



STATE OF MIND REPORT 2024

Exploring the Mental Wellbeing of Australian Children and their Parents and Caregivers

Research Partner



We recognise and pay respect to First Nations people and Elders past, present and future from across this country.

We acknowledge the importance of connection to land, culture, spirituality, ancestry, family and community for the wellbeing of all First Nations children and their families.

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Advisors

We would like to acknowledge
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We would also like to acknowledge and express our gratitude to the parents and caregivers who generously shared their lived and living experiences for this report.

Your willingness to contribute your stories, insights, and time has provided invaluable perspectives, helping to shape the findings and recommendations to drive change in children's mental health. Your voices are crucial in helping us understand the challenges and realities faced by families, guiding the development of meaningful support and resources. Thank you for your honesty and commitment to improving the mental health and wellbeing of all Australian families.

KPMG is proud to partner with Smiling Mind as a Research Partner on this important initiative. This collaboration reflects our commitment to corporate citizenship, leveraging our expertise to contribute to impactful research that supports mental health and wellbeing for all Australians.



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The Smiling Mind App

Who We Are

Smiling Mind has been at the forefront of mental wellbeing innovation for over 12 years, helping minds thrive with evidence-based tools and resources. We're proud to have impacted the lives of millions of people globally.

Our mission is Lifelong Mental Fitness. We aim to create generational change in mental health, providing proactive tools and programs that help every mind thrive. We've impacted millions of people through our renowned mental wellbeing app and school-based programs—but this is just the beginning.

The Smiling Mind's programs and tools are designed for minds of all ages and stages to learn the skills that promote mental wellbeing and create the habits to thrive. We empower people to live mindfully, embrace flexible thinking, grow connections, act purposefully and recharge the body at home, school and work.

Find out more at: www.smilingmind.com.au

Our vision

We aim to create generational change in mental health, providing proactive tools and programs that help every mind thrive

Our mission

Lifelong mental fitness

Smiling Mind Mental Fitness Model

Evidence shows there are a range of skills that underpin mental wellbeing. Just like we train different muscles to build physical fitness, we can practise skills to build mental fitness and support our ability to thrive.

What is mental fitness?

Mental fitness reflects our ability to be at our best each day, navigate challenges, and support a state of positive mental wellbeing. It's our foundation for thriving. In practice, mental fitness involves consistently and intentionally developing the mental skills we can draw upon to respond to setbacks, sustain healthy relationships, navigate change and uncertainty, and make effective decisions.

These skills can be proactively developed before mental ill-health arises, and help us navigate life's ups and downs. Everyone can practise mental fitness—it's never too late, or too early, to get started.

What are the components?

Live Mindfully

Skills to help us be present, pay attention and respond well to the things that happen around us.

Embrace Flexible Thinking

Skills to help us make decisions, solve problems and be creative.

Grow Connections

Skills to help us build good relationships with others and ourselves.

Act Purposefully

Skills to help us understand our strengths, values and how we want to make a difference.

Recharge Your Body

Skills to support our mind and body through movement, rest, relaxation and sleep.

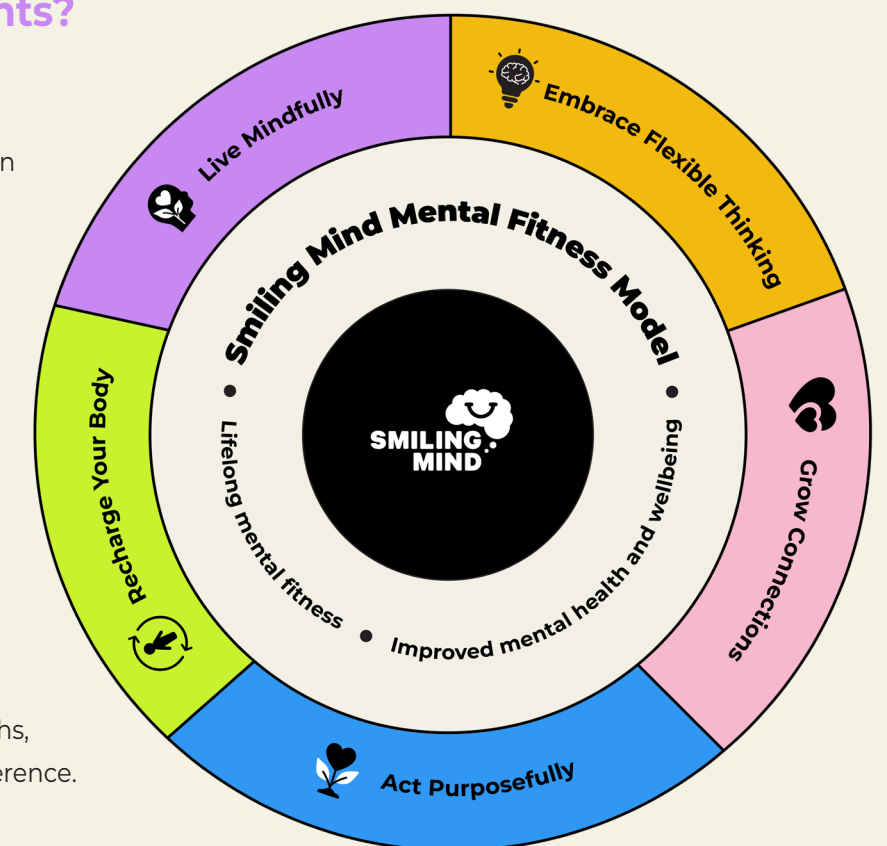


Figure 1: Smiling Mind Mental Fitness Model

Aims of This Report

The aims of the 2024 State of Mind research report diverge from previous iterations. While prior versions focussed on the mental health and wellbeing of all Australian adults, the current report seeks to understand the experiences of Australian children aged 4-12, via the views and perceptions of their parents and caregivers.

Understanding this group's unique challenges and needs provides valuable insights into how to support families better and promote mental wellbeing from an early age.

This research offers us an opportunity to explore the application of our Mental Fitness model among Australian children and their parents and offer it as a viable means to improve mental health and wellbeing over the lifespan, in day-to-day life and in the face of adversity.



Glossary of Terms

Throughout the report several abbreviations have been used, including;

Bidirectional influence

A concept where the mental health and behaviours of caregivers and children mutually influence each other, impacting their overall wellbeing.

CALD (culturally and linguistically diverse)

Refers to individuals and families who come from different cultural backgrounds and speak languages other than English at home.

Early intervention

The process of providing specialised support and services for individuals, particularly children, as soon as mental health issues are identified, to prevent more severe problems from developing.

First Nations

Refers to First Nations people, the original inhabitants and custodians of Australia.

LGBTIQA+

An inclusive term for people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or questioning their sexual orientation or gender identity, as well as all additional identities which form part of this community.

Mental fitness

The proactive development of skills such as emotional regulation, mindfulness, and resilience that support overall mental wellbeing and help individuals cope with life's challenges.

Mental illness

A diagnosed health condition involving changes in emotion, thinking, or behaviour (or a combination of these) that causes distress and problems functioning in social, work, or family activities.

Parents and caregivers

Individuals who have primary care of a dependent child. For this report, the term “parents” and/or “caregivers” has been used to broadly encompass all individuals with primary caregiving responsibilities for a child. This includes but is not limited to, biological parents, stepparents, adoptive parents, guardians, and other caregivers who play a significant role in the upbringing and daily care of a child. By using this inclusive term, we aim to acknowledge the diverse family structures and caregiving roles that contribute to the wellbeing of children.

Preventative mental health

Approaches, strategies, and interventions designed to prevent the onset of mental health issues or reduce the severity of symptoms by promoting resilience and wellbeing before problems arise.

Protective factors

Conditions or attributes in individuals, families or the wider community that, when present, reduce the risk of mental health problems and promote wellbeing.

Resilience

The ability to recover quickly from difficulties or adversity, often by using coping skills and mental fitness strategies to bounce back.

Risk factors

Characteristics, conditions, or behaviours that increase the likelihood of developing mental health problems or worsening existing issues.

Social-emotional development

The process through which children acquire and apply the skills necessary to understand and manage emotions, establish healthy relationships, and make responsible decisions.

Stressors

Factors that trigger stress, such as work, financial issues, family responsibilities, or major life changes. Stressors can be physical, emotional, or psychological, and affect individuals differently based on their circumstances.

Subthreshold levels of mental ill health

Symptoms of mental health issues that may not be severe enough to meet the criteria for a formal diagnosis that can present as an early warning sign, or risk, of clinical mental health problems.



A Note From Smiling Mind's CEO

I am pleased to present the 2024 Smiling Mind State of Mind report, a crucial exploration into the mental health and wellbeing of Australian children and their parents and caregivers. As we delve into the findings of this study, we are reminded of the importance of mental wellbeing on the overall health of our families, communities, and society as a whole.

In recent years, we have witnessed a concerning decline in children's mental health, both in Australia and globally. Existing data reveals that mental health issues often first emerge before the age of 14, underscoring the importance of equipping children—and their caregivers—with the skills needed to navigate these challenges early on.

Our findings emphasise that while many parents perceive their children as coping well, a significant number are in fact grappling with symptoms of anxiety, stress, and depression. This contradiction highlights a critical opportunity for early intervention and proactive support.

The pressures facing today's families are multifaceted, from the aftermath of a global pandemic to the rising cost of living. These stressors have left many parents and caregivers feeling overwhelmed, which, in turn, can affect the wellbeing of their children. It is essential that we acknowledge the reciprocal nature of mental health within families. When caregivers are supported, their children thrive; conversely, when caregivers struggle, the effects can ripple through the family unit.

Smiling Mind has recently launched our new Mental Fitness Model, identifying five key domains of skills and practices that can be developed to improve mental health and wellbeing. The State of Mind research points to the importance of mental fitness in fostering wellbeing and resilience.

We discovered that families who practise mental fitness strategies together report higher levels of wellbeing. This insight encourages us to continue creating innovative, accessible programs that promote mental health for both children and their caregivers. The importance of support that can be accessed at no cost and used at home by families is clear, with a lack of time and financial constraints identified as key barriers for parents in supporting their children's mental wellbeing.

As we move forward, it is vital that we elevate the conversation around children's mental health, advocating for targeted support and policies. This report lays out a series of recommendations aimed at creating a robust support system that addresses the diverse needs of families across Australia.

Together, we can pave the way for a brighter future for our children—one where mental health is prioritised, stigma is reduced, and every family has access to the support they need to thrive.

Thank you for your commitment to this important cause.

Warm regards,

Sarah La Roche
CEO, Smiling Mind

**We can
change a
generation.**

Executive Summary

Background

Children’s mental health and wellbeing is declining in Australia and around the globe, with numerous studies highlighting an alarming trend^{1,2,3}. Mental health concerns are known to increase during adolescence, and 50% of mental illness first emerges before the age of 14⁴. The childhood years (ages 4 to 12) are the optimal time to equip children - and their caregivers - with the knowledge, skills and confidence to identify and manage challenges as they arise, laying the foundations for resilience and a mentally healthy life.

Parents and caregivers play a vital role in providing safe and nurturing environments that support children’s healthy development. While raising a child can be a rewarding experience bringing joy, pride, and personal growth, it also comes with challenges and pressures. Present-day stressors such as cost of living, the aftermath of a pandemic and increasingly demanding lifestyles have exacerbated pressures further, with many parents reporting unprecedented levels of stress^{5,6}. With these insights in mind, it is important to be cognisant that the relationship between children and their caregivers is complex and reciprocal, meaning that the mental health of one can directly affect the other^{7,8,9}.

To better understand the factors and dynamics affecting families today, this study examines the mental health and wellbeing of Australian caregivers and their children aged 4 to 12. In 2024, we conducted a survey with a nationally representative sample of caregivers to explore their unique experiences, attitudes, and strategies for managing mental health and wellbeing.

Research context

The 2024 Smiling Mind State of Mind survey aims to understand Australian children and caregivers’ mental health and wellbeing. The survey seeks to explore the prevalence, attitudes, and experiences toward mental health and wellbeing among caregivers and their children, as well as the role of mental fitness in facilitating wellbeing.

