAVIOURAL THERAPY

Cognitive behavioural therapy (CBT) is a framework used to identify underlying unhelpful thoughts and behaviours that perpetuate difficulties. (50) CBT has been shown to be an effective intervention to reduce perfectionism in students attending university. (51) There is limited research with adolescent populations, however a recent study using internet-based CBT suggests it may also be effective for adolescents with perfectionism. (52)

Mental health professionals can use the CBT framework to help the young person explore their thoughts, feelings and behaviours related to perfectionism, and evaluate the costs of holding onto unrealistic standards. (50)

CBT interventions for perfectionism include:
- providing psychoeducation about perfectionism and working with the young person to build a shared understanding of their perfectionism and its relationship with their mental health difficulties (53) – including their own reasons for perfectionism, triggers for these behaviours and how these behaviours impact them;
- helping the young person to monitor and break cycles of unhelpful behaviours – for example checking homework, over-preparing for tests or re-assurance seeking;
- assisting the young person to prioritise areas of their life where more time needs to be devoted and find a balance, such as focusing on hobbies and spending time with family/carers and friends;
- encouraging the young person to focus on holistic wellbeing and self-care, including sleep hygiene, exercise and adequate nutrition;
- build skills in time management and problem-solving, such as breaking tasks into more manageable chunks and taking regular breaks; and
- helping a young person to monitor and then modify their unhelpful thought patterns outside of sessions (53)

DEANNA, YOUNG PERSON

“I think sometimes being aware is one of the best things we can do. In a moment, if I am able to recognise that my perfectionism is affecting my actions in a way that is not helpful or that the amount of perfectionism is out of the ‘safe range’, I might be able to identify why I’m feeling this way, why I’m reacting this way, and if there is something I can do to stop the behaviour or just take it down a notch.”

SELF-COMPASSION

Emerging evidence suggests that self-compassion can be a protective factor against the negative impact of perfectionism and shame by reducing the strength of the relationship between maladaptive perfectionism and depression in both adolescents and adults. (54) A recent systematic review indicated that self-compassion interventions decrease anxiety and depression in young people. (55) There are several treatment approaches that foster self-compassion, including acceptance and commitment therapy (ACT) and mindful self-compassion and compassion focused therapy (CFT).

It may be helpful for clinicians to utilise approaches such as CFT when providing psychoeducation to young people and their family/carers to understand the theories of the three emotion regulation systems:
- The drive-excitement system is responsible for providing motivation to pursue goals and resources and for rewarding us when achieve them.
- The threat/self-protection system helps us to identify and respond to things that may, or are perceived to, harm us (threat).
- The soothing-affiliative system is associated with calming, calmness, and safety. (56)
Clinicians can explore with young people which system they spend most of their time in. For example, some young people cycle between the drive-excitement system and threat/self-protection system, where they try to achieve more to avoid the perceived threat (such as rejection) and then engage in self-criticism and experience feelings of failure and shame.

Mindful self-compassion interventions can be used to foster kindness towards the self through monitoring and modifying self-talk, and working on the ‘inner critic’ to build a more compassionate self.(57–58) Compassion-focused therapy interventions – such as rhythmic soothing breathing, imagery (for example safe place imagery, cultivating the compassionate self), and acting techniques (for example embodiment of the compassionate self) – aim to engage the soothing-affiliative system, to create a sense of safety and calmness.(37, 56, 59)

Be aware of potential barriers for young people to engage in self-compassion, including self-criticism (for example where young people believe they are not achieving as well as they expect or viewing themselves as ‘lazy’), not fully understanding what self-compassion is, and not knowing how to use appropriate self-compassion strategies when feeling distressed.(60)

OTHER STRENGTHS-BASED APPROACHES

It is important that any support provided implements a strength-based approach that focuses on what the young person can do.(61) Other suggestions for strength-based approaches include:

- using a solution-focused perspective that supports young people to identify solutions to problems and draw on their existing strengths and resources – for example this could involve enlisting the help of a supportive family member/carer to set time limits on how long they spend working to reduce time spent on tasks;
- supporting the young person to identify their values and engage in valued-based action, and shift away from dichotomous thinking about success and failure;
- exploring what authenticity looks like in relationships and how sharing experiences of vulnerability can strengthen social bonds; and
- using a systemic lens to consider what may have contributed to a perfectionism style for the young person and understanding and/or identifying the influence of modelling by others – for example this might help the young person choose new models and try new coping skills.
WORKING WITH FAMILY AND CARERS

Depending on the age and the developmental stage of the young person, working with family and carers can play an important role in addressing perfectionism.

