



Our Kids Count:

Rethinking Mental Health Support for Australia's Children

Building a National Prevention and Early Intervention
Ecosystem for Every School and Family



LIFELONG MENTAL FITNESS LIFELONG MENTAL FITNESS LIFELONG

Acknowledgement of Country

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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Executive Summary

Australia's children are experiencing record levels of mental distress, and the systems designed to protect them are struggling to keep up.

1 in 7 children experience a diagnosable mental illness (Lawrence et al., 2015), this data is 10 years old and likely an underestimation of the current situation.

7 in 10 paediatric presentations now relate to mental-health concerns (Department of Health, 2021).

50% of all mental-health conditions begin before age 14, and higher-intensity symptoms in childhood strongly predict adult mental illness (Kessler et al., 2005; Mulraney et al., 2021).

61% of children with neurodevelopmental conditions experience clinically significant mental distress (Boulton et al., 2023).

50% increase in mental health conditions among young people aged 16–24 since 2007 (ABS, 2023), indicating that much more needs to be done to support children before problems emerge during adolescence.

Smiling Mind's State of Mind Report (2024) highlights the growing family dimension of this crisis, **61% of Australian parents are worried about their child's stress, anxiety or mental health**, and **42% say they don't know where to start** when supporting them. Parent and child wellbeing are closely intertwined: families are struggling to support one another in the absence of preventive, accessible tools (Smiling Mind, 2024).

Despite this, prevention remains the weakest link in Australia's mental-health system. Funding and reform have prioritised crisis and adult care, while funding for early, school-based and family-focused prevention remains largely absent from national policy.

We've seen significant shifts in preventing physical illnesses like heart disease and cancer by teaching healthy skills early in life. If we take the same approach to mental health, we'll see the benefits as children grow into adolescence and adulthood.

Our kids count, their mental health must be prioritised.

Australia must rebalance its approach, investing in prevention and early intervention to build lifelong mental fitness and resilience.

This white paper summarises the current evidence for prevention and early intervention, and outlines how technology, policy, and cross-sector partnership can help build a sustainable ecosystem for children's mental health in Australia.

Key Terms

Children (5–12 years)

Refers to individuals aged **5–12**, with a focus on the primary school years (Foundation–Year 6).

Mental Fitness

A strengths-based approach to mental health that focuses on developing the cognitive, emotional and social skills that enable children to manage challenges, build resilience and thrive. Mental fitness emphasises capability-building and daily practice rather than diagnosis or disorder.

Universal Prevention

Low-intensity, population-wide supports delivered to all children and families regardless of risk level. Prevention is relevant to all ages. Universal prevention aims to build protective factors, such as skills and capabilities, prevent emerging symptoms from escalating, and reduce demand on high-cost clinical services.

Early Intervention

Supports provided when early signs of emotional, behavioural or developmental difficulty emerge. Early intervention helps identify needs, provide timely support, and connect families to further services when necessary.

Whole-School Approach

A coordinated model that builds wellbeing capability across school leadership, educators, students and families. Effective whole-school approaches integrate curriculum, professional learning, school culture and family engagement to support consistent wellbeing practice.

Family Mental Fitness / Family Capability

The knowledge, confidence and skills parents and caregivers use to support children's emotional wellbeing and development. This includes building emotion awareness and regulation skills, stress management, communication skills and creating supportive routines at home.

Digital Prevention / Digital Mental-Fitness Supports

Evidence-based digital tools (such as apps or online resources) that provide low-intensity, accessible prevention and early-intervention strategies for children, parents, and educators. Digital prevention expands reach, reduces inequity and complements in-person supports.

Continuum of Care

A coordinated system of supports that spans universal prevention, early intervention, and specialist services, ensuring children and families receive the right level of support at the right time. This includes schools, community services, and specialist health services.

Mental Health Competence

A set of prosocial and self-regulation skills (e.g., empathy, emotional regulation, positive peer relationships) that predict children's long-term academic success, wellbeing and social participation (Goldfeld et al., 2018).

Social and Emotional Learning (SEL)

Evidence-based teaching practices that develop skills such as self-regulation, resilience, empathy and responsible decision-making. SEL is foundational to mental fitness and strongly linked to improved academic and behavioural outcomes.

1. Why We Need to Rethink Mental Health for Australia’s Kids

The Crisis in Childhood Wellbeing

The generation of children born between 2010 and 2024, known as Gen Alpha, is the largest in history - with 2 billion children worldwide. By 2029, their economic footprint will exceed \$5 trillion USD.