To explore these aims, we conducted an online study consisting of a nationally representative sample of Australian parents and caregivers. The survey was conducted in August 2024 and consisted of 2,004 caregivers, representing 2,802 children aged 4 to 12.



70%

Parents and caregivers reported experiencing disproportionately high levels of stress

2 in 5

children are experiencing signs and symptoms of anxiety, reflecting a concerning trend that must be explored urgently.



Children showed a steady decline in wellbeing with age, with 8 to 12-year-olds showing significantly lower levels of wellbeing when compared to 4 to 5-year-olds.

Key findings

- ➔ **Parents perceive that their children are coping well day-to-day, yet still report high rates of mental health concern for their children.** Most caregivers rated their children’s wellbeing as ‘well’ (53%) or ‘coping’ (35%), yet at the same time many report signs and symptoms of anxiety (42%), stress (27%), or depression (11%). This seemingly contradictory finding may reflect children that are experiencing subthreshold levels of mental ill health whilst still functioning well day-to-day despite these symptoms, highlighting the opportune time to intervene through preventive mental health initiatives.
- ➔ **Wellbeing is shown to decline as children age, indicating that preventive mental health measures should be introduced early.** Children showed a steady decline in wellbeing with age, with 8 to 12-year-olds showing significantly lower levels of wellbeing when compared to 4 to 5-year-olds. Accordingly, it is vital that preventive mental health strategies are introduced early, equipping children with the skills to respond to challenges before they begin to arise.
- ➔ **Two in five children are experiencing signs and symptoms of anxiety, reflecting a concerning trend that must be explored urgently.** Parents and caregivers report that more than two in five children experience anxiety. This concerning trend mirrors other recent studies^{10,11} and should be urgently explored to better understand the contributing factors and identify appropriate policy, mental health system and societal responses.
- ➔ **Parents experience disproportionately high rates of stress and anxiety, which may be affecting their children.** Parents and caregivers reported experiencing disproportionately high levels of stress (70%) and anxiety (61%) relative to the general adult population, citing financial pressures, time constraints and children’s challenging behaviour as top sources of stress. Parents that experience mental ill health also report higher rates of mental ill health in their children. Given the bidirectional impacts of mental health, meaningful supports to reduce parental stress - including financial, social and educational support - will in turn have positive benefits on children.
- ➔ **Parents are taking action to support their children’s mental health and wellbeing, yet still report stigma when it comes to seeking support.** Most parents and caregivers (91%) identify at least one action they are taking to support their child’s mental health and wellbeing. However, while 87% of parents say that their child’s mental health is as important as physical health, over half of parents and caregivers report stigma associated with seeking mental health support (55%), or talking about their children’s mental health and wellbeing (54%).
- ➔ **Children who practise mental fitness strategies with their parents show higher wellbeing.** Building mental fitness through regular practice is linked to higher mental wellbeing for both children and parents. This reinforces existing theories that mental fitness skills can be taught, and when children are supported to practise these skills regularly the impact on their overall wellbeing is significant. With few self-directed, low-intensity programs that target both children and caregivers, programs addressing mental fitness may be a viable approach to protect the mental health of children and families.
- ➔ **Families are diverse, with some groups experiencing disproportionately more challenges.** The mental health and wellbeing of children and parents was lower in specific family groups, including single-parent families, First Nations families, LGBTIQ+ families, and families living in regional and rural areas. Gender also plays a role, with female caregivers showing higher rates of mental ill health than their male counterparts. Tailored, meaningful and culturally sensitive supports - developed through co-design initiatives - should be readily available to address the unique needs of these groups.

Executive Summary

Recommendations

The recommendations made outline how we can better support families and promote mental wellbeing from an early age. They are drawn from our analysis of the findings and insights into this group's unique challenges and needs.



Recommendation 1

Elevate and prioritise child mental health through an increased policy focus on children under 12 years of age and increased investment by federal and state governments in child mental health and wellbeing.



Recommendation 2

Ensure Australian children and families have access to targeted support programs for children early in life and at key life stages, including resources for parents to help their children navigate significant transitions like school entry and adolescence.



Recommendation 3

Self-directed, low-intensity mental health and wellbeing programs should be integrated as a core component of the child mental health system, offering families alternatives to high-intensity professional support where appropriate.



Recommendation 4

Ensure Australian parents have access to a range of evidence-based supports, including parenting education programs, practical toolkits to use on-the-go, along with essential financial and social support.



Recommendation 5

Execute a national mental fitness campaign that highlights the importance of proactive approaches to building mental health in children, aimed at reducing stigma and framing mental health in a positive light.



Recommendation 6

Ensure tailored, meaningful and culturally sensitive support is available to families experiencing greater mental health difficulties, including parents experiencing mental ill health, female caregivers, single-parent families, First Nations families, families in regional areas, and LGBTIQ+ families.



Introduction

Background

Children’s mental health and wellbeing is declining in Australia and around the globe, with numerous studies highlighting an alarming trend^{1 2 3}.

With mental health concerns known to increase during adolescence, and 50% of mental illness first emerging before the age of 14⁴, the childhood years (ages 4 to 12) are the optimal time to equip children - and their parents - with the knowledge, skills and confidence to identify and manage challenges as they arise, setting the foundations for resilience and a mentally healthy life.

While raising children can be a rewarding experience bringing joy, pride, and personal growth, it is also associated with numerous challenges, pressures, and stress. As caregivers navigate these demands, their wellbeing¹² and the wellbeing of their children may increasingly be at risk⁸. The relationship between children and their parents is complex and reciprocal, meaning that the mental health of one can directly affect the other^{7 9}.

Parents and caregivers play a vital role in providing safe and nurturing environments that support the healthy development of their children. Their mental health and wellbeing significantly influences the wellbeing of their children^{13 14}, underscoring the importance of supporting both groups.

Previous research¹⁰ has highlighted a concerning outlook on children’s mental health and wellbeing in Australia and, since the publication of these findings, Australians have faced significant social and economic challenges which have exacerbated existing issues and created new ones. Furthermore, there is a lack of recent research in Australia aimed at understanding the mental health and wellbeing trends among young children at a population level, particularly in the wake of current challenges and concerns.

To gain a deeper understanding of prevalence and parent-child dynamics, the current study examines the mental health and wellbeing of Australian parents and their children aged 4 to 12. In 2024, we conducted a survey with a nationally representative sample of parents and caregivers to explore their unique experiences, attitudes, and strategies for managing mental health and wellbeing.

The primary objective of this report is to provide an overview of the current state of mental health among caregivers and their children. It also explores the specific challenges faced by various demographic groups, such as single-parent households, culturally and linguistically diverse families, and those living in regional communities.

For the purposes of this report, the term parents and caregivers has been used to refer broadly to individuals with primary responsibility for the care and upbringing of a child. This includes biological parents, adoptive parents, step-parents, guardians, and other significant individuals who provide day-to-day care and support. By using this inclusive term, we aim to acknowledge the diverse family structures and caregiving roles that contribute to the wellbeing of children.

“To improve mental health support and awareness in my community, I would like to see better access to affordable mental health services, particularly for children and adolescents, as well as a greater focus on proactive, preventative mental health education and reducing the stigma around mental health challenges through open dialogue and public awareness campaigns.”

- Parent

Sample

A nationally representative sample of Australian parents and caregivers was obtained via an online panel in August 2024 and consisted of n=2,004 participants. A full demographic breakdown can be found at the end of this report (Appendix A: Demographics).

Research aims and objectives

The 2024 Smiling Mind State of Mind survey sought to understand children’s and caregivers’ mental health and wellbeing, and explore the prevalence, attitudes, and experiences toward mental health and wellbeing among parents and caregivers and their children, as well as the role of mental fitness in facilitating wellbeing.

This research was designed to provide a comprehensive understanding of the mental health landscape for caregivers and their children, to identify key areas for support and improvement. Research objectives:



Determine prevalence rates: Assess the current prevalence rates of mental health and wellbeing symptomology and issues among parents and caregivers, and their children.



Explore attitudes, barriers and strategies around mental health and wellbeing: Investigate parents’ and caregivers’ attitudes, barriers, and strategies used to support their children’s and their own mental health and well-being.



Evaluate mental fitness strategies: Understand parents and caregivers’ experiences with mental fitness-related strategies and skills in their children’s lives.





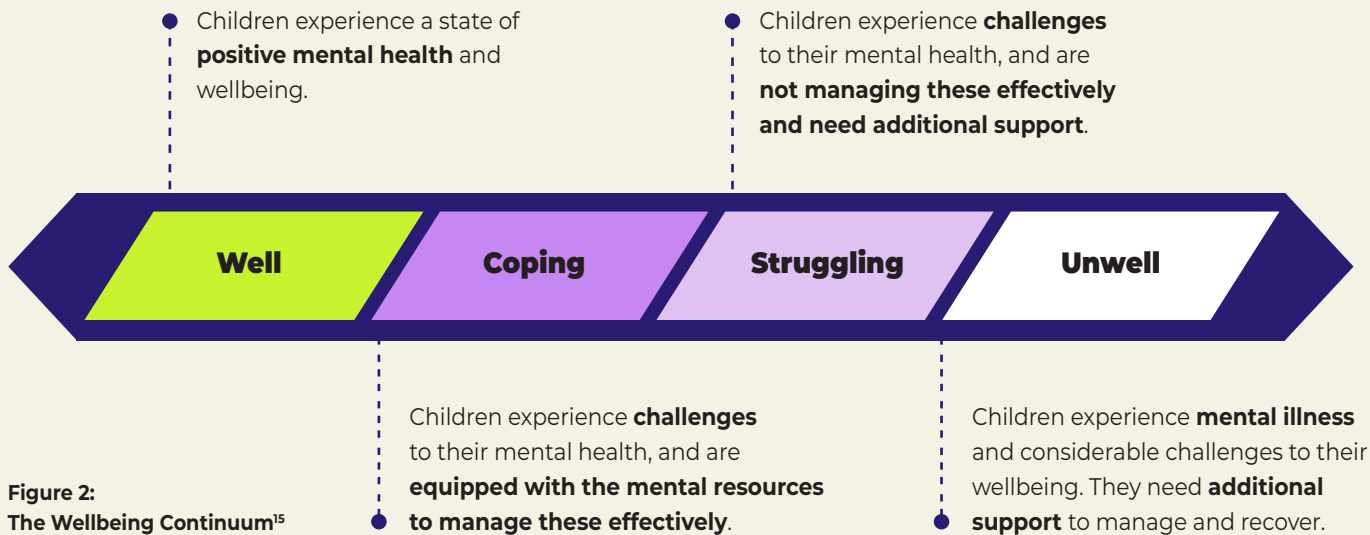
RESULTS

Children and Parents' Mental Health and Wellbeing

Growing Concerns About Children’s Mental Health

Children are coping well day-to-day, yet parents still report high rates of mental health concern for their children.

The Wellbeing Continuum¹⁵ (see figure 2) is an evidence-based tool that offers a snapshot of a child’s social and emotional wellbeing across four points: ‘well’, ‘coping,’ ‘struggling’, and ‘unwell.’



Parents and caregivers were asked about their children’s mental health and wellbeing, and over half (53%) reported that their children were ‘well’ on the wellbeing continuum, indicating their children were experiencing a positive state of wellbeing. A further third (35%) said their children were ‘coping’, while one in ten (11%) said their children were ‘struggling’ or ‘unwell’.