PSYCHOEDUCATION FOR FAMILY AND CARERS

It is important that family and carers are supported to become aware of and reduce any messages that can be perceived as demanding, controlling or critical that perpetuate perfectionism. Family/carers are often re-enacting parenting behaviours that they encountered growing up, which may inadvertently contribute to perfectionism when they are caregiving themselves. Exploration with families/carers around what achievement means within their immediate family unit, their wider community and culture may help to better understand how this might precipitate and perpetuate perfectionism for the young person.

It can be helpful for family and carers to learn that they can play an important role in assisting the young person, through:

- providing unconditional care;
- helping the young person to set realistic standards;
- normalising mistakes – for example talking openly about their mistakes and how they coped;
- assisting the young person to tolerate discomfort when they make a mistake and allowing space to talk about these feelings;
- identifying procrastination or avoidance;
- supporting the young person to build skills in problem-solving and breaking down goals;
- encouraging the young person to create a balance between time focused on achievement, downtime, play time, connecting with others and engaging in physical activity;(47)
- modelling self-compassion; and
- assisting the young person to implement strategies to manage their stress.

Additionally, clinicians can assist and encourage family/carers to work together with schools to ensure that the same messages are given to young people within both the home and school settings.(61)

"Carers can challenge young people with support ... but be kind and caring."

YOKA, PARENT

CONSIDERATIONS FOR WORKING WITH EDUCATORS AND SYSTEMS

Young people spend a large amount of the time in school and other education settings. Collaborating with educators and education systems offers mental health professionals a way to systemically address perfectionism and perpetuating factors.

SCHOOL CULTURE

Many schools place a high importance on academic performance; however, this can unintentionally perpetuate perfectionism in young people. Taking a whole-of-school approach can help schools to mitigate these problems, including ensuring discussion of perfectionism is included in wellbeing curriculum to help young people understand what perfectionism is and managing expectations they have of themselves.(62)

Depending on the role of mental health professionals and their existing relationship with the school, clinicians may be able to provide education and information to schools to help them to foster a healthy culture around achievement. This may involve sharing suggestions with schools and educators such as:

- balance a focus on academic performance with recognition of effort, progress/learning and values (for example teamwork or collaboration);
- where possible, avoid displaying ranking based on academic success or openly comparing students;
- build awareness of warning signs of perfectionism and capacity for staff to intervene early when a young person is showing signs of maladaptive perfectionism;
- help students to embrace challenges and learn from these; and
- normalise and promote different pathways (for example normalising that not every student can or will want to do tertiary studies).
According to Dweck’s theory of mindsets, people perceive abilities such as intelligence in different ways; those with a growth mindset perceive abilities as malleable and able to be developed over time, whereas those with a fixed mindset believe abilities such as intelligence are innate and static. (63) Mindsets have been shown to influence academic achievement and mental health. (64)

Young people with a fixed mindset in relation to their intelligence and academic achievement are:

- less likely to persevere when facing challenges;
- less likely to employ more effort into their work; and
- may have negative thoughts such as ‘why should I try?’ and ‘I will fail’.

Alternatively, young people with a growth mindset are more likely to:

- persevere when faced with difficulties;
- put their best effort in;
- accept the feedback of others; and
- have more helpful thought processes, such as ‘I want to try again’ and ‘I can learn from my mistakes’.

This has prompted schools and other education providers to focus on mindsets as part of social and emotional learning. (65–66) These interventions aim to build a culture that fosters growth mindsets in young people and help them to recognise the thought processes that underpin their learning and academic expectations. However, building growth mindset cultures in schools is a complex process and more research is needed to understand how to train educators and modify education settings. (67)

Mental health professionals can explore with young people the impact of both fixed and growth mindsets. (43, 63) Mental health professionals may also be able to work with educators to understand how they can work together to communicate messages to the young person that foster a growth mindset as well as realistic expectations and self-compassion.