This generation of children are growing up amid unprecedented complexity. They face academic pressure, exposure to digital and social media, family stress linked to rising cost-of-living pressures, and global uncertainty. These challenges are showing up early and often in classrooms and clinics, and families are searching for more support.

Smiling Mind's State of Mind Report (2024) found that **family stress is now one of the strongest drivers of child distress**. When parents report high stress or low mental fitness, their children are **twice as likely to show emotional or behavioural challenges**, and **70% of parents and caregivers report experiencing disproportionately high levels of stress**. In addition, **42% of parents report not knowing where to start** when trying to support their child's mental wellbeing (Smiling Mind, 2024).

The last nationally representative survey of child mental health and wellbeing, now more than 10 years old, estimated **1 in 7 Australian children experience a mental disorder in any given year** (Lawrence et al., 2015). More recent data shows trends towards increasing rates of psychological distress and increasing complexity at presentation, however data from the next nationally representative survey planned will not be available until 2028. The crisis is particularly acute among young people; the prevalence of mental disorders among those aged 16–24 rose by nearly **50%** between 2007 and 2022 (ABS, 2023).

This startling escalation underscores the system’s failure to intervene early during the crucial childhood years.

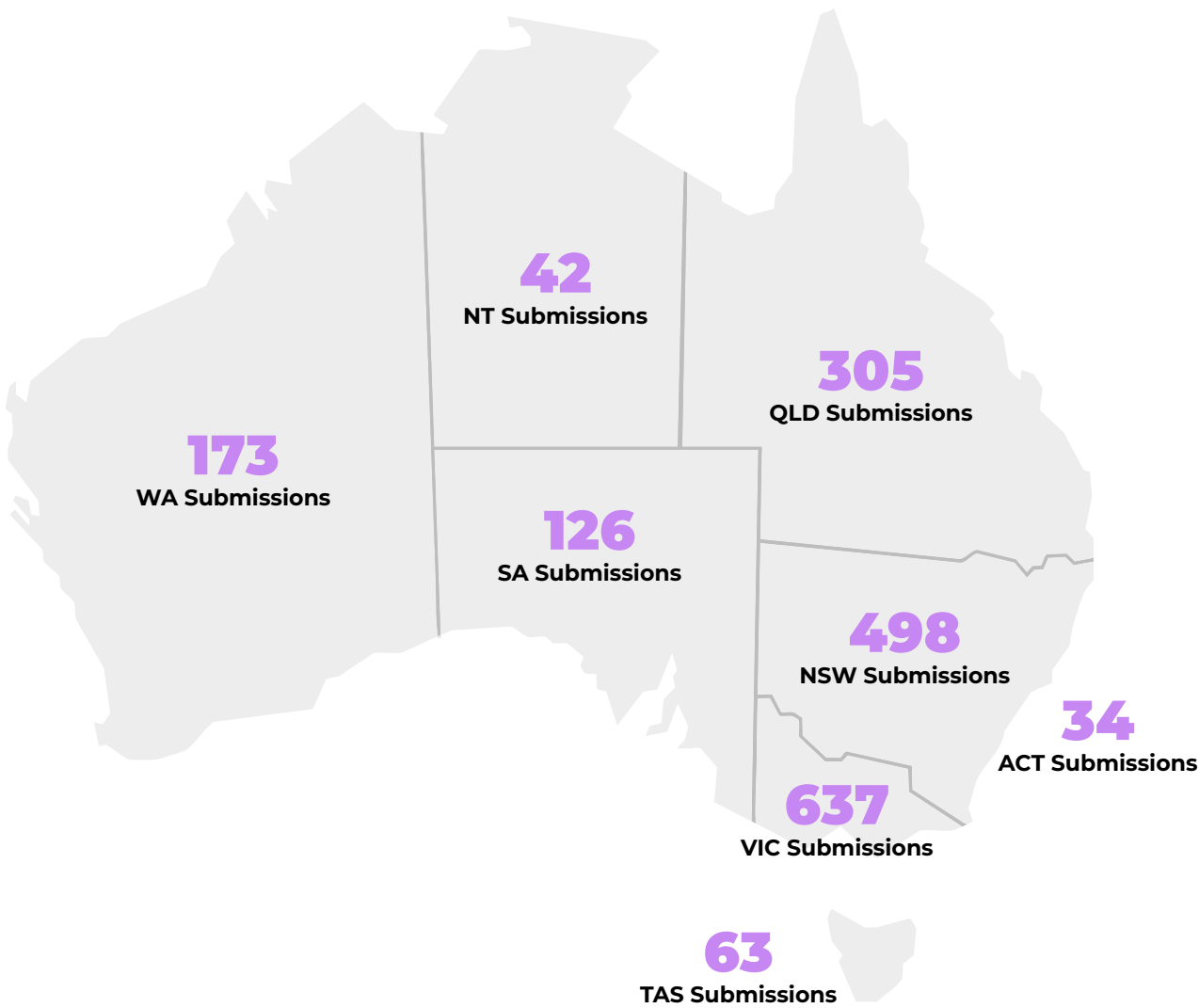
Paediatricians now report that **mental-health presentations make up 70% of their caseloads** (Department of Health, 2021). Schools are managing behavioural complexity and disengagement at levels never seen before without the training, or dedicated time to support child mental health and wellbeing effectively. This escalation in need places even more strain on a workforce already experiencing significant challenges, workforce shortages and high levels of educator psychological distress and burnout.