While parents and caregivers were generally optimistic about their children’s wellbeing, a substantial proportion (61%) highlighted their children are experiencing stress, anxiety and depression:

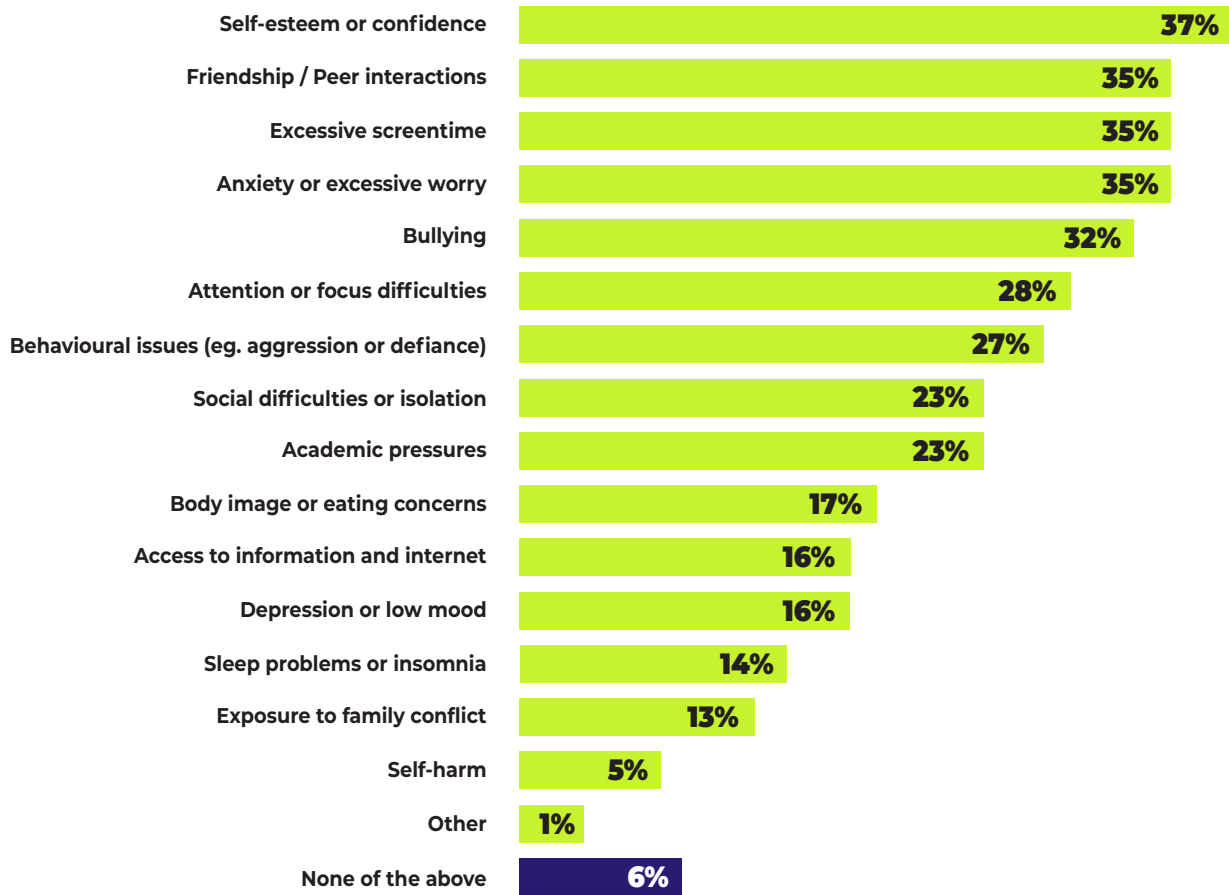


KEY TAKEAWAYS

- ➔ Most parents and caregivers rated their children’s wellbeing as ‘well’ or ‘coping’, yet at the same time many reported signs and symptoms of anxiety, stress, or depression. This seemingly contradictory finding may reflect subthreshold levels of mental ill health, highlighting the opportune time to intervene through preventive mental health initiatives.
- ➔ The high rate of anxiety reported in children is a key area of concern, mirroring trends seen in other studies^{10,11}. With anxiety having a profound effect on children’s wellbeing, impacting everyday activities like school attendance, social interaction, difficulties regulating ‘big’ emotions, and physical challenges around appetite and sleep¹⁶, these findings should be urgently explored to better understand the contributing factors and determine optimum policy and service responses.

Parents hold several concerns for their children’s wellbeing, citing self-esteem and confidence, friendships, excessive screentime, and anxiety as the most common.

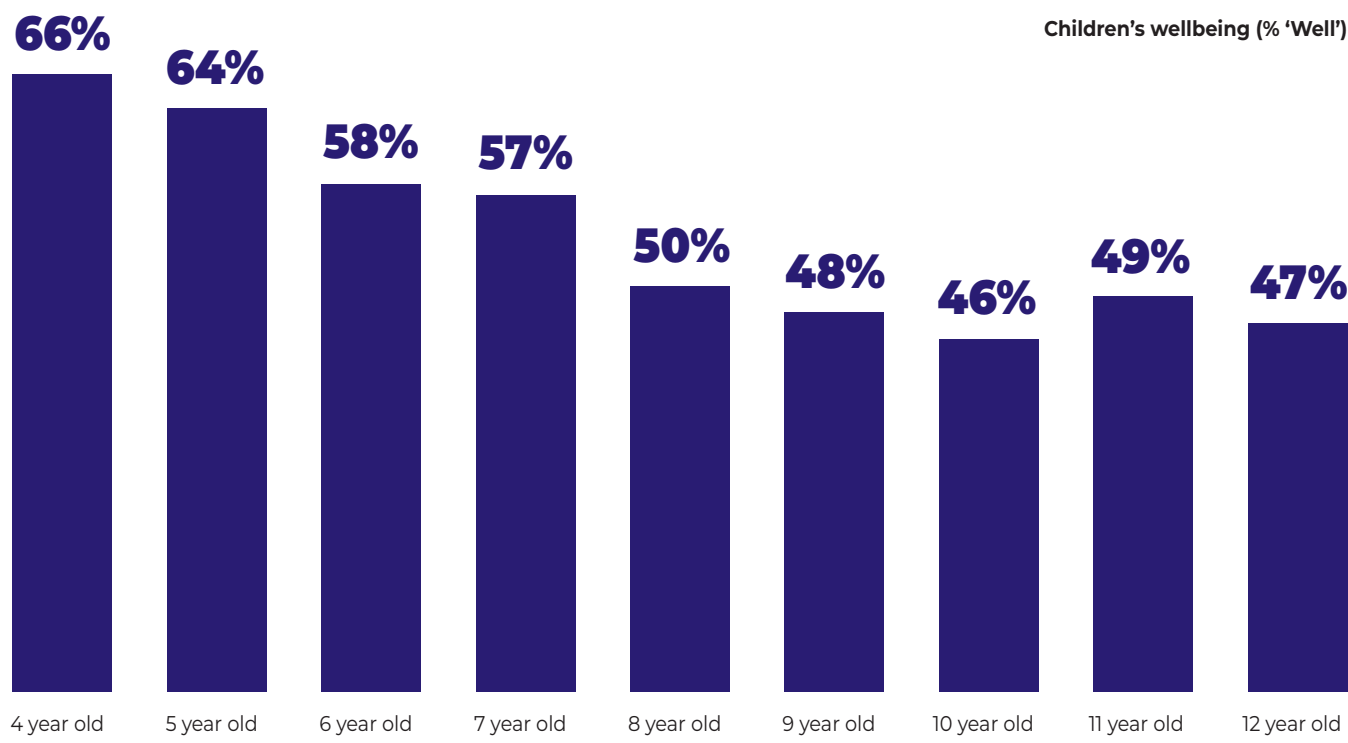
Nearly all parents and caregivers (94%) identified at least one concern about their children’s wellbeing. Key concerns related to self-esteem or confidence (37%), friendships and peer interactions (35%), excessive screen time (35%), and anxiety or excessive worry (35%).



Wellbeing declines as children age, indicating that preventive mental health measures should be introduced early.

Parents and caregivers were asked to rate each of their children along the wellbeing continuum¹⁵ (see figure 2). Results indicated a steady decline in average wellbeing as children age, with 8 to 12-year-olds showing significantly lower levels of wellbeing (48%) when compared to 4 to 5-year-olds (64%)..

These results show an earlier decline than previous studies¹⁷, which typically report a decline in children’s wellbeing around the age of 10. However, few studies have explored the key factors influencing this developmental phenomenon.



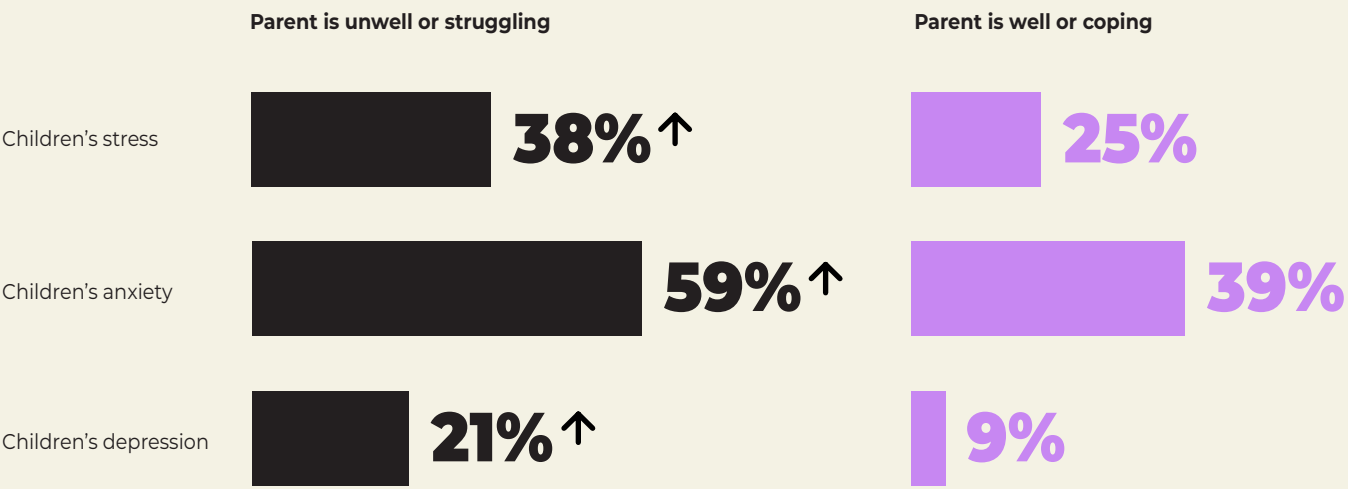
KEY TAKEAWAYS

➔ Children’s wellbeing was shown to decrease with age, aligning with findings from a range of global studies¹⁷. Children’s lives become more complex as they grow, exposing them to more factors that may impact wellbeing, including greater influence of friends and social connections, academic pressures and achievement, and increased responsibilities. With adolescence known to be a common stage for the emergence of mental health issues, children should be equipped with the skills to respond to challenges early, before they begin to arise.

SUB-GROUP DIFFERENCES

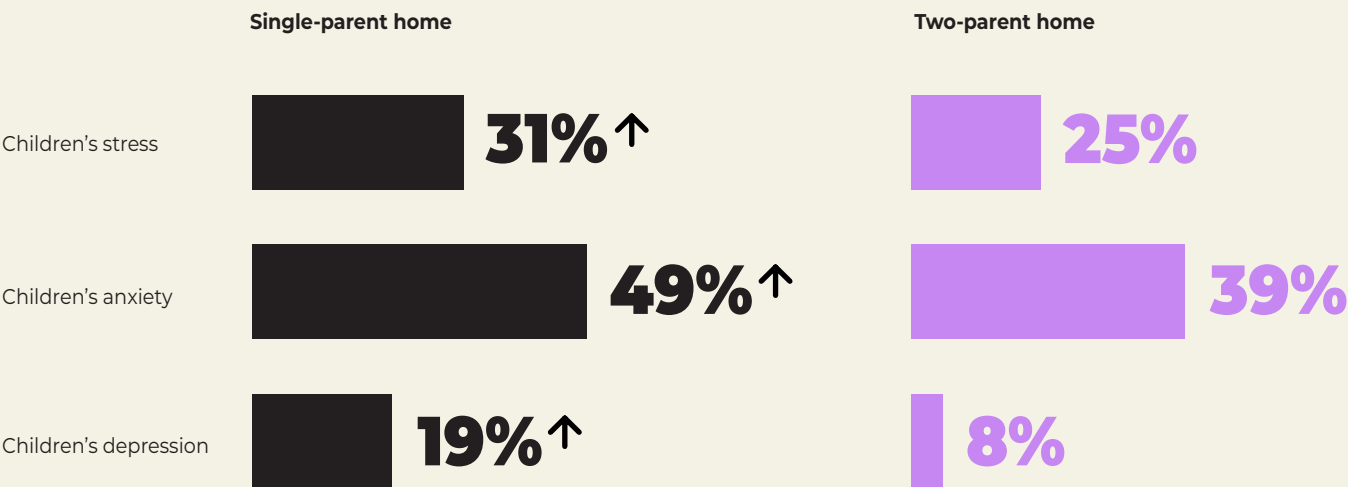
Parents and caregivers with mental ill health are more likely to report the same in their children.