**MESSAGES FROM FOR YOUNG PEOPLE**

- “It is difficult, but you can change the standards you have for yourself. Nothing is worth sacrificing your mental health for.”  
  Young person
- “Perfectionism will separate you more from your true self.” Young person
- “Often in situations when you are being yourself and doing things that you love and enjoy, that will be when you will achieve the most and thrive most as a person, and you will reach highs that perfectionism cannot even compete with.” Young person

**HIGHER EDUCATION SETTINGS**

Young people who experience perfectionism in secondary school may experience similar difficulties in higher education settings, including university and TAFE. This could be due to the same reasons (for example striving to do well to please their family/carers) or new factors, such as wanting to get into further courses and needing a certain grade point average to progress. Young people with perfectionistic traits who had not previously been identified as having issues with perfectionism may also begin to struggle as workloads and expectations increase and/or if they are placed in cohorts with other high-performing students.

Due to the nature and structure of higher education providers and consideration for the young person’s developmental stage, it may be more difficult and less appropriate for mental health professionals to communicate directly or collaborate with educators within these systems. However, mental health professionals can still work with the young person to manage perfectionism and help them to prevent harmful impacts on academic functioning and wellbeing during their studies. This may include working with young people to support them to communicate effectively with educators and building communication skills. Young people may also need assistance from mental health professionals to navigate education providers’ systems to access modifications or special consideration for assessments.
CASE SCENARIO: MAYA

Maya is a 15-year-old, cisgender, female student. She is in year 10 and is attending a selective school. Maya was referred to the school wellbeing team in September after her year level coordinator noticed her falling asleep in class and becoming more isolated from friends.

In the first session with the school counsellor, Maya said: “I need to do well and get high grades”. When the counsellor explored this with her further, Maya said this was so that her parents would be proud of her, and she felt they expected her to do well because they are paying a lot for her school fees.

Maya said her parents and her teachers held high expectations for her to perform well so she could go to university to study law or medicine. Maya was unsure, however, what she wanted to do after finishing school.

When asked about her friendships, Maya indicated that she had stopped hanging out with her friends at lunch because she felt nervous and unsure of what to say. She also reported feeling anxious having other people around when she was eating, fearing that they would think she shouldn’t be eating so much or that she was fat. Maya said that she was too busy to see her friends after school as she was involved in a lot of activities within school and outside of school, including the school debating team and sports teams.

Maya’s teachers reported her academic performance included consistently high grades. However, a few of her teachers were concerned as they had noticed that she was constantly revising her work to make sure it was right. Maya had also become teary and overwhelmed before practice tests on several occasions.

In her second session with the school counsellor, Maya looked tired. She explained that she was only sleeping for four hours at night and having difficulties falling asleep. She had also left school early on several days in the past fortnight due to stomach aches and headaches. When the counsellor asked about her mood, she described feeling down and reported she struggled to start her homework recently, which had made her feel worse about herself. The school counsellor also noticed that Maya had lost weight since she last saw her.

You have received a referral from her school counsellor who is concerned about Maya’s deteriorating mental health and weight loss.

REFLECTIVE QUESTIONS

• What factors in Maya’s environment appear to be influencing her perfectionism, and how is this influencing her mental health and wellbeing?

• What other areas would you like to explore in an assessment with Maya?

• What interventions do you think might be helpful to assist Maya?

• How could you involve Maya’s support networks in her care and what might this look like?
CONCLUSION
Perfectionism is a multidimensional personality trait associated with a variety of mental health conditions and maladaptive outcomes. Mental health professionals can help by identifying perfectionism early and assisting young people to modify patterns of maladaptive thoughts and behaviors to improve their mental health and wellbeing.

FURTHER RESOURCES
For clinicians
- Orygen. Fact sheet: depression and young people.
- Orygen. Fact sheet: beyond sad - recognising depression and supporting young people.
- Orygen. Fact sheet: thinking about thinking skills in depression.
- Clinical practice points: clinical practice in youth mental health - supporting clinicians to work with carers of young people who self-harm.
- Centre for Clinical Interventions. Perfectionism.
- Centre for Clinical Interventions. Self-compassion.

For family and carers
- Raising Children Network. Self-compassion for pre-teens and teenagers.

REFERENCES