Kids Helpline provides a critical safety net for children and young people, yet demand continues to outstrip capacity. The complexity of issues has deepened, with **self-harm and child-abuse intervention calls rising sharply since 2020** (AIFS, 2024). The average counselling session has also increased in length, reflecting greater distress and intensity of need among children and adolescents.

Neurodivergent children are especially at risk; **61% of children attending developmental assessment services experience clinically significant distress** (Boulton et al., 2023). Without proactive support, this distress can have profound impacts including learning difficulties, disengagement, and clinical diagnoses that could often have been prevented.

The community is calling for more action

Australian parents, grandparents, teachers and health professionals are concerned about the state of children’s mental health and wellbeing. To date more than 13,000 people have signed the Our Kids Count petition calling for greater investment in child mental health and wellbeing and In May 2025 almost 1,000 people shared their lived experience about navigating the mental health service system, the challenges related to waiting lists and finding the right care for their kids. These significant challenges shone through in the responses from every single state and territory across Australia.



“

I am a parent of a child who has struggled with mental health since she was 8 years old. Nothing can prepare you as a Mum for your child to tell you they have thoughts of suicide. If we didn’t have access to help I honestly feel we could have been planning a funeral instead of planning end of year class parties. But we need more help, more resources to help our vulnerable children, more access to help and it needs to be affordable for already struggling families. It has been a huge financial strain on our family at times paying a lot of money to see a psychologist to help our beautiful child, we sacrifice going away or attending events so we can use the money instead to pay for these much needed sessions for her. **But we shouldn’t have to choose between enjoying family time together or paying for sessions that keep our child from taking her own life.** I ask you if this was your child what would you sacrifice for their mental wellbeing? This is an epidemic in our country and politicians don’t seem to care enough about our youth to do anything about it, if all these children were standing in front of you right now looking at you with their innocent and pleading eyes would you still be able to ignore their cries for help?

– Parent

“

My youngest son told me he wanted to take his life when he was 5; he tried unsuccessfully at 13; he had recurrent thoughts at 17 and 18; he survived until May 2023, two days before his 23rd birthday. I loved and supported him every moment of every day. I garnered and accessed as much mental health help as I possibly could for him, **often waiting months for expensive appointments.** Mental health issues can and do start as early as my son’s. **Please help our children no matter what their age.**

– Parent

“

My 11 y/o son waited 7 months to access a psychologist after having thoughts of self-harm and suicide. Once he got an appointment, he was diagnosed with anxiety and depression. **He has missed out on so much while waiting for treatment.**

– Parent

“

As a parent to a child who has struggled and **spent over a year to get paediatric and psychological support through a period of deterioration,** and then spending thousands to go privately for specialists and diagnosis, **the consequences of not improving this system cost way more than funding it properly.**

– Parent

“

My daughter **suffers from anxiety** and we have battling this since she was just **nine years old.** **Preventative mental health initiatives and clear policy change is desperately needed** - for my daughters, her generation, and all the children that come after her.

– Parent

Children Have Been Overlooked

For over a decade, Australia’s mental-health reform agenda has been heavily weighted toward crisis care, youth mental-health services (12+ years) and adult treatment. While essential, this focus has left children and families without the universal, developmentally appropriate supports that build mental fitness and resilience long before difficulties escalate. Children under 12, those in the developmental period where lifelong cognitive, emotional and social foundations are established, have not received equivalent policy attention or system investment.

This systemic gap is reflected in the age and limitations of the data that underpin national decision-making. The most widely cited prevalence findings, that **13.6% of Australian children aged 4–11 experience a mental disorder and only half receive professional help**, come from Young Minds Matter, a survey conducted nearly a decade ago (Lawrence et al., 2015). The absence of updated national prevalence data demonstrates a longstanding under-prioritisation of children’s mental health research and service planning.