Parents and caregivers who self-reported as having mental ill health were significantly more likely to report the presence of stress, anxiety, or depression in their children when compared to adults who were ‘well’ or ‘coping’:



Children in single-parent homes experience higher rates of mental health challenges.

Parents and caregivers from single-parent families reported significantly higher degrees of stress, anxiety and depression in their children when compared to parents and caregivers from two-parent homes:



* Arrows denote statistically significant differences between groups.

Who Cares For Caregivers?

Parents experience disproportionately high rates of stress and anxiety, which may be affecting their children.

We asked parents and caregivers to rate their own wellbeing according to the wellbeing continuum¹⁵. Two in five (39%) caregivers indicated they were ‘well’, 44% said they were ‘coping’, and nearly one in five (17%) said they were ‘struggling’ or ‘unwell’.

When asked about their experience with stress, anxiety, and depression:



Overall, 85% of parents and caregivers are experiencing at least some signs or symptoms of stress, anxiety, depression, or another mental health challenge. These scores were higher than those of the general adult population across stress (70% vs 62%) and anxiety (61% vs 57%) when compared to previous State of Mind surveys¹⁸.

With nearly three in four (72%) parents and caregivers reporting feeling overwhelmed at least weekly, including a quarter (25%) who feel overwhelmed daily, the implications are significant for both caregivers and their children, since parental mental health significantly influences that of their children^{13 14}.

“More support to help parents raise their kids right. Even “good” parents can pass on anxiety or stress to kids through subtle but impactful words or actions.”

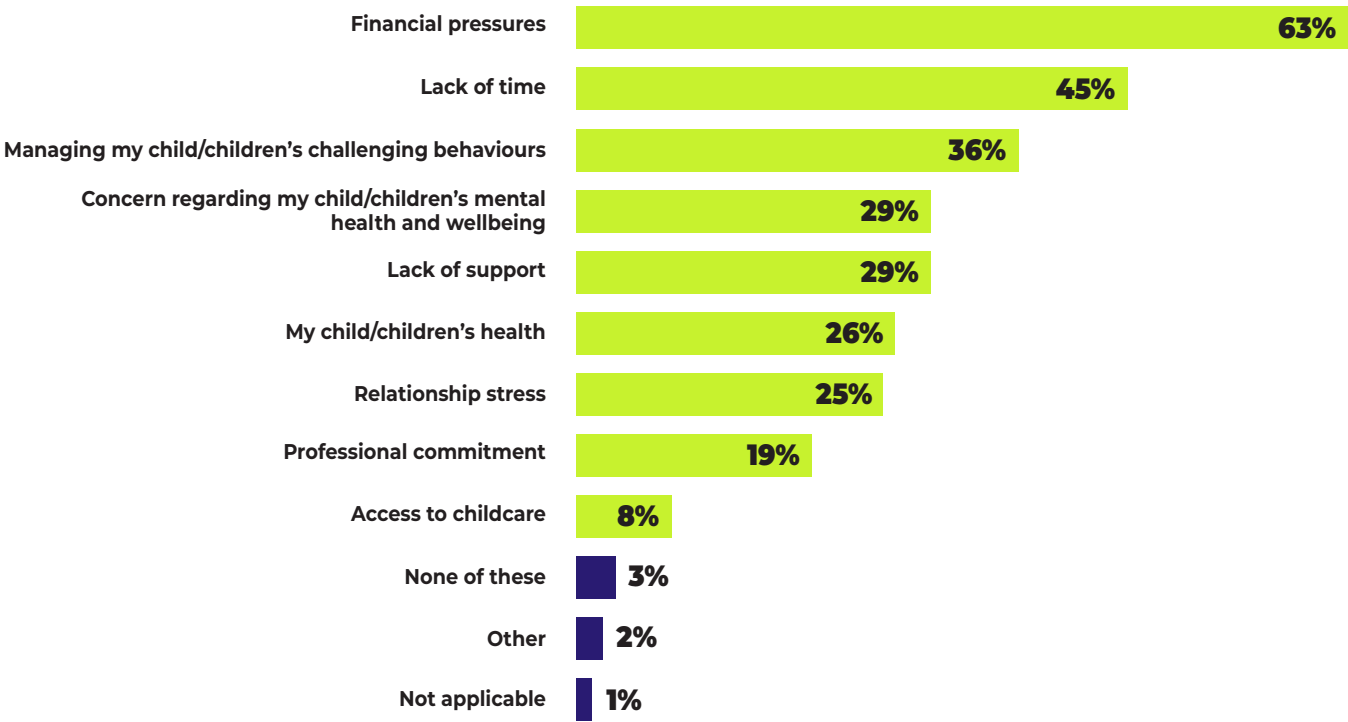
- Parent



Parents are impacted by a range of stressors, exacerbated by the current economic climate.

When asked about the key contributing factors to their stress, the majority of parents and caregivers mentioned financial pressures (63%), followed by having a lack of time (45%), and managing their child/s/children’s challenging behaviours (36%).

Over two in five (43%) parents and caregivers indicated their children’s mental health and wellbeing (29%), and/or general health (26%), contributed to their stress.

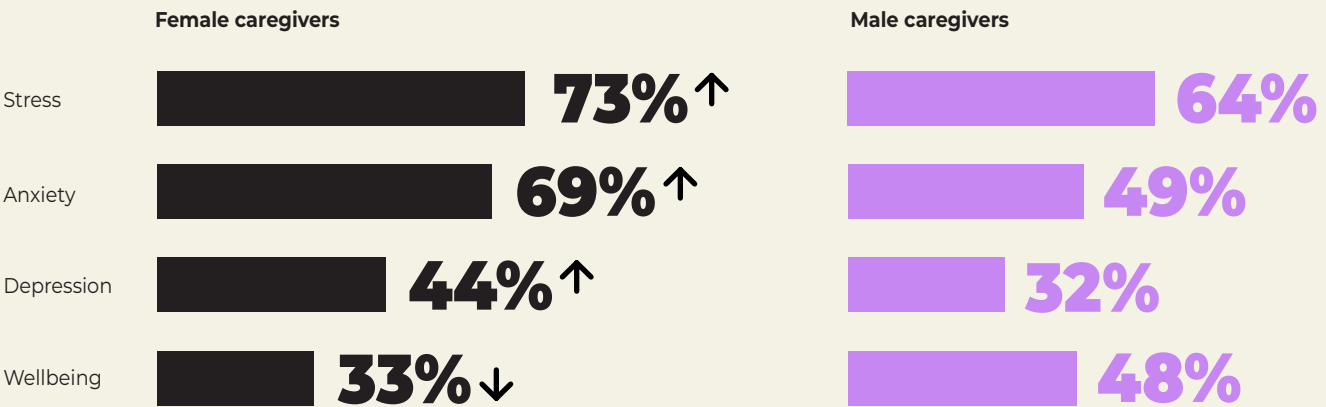


KEY TAKEAWAYS

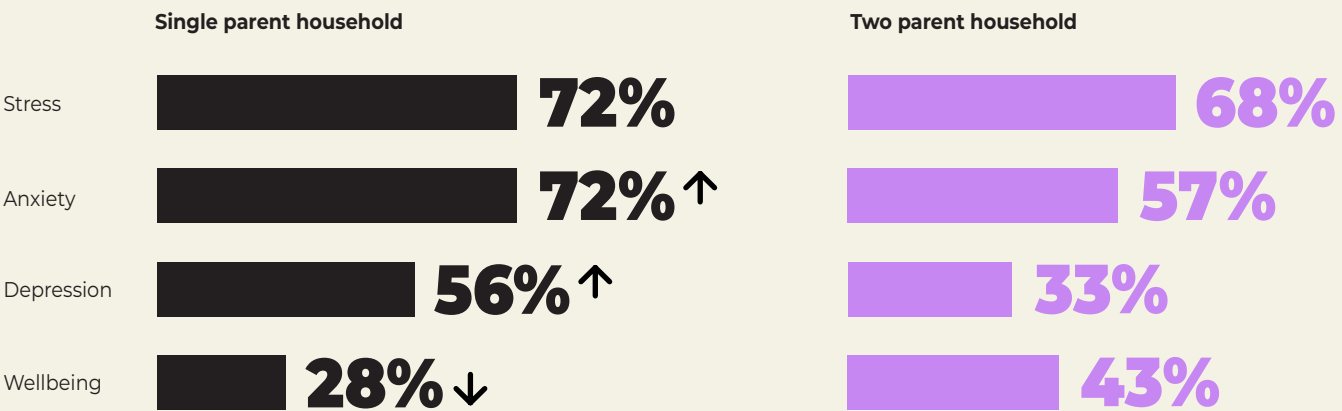
- ➔ Parents and caregivers who self-reported experiencing mental ill health were significantly more likely to report the presence of stress, anxiety, or depression in their children when compared to adults who were ‘well’ or ‘coping’, in line with previous research⁹.
- ➔ Parents exhibit greater rates of stress and anxiety when compared to the general population of Australian adults. While parenting responsibilities can be demanding and can lead to ‘parent burnout’¹², present-day socioeconomic factors such as increased cost of living¹⁹, decreases in income and increased work hours²⁰, and a greater proportion of two-parent households working full-time²¹ are likely to further contribute to the lower levels of mental health and wellbeing seen across parents and caregivers.
- ➔ Given the bidirectional impacts of mental health, supports that reduce parental stress — including financial, social and educational support — will in turn have positive benefits on children.

SUB-GROUP DIFFERENCES

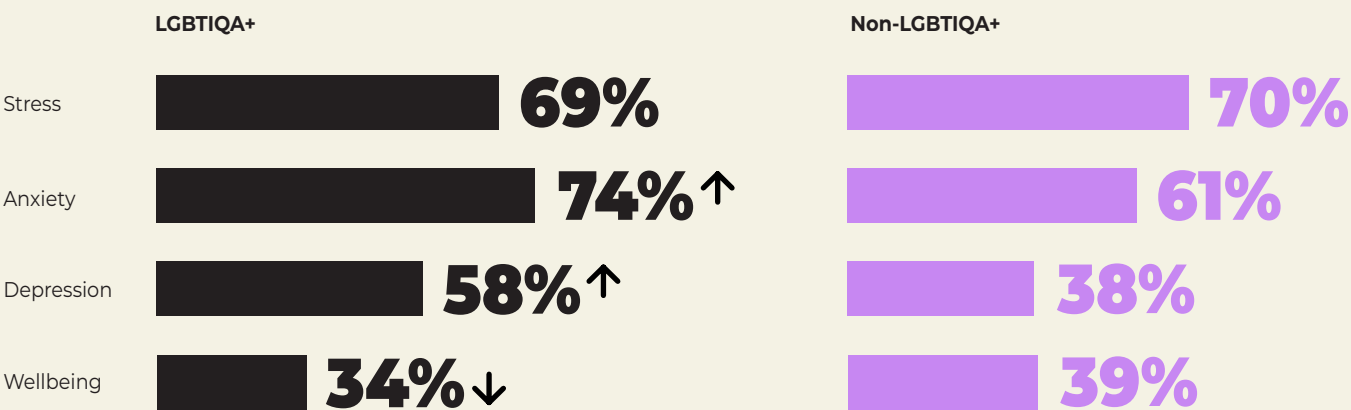
In line with previous research^{18 22}, female caregivers report experiencing more mental ill health than their male counterparts. Results show significant differences:



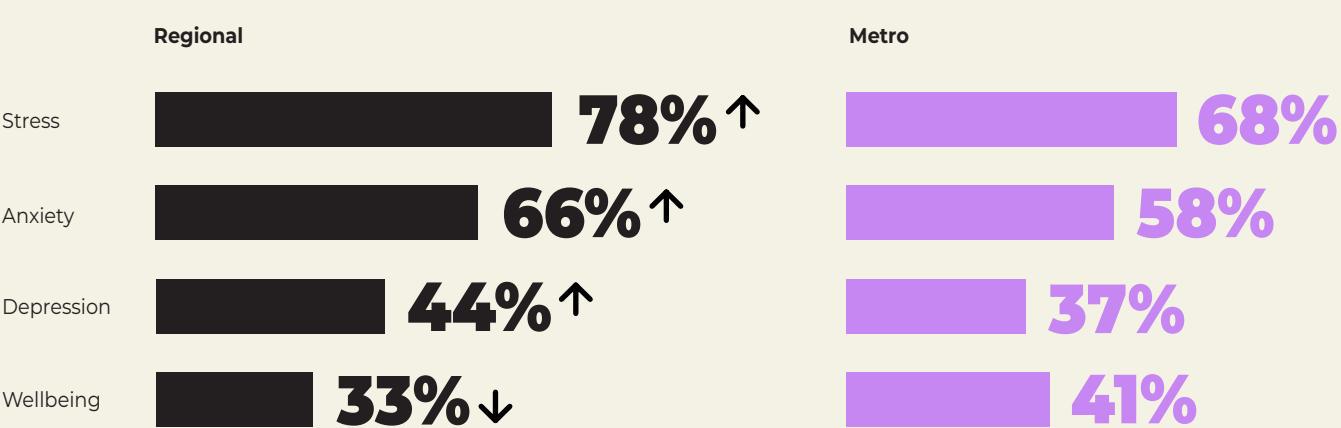
Single-parent respondents reported significantly higher degrees of anxiety and depression, with lower wellbeing than respondents from two-parent households. Single parents were also twice as likely as respondents in two-parent households to highlight 'lack of support' as a key contributing factor to their stress (48% vs 24%).



LGBTIQ+ respondents scored significantly higher than non-LGBTIQ+ respondents across anxiety and depression, with significantly lower wellbeing.



Regional Australians also experience significantly higher mental health challenges when compared to their metropolitan counterparts.



* Arrows denote statistically significant differences between groups.

There were no significant differences between First Nations people and Non First Nations people across all measures of wellbeing. These findings are inconsistent with previous research²³, however one explanation may relate to cultural conceptualisations of mental health and wellbeing. Further research is required to explore First Nations people's experiences with mental health and wellbeing, which take into consideration wellbeing as a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing²⁴.

KEY TAKEAWAYS

- ➔ Some family groups are disproportionately affected by mental health challenges — including female caregivers, single-parent households, LGBTIQ+ families, and families living in regional and rural areas. Tailored and culturally sensitive support would ensure that their unique needs are meaningfully met.
- ➔ Designing effective mental health and wellbeing supports for families relies on a deep understanding of their needs and preferences, and recognition that every family is unique. Placing a strong emphasis on co-designing services in partnership with children and families will lead to supports that are accessible, acceptable and easy for families to engage with. In particular, mechanisms should be put in place to elevate the voices of children throughout the co-design process.

Supporting Children's Wellbeing: Caregiver Insights, Challenges, and the Path Forward

Stigma Still a Barrier for Addressing Children’s Wellbeing

Parents perceive mental health to be as important as physical health, yet more than half report stigma associated with seeking mental health support for their children.

Many (87%) parents and caregivers believe that their child’s mental health is just as important as their physical health, and the same proportion (87%) feel that it is important to equip their children with the skills to build their mental fitness.

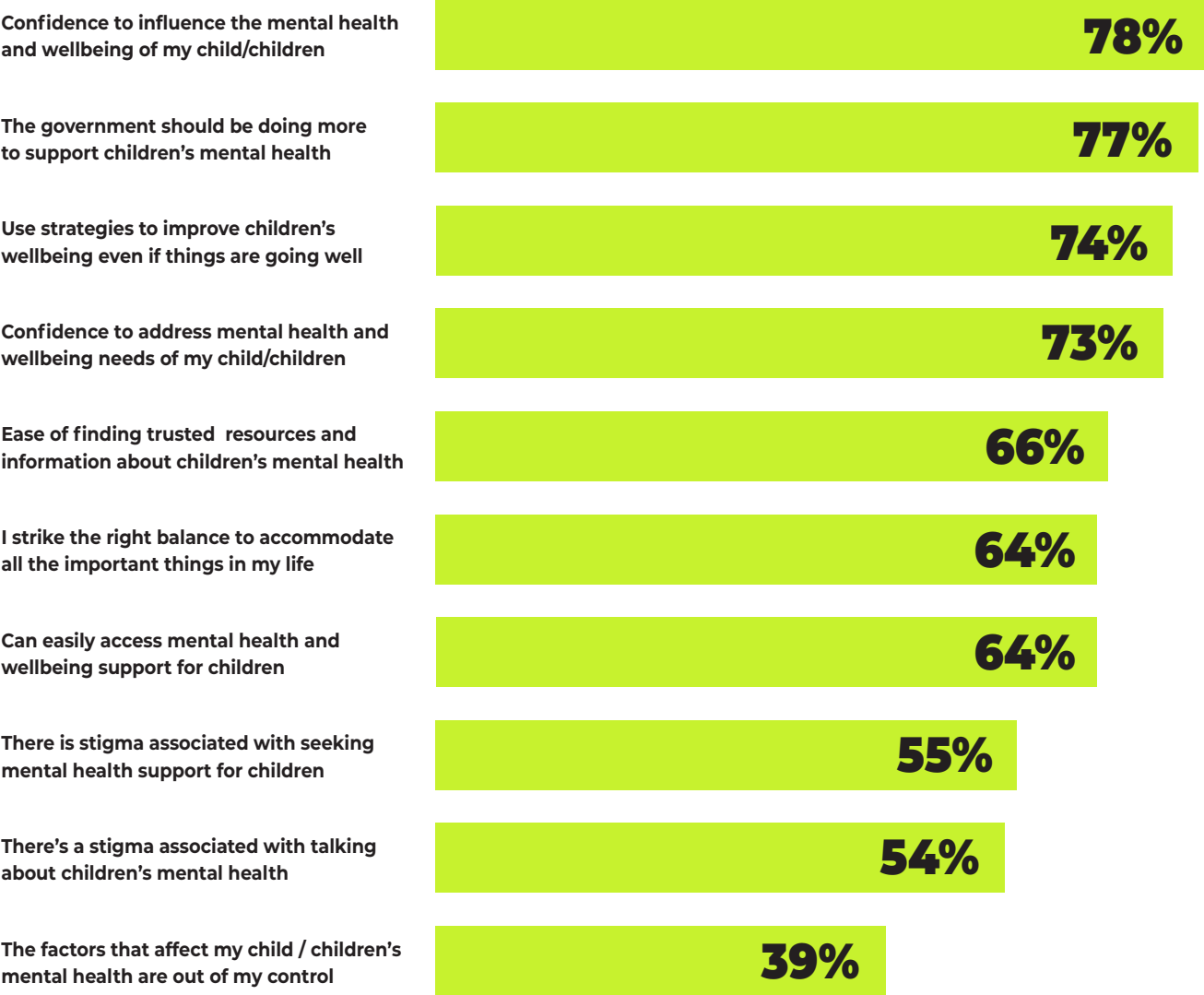


Fewer respondents (78%) are confident in positively influencing the mental health and wellbeing of their children, and two in five (39%) say that the factors that affect their children’s mental health are beyond their control.

Over half (55%) of parents and caregivers say that there is stigma associated with seeking mental health support for their children and similarly, 54% say there is stigma associated with talking about their children’s mental health.

“Families are experiencing significant barriers to support amidst the cost of living crisis.”

- Parent



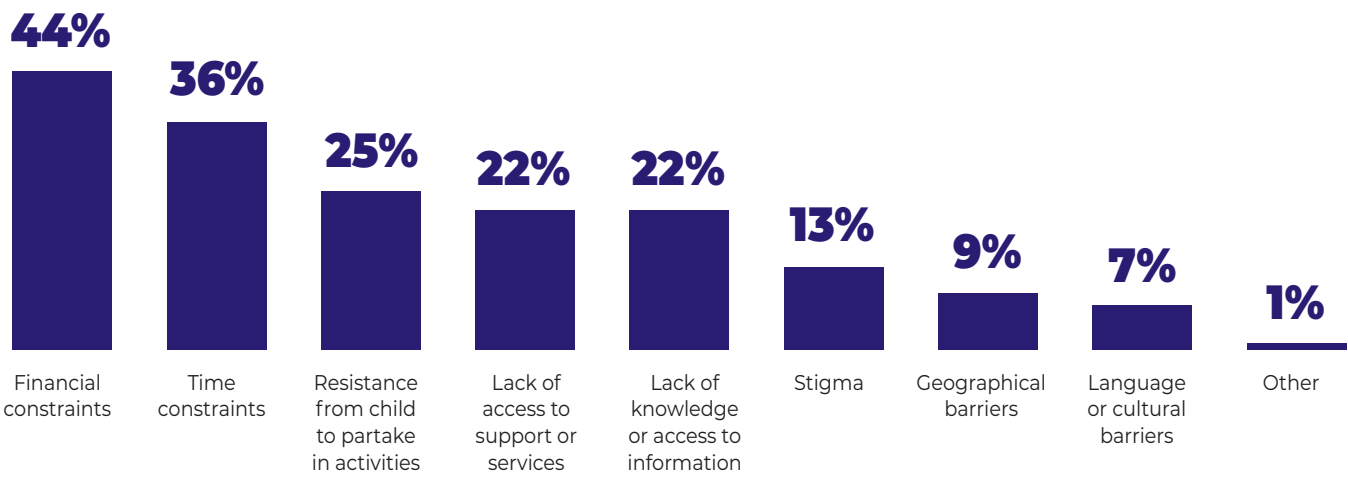
KEY TAKEAWAYS

- ➔ While many parents and caregivers acknowledge the importance of mental health and wellbeing, with a similar proportion proactively addressing their children's wellbeing needs, half of all caregivers still believe there is stigma associated with speaking about and seeking mental health and wellbeing support for their children.
- ➔ Stigma can be reduced by improving public understanding of mental health and mental fitness, and normalising conversations and help-seeking behaviours to foster a more supportive environment for families. Evidence from large-scale stigma reduction campaigns suggests that education, particularly when combined with increased mental health literacy and exposure to those with lived experience, is a particularly powerful tool in reducing stigma²⁵.

Families Are Struggling, With Significant Barriers in Supporting Their Children

Parents report financial and time constraints as the top barriers in supporting their children’s mental health and wellbeing.

Parents and caregivers were asked to select the key barriers they face when supporting their children’s wellbeing. Four in five (81%) caregivers reported at least one barrier, with the most commonly mentioned factors being financial constraints (44%), time constraints (36%), and resistance from child/children to partake in wellbeing activities (25%).



KEY TAKEAWAYS

- ➞ Financial pressures, coupled with time constraints, are significant barriers when it comes to supporting children’s mental health and wellbeing. In the previous section, caregivers also highlighted financial pressures as having the most significant impact on their own stress and wellbeing, amplifying the urgent need for adequate financial support to help relieve this burden.
- ➞ Access to low-cost, low-intensity mental health and wellbeing programs that can be adopted within their home environment may be one potential solution to respond to the time and financial barriers reported by caregivers.



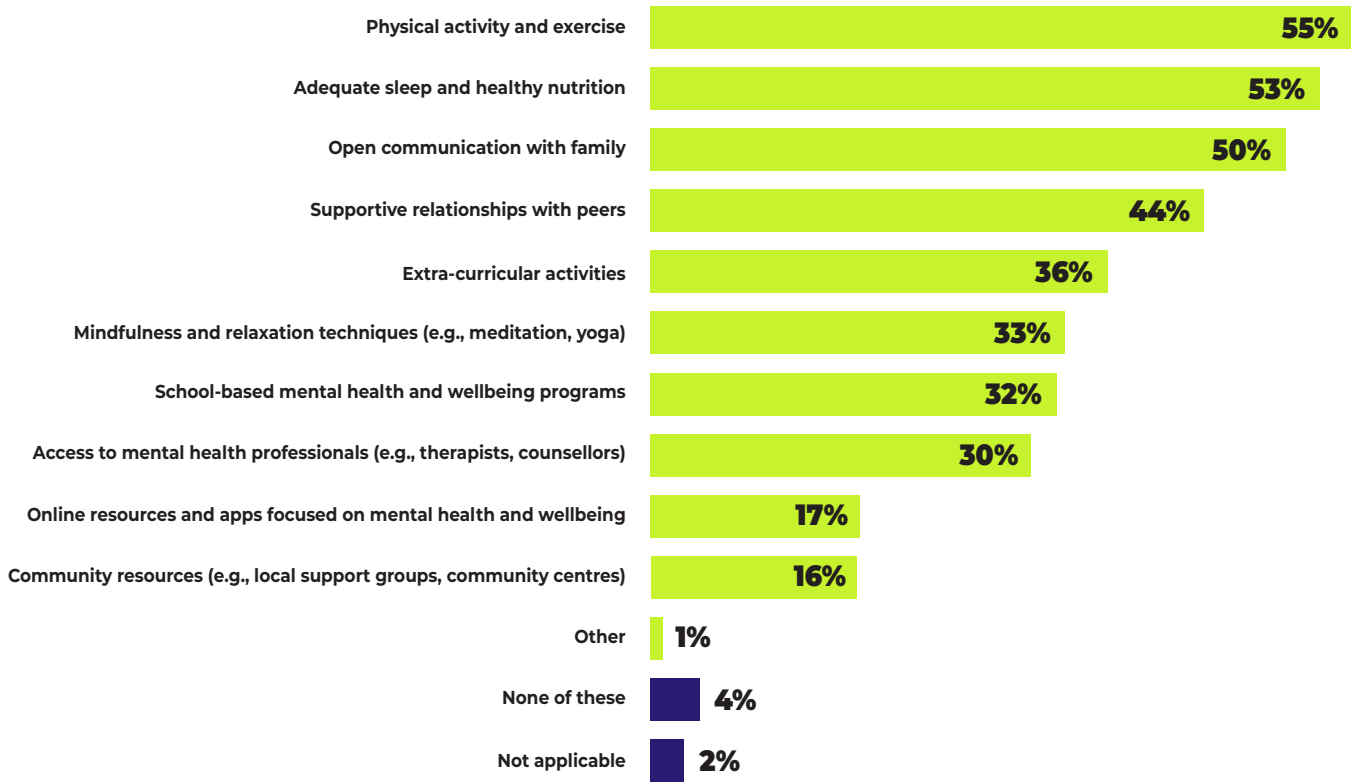
Despite Barriers, Parents Are Taking Action to Address Their Children’s Wellbeing

Nearly all parents could identify at least one strategy they use to support their children’s mental health and wellbeing.

Parents and caregivers were asked which strategies or techniques they use to promote the wellbeing of their children. The majority (91%) of caregivers could identify at least one strategy they use to support the mental health and wellbeing of their children.

Over two-thirds (69%) of participants reported a ‘connection’ based factor including open communication with family (50%), supportive relationships with peers (44%), and community resources (16%).

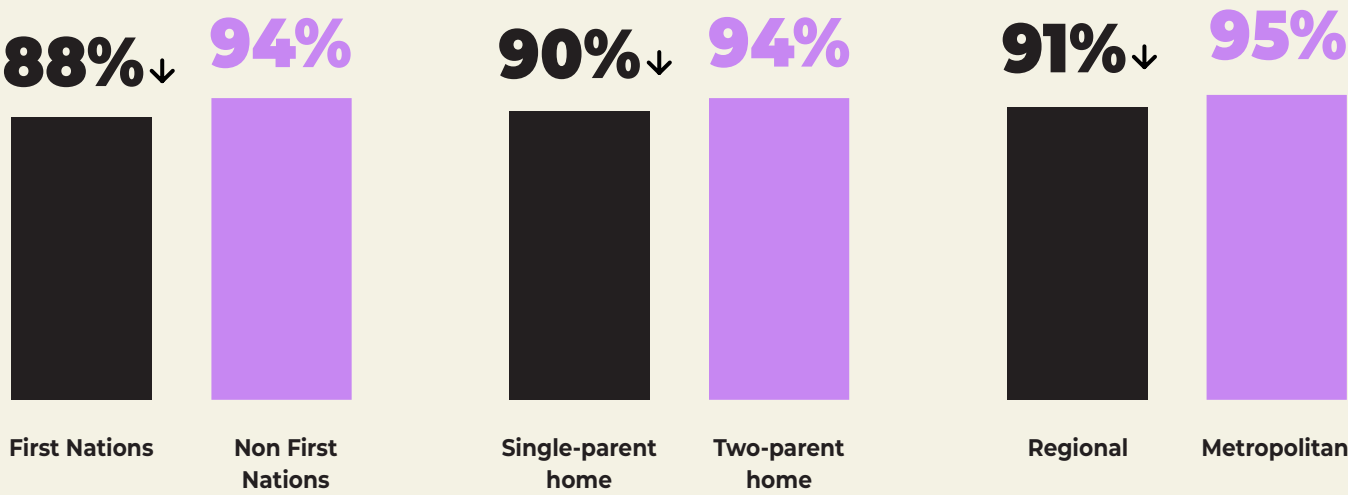
The most commonly cited single item was physical activity and exercise (55%), followed by adequate sleep and healthy nutrition (53%).



SUB-GROUP DIFFERENCES

Significant differences were found for the following cohorts:

Parents and caregivers who selected at least one strategy



* Arrows denote statistically significant differences between groups.

KEY TAKEAWAYS

➔ Most parents and caregivers identify at least one action they are taking to support their child’s mental health and wellbeing, citing physical exercise and social connection as the most prominent strategies. Despite this, with parents still highlighting overwhelming concern for their children’s wellbeing, more could be done to support families.

➔ Raising awareness of the proven, evidence-based strategies that can support children’s mental health and wellbeing can provide families with access to tools that are readily accessible, low-cost, and that fit seamlessly into everyday routines.

“We engage daily with our child to reflect on how their day has been, and we give them time to express how they felt throughout the day and we discuss this together and help them work through any hard emotions or sad experiences. It’s a great bonding time for us.”

- Parent

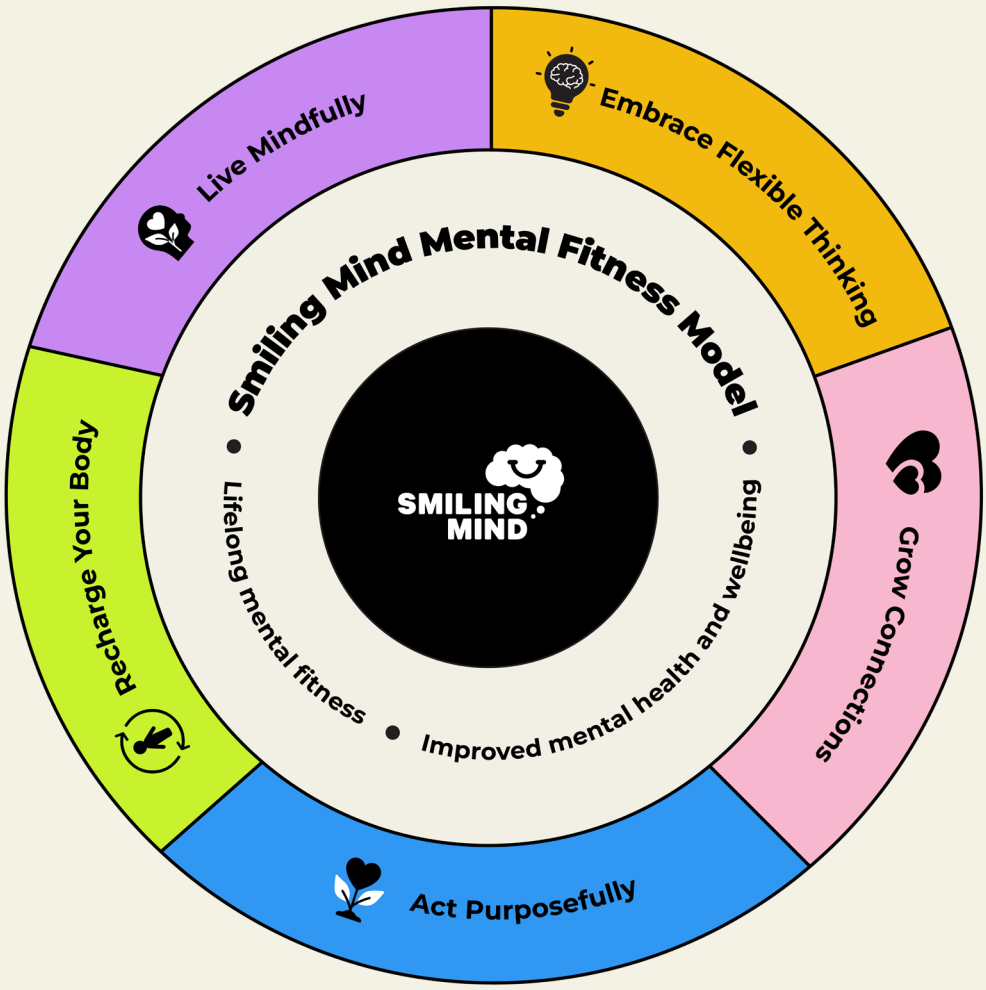
The Role of Mental Fitness in Supporting the Mental Health and Wellbeing of Caregivers and Their Children

Supporting Parents and Children to Build Lasting Resilience and Wellbeing

The evidence behind mental fitness

Mental fitness is the proactive development of skills that support mental wellbeing and provide a buffer against life’s challenges. Mounting evidence shows that mental fitness – like physical fitness – can be cultivated through intentional practice. Just as we train our bodies to improve strength, cardiovascular health and flexibility, we can develop mental fitness skills to support our wellbeing.

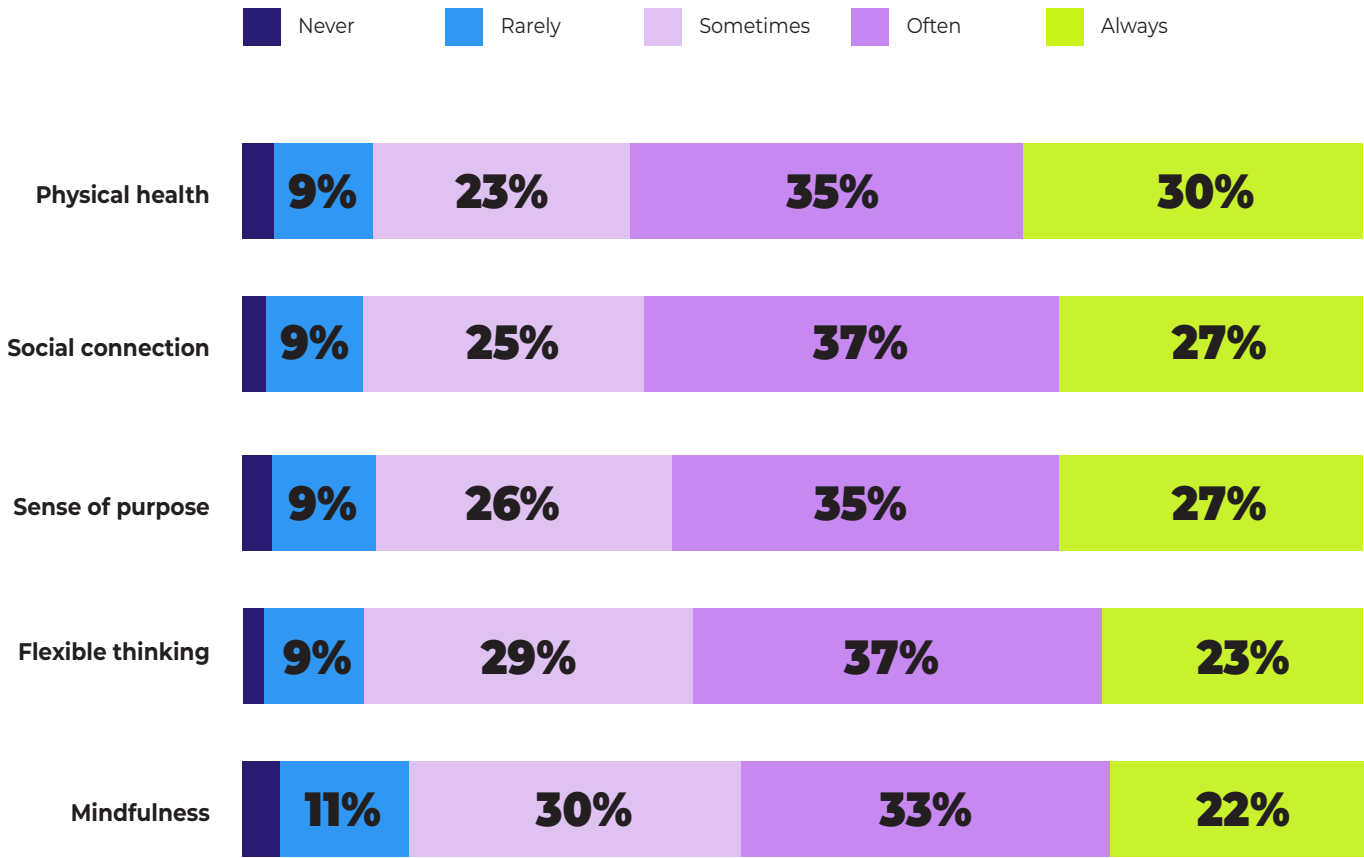
This section explores the connection between the deliberate practice of mental fitness skills and the overall mental wellbeing of both parents and children.



Progress comes with practice. Children who practise mental fitness strategies with their parents show higher mental fitness skills.

When it comes to mental fitness strategies, nearly two in three (65%) caregivers reported regularly (Often or Always) supporting their children’s physical health, including sleep, movement, rest and recovery. This was followed by regular and intentional practice of skills relating to:

- ➔ Social connection, including positive communication, empathy and compassion (64%)
- ➔ Sense of purpose, including values and strengths (62%)
- ➔ Flexible thinking, such as emotional management, gratitude and mindset (60%)
- ➔ Mindfulness, including awareness, attention and mindful attitudes (55%).



Results indicate a significant moderate correlation ($r=0.63$, $p<.001$) between the deliberate practice of mental fitness and overall mental fitness skill development in children, indicating that 63% of mental fitness skills are associated with intentional practice.

Building mental fitness skills is linked to increased mental wellbeing.

Parents and caregivers were asked 15 questions to determine the degree to which their children demonstrated mental fitness skills across each skill set (see figure 1).

Results show that the level of mental fitness skill significantly correlates with overall wellbeing ($r=0.43$, $p<0.001$) in children. While this regression analysis offers insight into the relationship between mental fitness and overall wellbeing, as well as potential directionality, further experimental research should be undertaken to determine causality between these variables.



Children considered ‘well’ in terms of the wellbeing continuum¹⁵ (see figure 2) scored significantly higher in total mental fitness (44.4), when compared to children who were ‘coping’ (37.7), those who were ‘struggling’ (32.5), and those who were ‘unwell’ (22.4).

This suggests that mental fitness skills and overall mental wellbeing are clearly linked, reinforcing existing theories that these skills can be taught, and when children are supported to practise these skills regularly the impact on their overall wellbeing is significant.

Children’s mental Fitness skill scores across each category of the wellbeing continuum

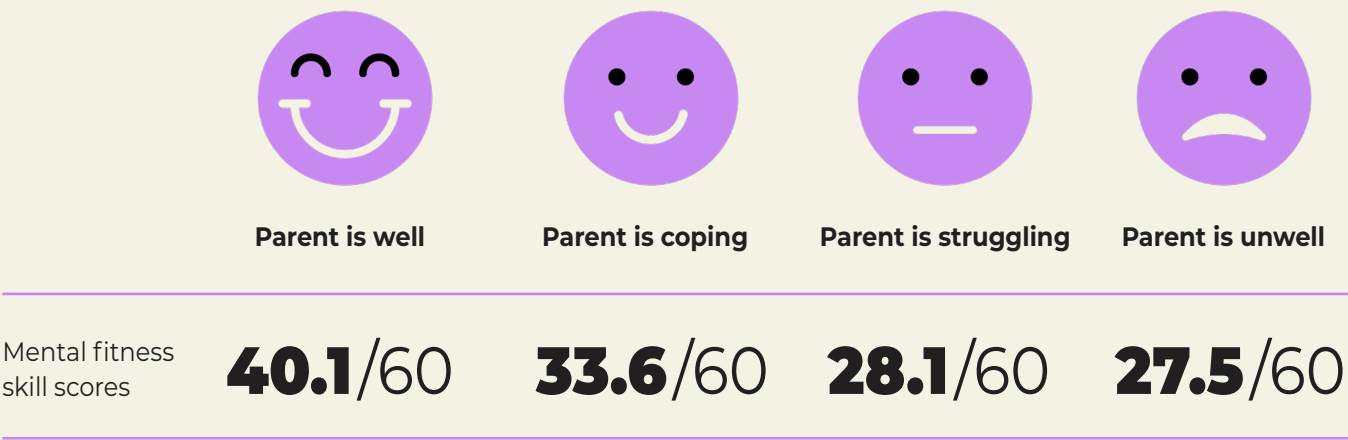


The Impact of Mental Fitness on Parental Wellbeing

The essential role of mental fitness in supporting parents.

Caregivers were asked 15 questions to determine the degree to which they themselves demonstrate mental fitness skills across each skill set. Results mimic those found for children, pointing to a significant correlation between total mental fitness skill and overall wellbeing ($r=0.42$, $p<0.001$).

Parent’s mental Fitness skill scores across each category of the wellbeing continuum



KEY TAKEAWAYS

➔

Deliberate practice of mental fitness strategies can contribute to overall skill development and increased mental wellbeing, making it a powerful tool for both children and parents.

➔

With caregivers facing many external stressors that are beyond their control, mental fitness strategies offer a proactive way to manage their mental health and wellbeing. These skills serve as protective factors for both children and adults, enabling them to better cope with life’s ups and downs.

➔

Further research is required to establish directionality and causality between these variables. An experimental design which takes into consideration the order of cause and effect, and is designed to isolate the effects of the independent variable would be required to support these findings.

Recommendations

The recommendations made outline how we can better support families and promote mental wellbeing from an early age. They are drawn from our analysis of the findings and insights into this group's unique challenges and needs.



Recommendation 1

Elevate and prioritise child mental health through an increased policy focus on children under 12 years of age and increased investment by federal and state governments in child mental health and wellbeing.



Recommendation 2

Ensure Australian children and families have access to targeted support programs for children early in life and at key life stages, including resources for parents to help their children navigate significant transitions like school entry and adolescence.



Recommendation 3

Self-directed, low-intensity mental health and wellbeing programs should be integrated as a core component of the child mental health system, offering families alternatives to high-intensity professional support where appropriate.



Recommendation 4

Ensure Australian parents have access to a range of evidence-based supports, including parenting education programs, practical toolkits to use on-the-go, along with essential financial and social support.



Recommendation 5

Execute a national mental fitness campaign that highlights the importance of proactive approaches to building mental health in children, aimed at reducing stigma and framing mental health in a positive light.



Recommendation 6

Ensure tailored, meaningful and culturally sensitive support is available to families experiencing greater mental health difficulties, including parents experiencing mental ill health, female caregivers, single-parent families, First Nations families, families in regional areas, and LGBTIQ+ families.



References

1. Dumuid, D., Singh, B., Brinsley, J., Virgara, R., Curtis, R., Brinkman, S., & Maher, C. (2023). Trends in Well-Being Among Youth in Australia, 2017-2022. JAMA Network Open, 6. <https://doi.org/10.1001/jamanetworkopen.2023.30098>.

2. Einhorn, J., James, M., Kennedy, N., & Marchant, E. (2024). Changes in self-reported health and wellbeing outcomes in 36,951 primary school children from 2014 to 2022 in Wales: an analysis using annual survey data. Frontiers in Public Health, 12, 1285687.

3. Anderson, N.W., Zimmerman, F.J., Markowitz, A.J., Halfon, N., Eisenberg, D., & Moore, K.A. (2023). Child and adolescent mental health outcomes are declining despite continued improvement in well-being indicators. Child Trends. <https://doi.org/10.56417/3158p5450w>.

4. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

5. ReachOut Australia (2024). What Parents Worry About: Carer Concerns for Youth Mental Health and Wellbeing. Sydney: ReachOut Australia.

6. Office of the Surgeon General (OSG). Parents Under Pressure: The U.S. Surgeon General’s Advisory on the Mental Health & Well-Being of Parents [Internet]. Washington (DC): US Department of Health and Human Services (US); 2024. PMID: 39250580.

7. Brooker, Rebecca J., Jenae M. Neiderhiser, Leslie D. Leve, Daniel S. Shaw, Laura V. Scaramella, and David Reiss. “Associations between infant negative affect and parent anxiety symptoms are bidirectional: Evidence from mothers and fathers.” Frontiers in Psychology 6 (2015): 1875.

8. Pardini, D. A. (2008). Novel insights into longstanding theories of bidirectional parent–child influences: Introduction to the special section. Journal of abnormal child psychology, 36(5), 627-631.

9. Pérez-Edgar, K., LoBue, V., & Buss, K. A. (2021). From parents to children and back again: Bidirectional processes in the transmission and development of depression and anxiety. Depression and anxiety, 38(12), 1198.

10. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven de Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). The mental health of children and adolescents: report on the second Australian child and adolescent survey of mental health and wellbeing.

11. The Royal Children’s Hospital National Child Health Poll (June 2023). Report 3: Mental health of children in Australian aged 8–13 years, June 2023. The Royal Children’s Hospital Melbourne, Parkville, Australia.

12. Mikolajczak, M., Gross, J. J., Stinglhamber, F., Lindahl Norberg, A., & Roskam, I. (2020). Is Parental Burnout Distinct From Job Burnout and Depressive Symptoms? Clinical Psychological Science, 8(4), 673-689. <https://doi.org/10.1177/2167702620917447>.

13. Beardslee WR, Versage EM, Gladstone TR. Children of affectively ill parents: a review of the past 10 years. J Am Acad Child Adolesc Psychiatry. 1998;37:1134-1141.

14. Wilkinson, K., Ball, S., Mitchell, S., Ukoumunne, O., O’Mahen, H., Tejerina-Arreal, M., Hayes, R., Berry, V., Petrie, I., & Ford, T. (2021). The longitudinal relationship between child emotional disorder and parental mental health in the British Child and Adolescent Mental Health surveys 1999 and 2004.. Journal of affective disorders, 288, 58-67 . <https://doi.org/10.1016/j.jad.2021.03.059>.

15. National Mental Health Commission. National Children’s Mental Health and Wellbeing Strategy. 2021, National Mental Health Commission.

16. Beesdo K, Knappe S, Pine DS. Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. Psychiatr Clin North Am. 2009 Sep;32(3):483-524. doi: 10.1016/j.psc.2009.06.002. PMID: 19716988; PMCID: PMC3018839.

17. Casas F, González-Carrasco M. Subjective Well-Being Decreasing With Age: New Research on Children Over 8. Child Dev. 2019 Mar;90(2):375-394. doi: 10.1111/cdev.13133. Epub 2018 Aug 14. PMID: 30106474.

18. Dib, J., Comer, J., Wootten, A., Buhagiar, K. (2021). State of Mind 2021 Report. Melbourne: Smiling Mind.

19. Australian Bureau of Statistics. (2024, June). Selected Living Cost Indexes, Australia. ABS.

20. Biddle, N., & Gray, M. (2022). Economic and other wellbeing in Australia–October 2022 ANU centre for social research and methods.

21. Baxter, J. (2023). Employment patterns and trends for families with children. Australian Institute of Family Studies, Melbourne.

22. Australian Bureau of Statistics. (2020-2022). National Study of Mental Health and Wellbeing. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.

23. Australian Institute of Health and Welfare & National Indigenous Australians Agency. (2023). Measure 3.10 Access to mental health services, Aboriginal and Torres Strait Islander Health Performance Framework website. Retrieved from <https://www.indigenoushpf.gov.au/measures/3-10-access-to-mental-health-services>.

24. Social Health Reference Group (SHRG). (2017). National strategic framework for Aboriginal and Torres Strait Islander People’s mental health and social and emotional wellbeing. Canberra: Department of the Prime Minister and Cabinet.

25. National Academies of Sciences, Division of Behavioral, Social Sciences, Board on Behavioral, Sensory Sciences, & Committee on the Science of Changing Behavioral Health Social Norms. (2016). Ending discrimination against people with mental and substance use disorders: The evidence for stigma change. National Academies Press.

26. Van Roy, B., Groholt, B., Heyerdahl, S. et al. Understanding discrepancies in parent-child reporting of emotional and behavioural problems: Effects of relational and socio-demographic factors. BMC Psychiatry 10, 56 (2010). <https://doi.org/10.1186/1471-244X-10-56>

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Appendix A: Demographics

Sample Demographics

Group	% Proportion	n-value
Gender identification		
A woman	61%	1,214
A man	39%	787
Non-binary	0%	2
Prefer not to say	0%	1
Age		
18 to 24 years	4%	89
25 to 34 years	33%	654
35 to 44 years	42%	848
45 to 54 years	18%	354
55 to 64 years	2%	40
65 years or older	1%	19

Group	% Proportion	n-value
Location		
Metropolitan	73%	1,463
Regional	27%	541
First Nation people		
Yes	10%	194
No	90%	1,799
Culturally and Linguistically Diverse (CALD)		
Yes	24%	484
No	76%	1,520
LGBTIQA+		
Yes	10%	200
No	85%	1,706
Household structure		
Two parent household	72%	1,440
Single parent household	19%	388
Other	11%	221

Appendix B: Interpreting This Report

Previous State of Mind reports

The aims of the 2024 State of Mind research report diverge significantly from previous iterations. The 2020 and 2021 editions of State of Mind aimed to understand experiences of and attitudes toward mental health and wellbeing among all Australian adults. Previous State of Mind studies therefore consisted of a nationally representative sample of Australian adults, with sample sizes of n=1000, and n=2000 respectively.

The 2024 State of Mind survey sought to extend upon previous iterations of the State of Mind survey and focus primarily on the experiences of Australian children aged 4-12, via the views and perceptions of their parents and caregivers.

This focus was chosen due to the critical importance of early childhood for mental health development, the key role parents and caregivers play during this stage, and the lack of nationally representative data on these topics.

Understanding the unique challenges and needs of this group provides valuable insights into how to better support families and promote mental wellbeing from an early age. By focusing on this demographic, the survey aimed to identify targeted strategies and interventions that can make a meaningful difference in the lives of caregivers and their children.

Significant differences and confidence intervals

Results are statistically significant at a 95% confidence interval, with a 2.2% margin of error. A 'significant difference' means we can be 95% confident the difference observed between two groups reflects a true difference in the population of interest and not a result of chance.

Both statistically significant differences and non-statistical differences have been reported in this document. Where significant differences are not reported, the reader is encouraged to make a judgement as to whether the differences are 'meaningful' or not.

Where significance testing has occurred between pairs such as Metropolitan vs. Regional, this has been undertaken as an independent sample test. However, where significance testing has occurred between more than two categories within a group (e.g. 18-25-year-old, 26-39-year-old and 40+-year-old), the significant testing used, tests one category against the average of the others that are not in that category combined. Such a test is ideal for multiple comparisons as it reduces the likelihood of displaying a significant difference where one does not exist. Statistically significant differences within charts and tables are displayed using arrows.

Prevalence of mental health

Stress, depression, and anxiety were chosen as key focus areas in this report because they are among the most prevalent mental health challenges faced by both caregivers and their children.

These issues can have a profound impact on daily life, affecting everything from relationships and work to physical health and overall wellbeing. Understanding how these specific conditions affect families allows us to provide targeted recommendations and support that address the root causes and help improve the mental health and quality of life for both caregivers and their children.

Sampling and generalisability of results

A national sample of n=2004 respondents was collected via an online panel. Location quotas were implemented to ensure the sample was representative of the parent and caregiver population, and while gender quotas were attempted, there was a bias toward female respondents due to the availability of respondents.

The location quotas were based on the ABS's 2016 Census data. The sample size has a margin of error +/- <3% at 95% confidence. This means that should the study be repeated, a result of 60% could fall between the range of 57% and 63%. It is worth noting that the margin of error decreases at a slower rate when surpassing a sample size of n=1000. For instance, a sample size of n=3000 would only decrease the maximum error by +/- 0.4% from n=2000. As mentioned above, significant differences between groups occur when each group's margin of error does not overlap between group scores.

Sub-groups were largely representative of the national population, however, a slight overrepresentation of First Nations respondents was prevalent in the survey, allowing for greater confidence reporting on this cohort.

Base sizes

While the majority of questions were asked of all participants, base sizes may vary throughout the report due to questionnaire logic, where particular questions were only asked to a specific cohort.

Using scales and subtotals

Certain questions in the survey utilise a 5-point Likert scale typically used to assess the degree of agreement. Where agreement is described, this is dictated by a Net score of 4 (agree) and 5 (strongly agree).

Reporting on multiple and individual children

Throughout the questionnaire parents and caregivers were instructed to answer on behalf of their children generally, however, when asked about their experiences with mental fitness caregivers provided specific responses for each of their children. A total sample of 2,820 children were therefore represented by 2,004 caregivers.

Limitations of the study

Self-report measures:

The study relied on self-report measures from parents and caregivers, which may introduce biases and subjective interpretations, potentially affecting the accuracy and reliability of the data.

Lack of direct child-reports:

The current study relied on parent's reporting on children's experiences with mental health and wellbeing. While this methodology provides valuable insights, it also presents limitations in potential discrepancies of reporting. Research shows that parents may under report symptoms, especially those that are less observable. Alternatively, children often report more symptoms than their parents, as they are naturally more attuned to their subtle, personal, or internal experiences²⁶.

However, research highlights a clear advantage in parent reports as they typically provide broader, long-term perspectives on their children's mental health and wellbeing, offering insight into patterns over time. In contrast children are likely to focus on immediate feelings and behaviour. Despite these strengths, the lack of child reports limits the ability to comprehensively capture children's subjective experiences, and as such, future research should consider incorporating both child and parent perspectives to provide a balanced and robust understanding of children's mental health and wellbeing experiences²⁶.

Cross-sectional design:

The current study utilised a cross-sectional design, capturing data at a single point in time. While this approach provides a useful snapshot, it does not allow for experimentation of changes or development over time. Nor does it capture the evolving nature of mental health and wellbeing over time. To correct for this, participants were instructed to reflect generally over the previous 12-months.

Reporter bias:

Parents may unintentionally minimise or exaggerate their responses depending on a wide range of personal beliefs, perceptions or social desirability. Reported bias was minimised through the use of anonymity, the use of positively and negatively worded items, as well as a large sample size. Large sample sizes allow for biases to balance more evenly across the population, and offer greater statistical power to increase the likelihood that 'true' effects are being detected, while minimising outliers.



The Smiling Mind App

The Smiling Mind App is a versatile and practical mental fitness toolkit. Designed for minds of all ages and stages, to learn the skills that promote mental wellbeing and create the habits to thrive. Underpinned by the Smiling Mind Mental Fitness Model, the Smiling Mind App empowers people to live mindfully, embrace flexible thinking, grow connections, act purposefully and recharge their body.

Building a daily mental fitness routine as a family

There are many opportunities to incorporate mental fitness practise for families, offering benefits that can be seen and felt in the moment (while building healthy habits for the future). The Smiling Mind App has content to support families across their daily lives, including:

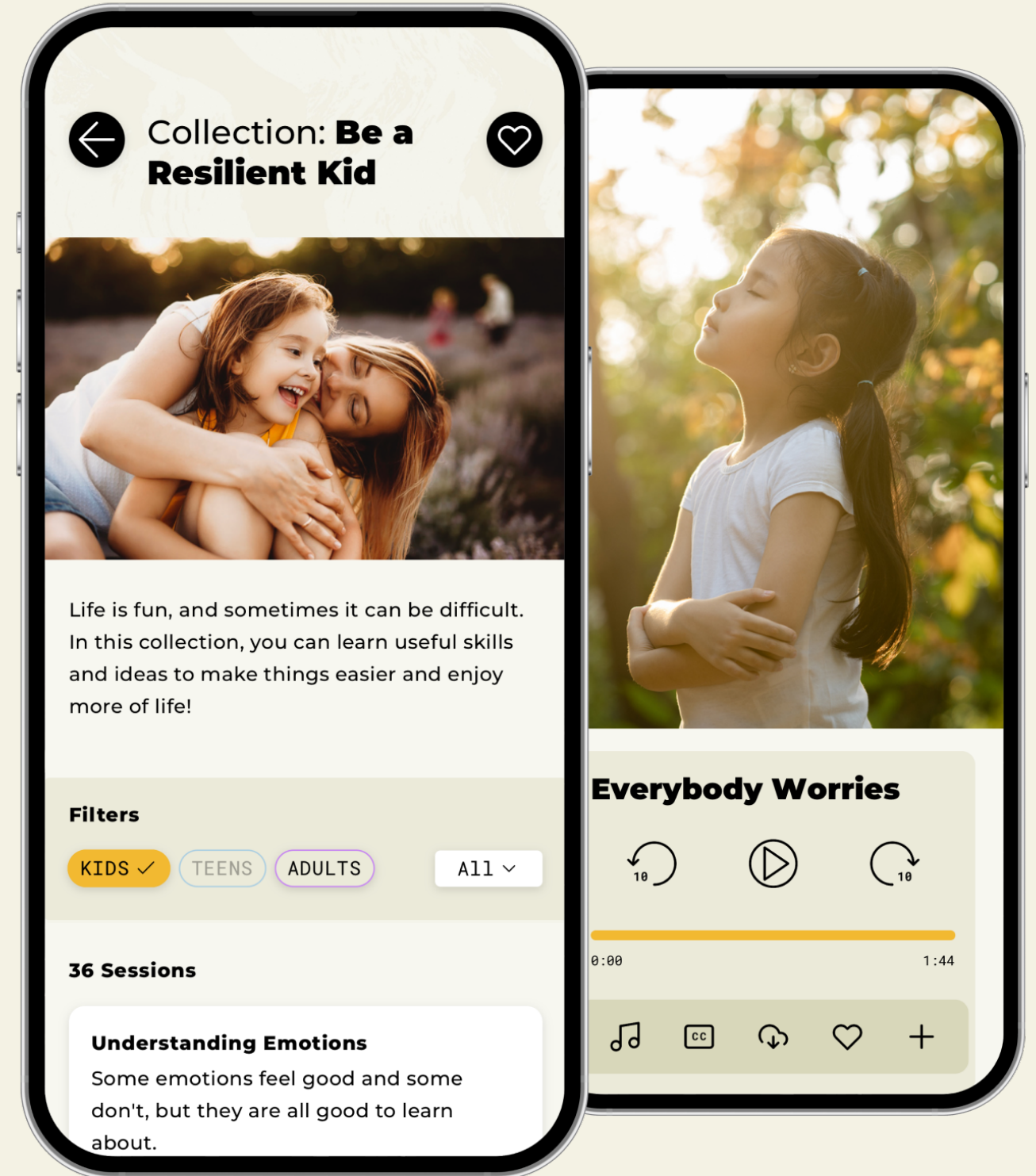
- In the morning, to enhance focus and calm
- On the go, to make travel a mindful and enjoyable experience
- After the school day, to unwind and relax
- At mealtimes, to foster family connection
- Before bed, to fall asleep—and stay asleep

Finding sessions for kids

Once you're in the Smiling Mind App, it's easy to see what content has been designed for children—it's color-coded in yellow. You can also add a filter to automatically show kids' content on the home page and when using the explore bar. Navigate to your app settings and select show content for 'Kids'.

Learn more about the Smiling Mind App, visit:

www.smilingmind.com.au/smiling-mind-app



**More information can be found
on the Smiling Mind website
www.smilingmind.com.au**



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organisation that aims to create
generational change in mental health.**