Meanwhile, developmental, behavioural and academic indicators show that the situation for Australian children is worsening. The **2024 Australian Early Development Census (AEDC)** reports the most concerning outcomes since the census began in 2009: only **74.8% of children are developmentally “on track”**, the lowest level recorded across all six cycles (AEDC, 2024). Developmental vulnerability has increased nationally, particularly in **social competence** and **emotional maturity**, domains strongly linked to later mental-health difficulties and school engagement.

Educational outcomes echo these trends. The **2025 NAPLAN National Results** show continued decline in literacy and numeracy achievement, with **28–32% of students nationally now in the “Needs Additional Support” category** in at least one domain (ACARA, 2025). Declines were most pronounced in Years 3 and 5, signalling challenges that emerge before adolescence. **ACARA’s analysis links these academic results directly with emotional dysregulation, behavioural challenges and broader developmental vulnerability.**

Neurodevelopmental and behavioural needs are also rising. Australian data indicate that **8-10% of school-aged children** now meet diagnostic criteria for **ADHD** (AIHW, 2022; Sciberras et al., 2019), and referrals for **developmental delay** and early childhood developmental concerns have increased substantially over the past decade (AIHW, 2023). Families frequently face **12-month or longer waitlists** for assessment and early intervention (AIHW, 2022), leaving children unsupported during critical developmental periods.

Together, these indicators demonstrate that **children under 12 have been systematically overlooked** within Australia’s mental-health and developmental systems. Their needs are rising while policy settings, investment and service capacity remain focused on crisis and adolescent care. As a result, many families only access help once difficulties have escalated into more severe, complex and costly problems.

Prevention is not a luxury; it’s the missing link in a sustainable mental health system.

Why Childhood Is Critical

Half of all mental-health conditions develop before age 14 (Kessler et al., 2005), with **higher-intensity symptoms during childhood strongly predicting adult mental illness** (Mulraney et al., 2021). Prevention during childhood is therefore not optional, it is essential.

For children aged 5–12, the primary-school years are a **critical developmental window** where wellbeing directly shapes learning and relationships. During this period, children acquire and refine the **core social and emotional competencies** that underpin every aspect of life including self-regulation, impulse control, empathy, conflict resolution, engagement with learning and social relationships.

Longitudinal research with more than 5,000 Australian children confirms that **mental health competence, including self-regulation, empathy and prosocial behaviour, is strongly influenced by family and community environments, not just individual traits or clinical risk factors** (Goldfeld et al., 2018). This reinforces that population-level prevention efforts targeting home and school environments can make measurable differences to children’s mental-health outcomes.

Research consistently demonstrates that positive mental health and strong social-emotional skills are linked to improved academic achievement, motivation and school attendance (University of Melbourne; Durlak et al., 2011). **A child who feels safe, connected and emotionally capable can focus on learning, persist through challenges and engage positively with teachers and peers.**

Conversely, emotional distress or chronic family stress prevents children from accessing these vital learning and social resources. Unmanaged anxiety or behavioural problems in mid-primary school can cause students to fall significantly behind their peers in core subjects such as reading and numeracy (UQ eSpace).Chronic stress undermines attention and self-regulation, directly impairing classroom functioning.

Smiling Mind’s *State of Mind Report (2024)* reinforces this; **children with low mental fitness are significantly more likely to report difficulty concentrating and staying motivated in school**, supporting the direct link between emotional wellbeing and learning success.

Consequences of Inaction

If prevention during childhood remains underfunded and fragmented:



The alarming rise in youth mental illness will continue, leading to preventable lifelong conditions and lost potential.



Waiting times for specialist services (psychologists, paediatricians) will continue to be a major barrier to care.



Teachers and schools will keep carrying unmanageable wellbeing responsibilities without adequate support.



Families will remain unsure how to help, often waiting until distress becomes severe.



Services such as **Kids Helpline, headspace** and hospital emergency departments will remain overwhelmed.

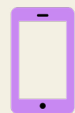
The cost of inaction is measured not only in future health expenditure, but in learning loss, social disengagement and the erosion of childhood wellbeing itself.

2. Aligning National Action with Policy Reform

Australia now has a once-in-a-generation opportunity to redesign how we support children's mental health. Recent Commonwealth reforms acknowledge what families, educators and clinicians have known for years, that prevention and early intervention must begin in childhood and be embedded in the places where children live, learn and grow.

The Federal Government's **Thriving Kids Initiative** and the **Social Services Families and Communities Reform** both recognise the need for **foundational, universal supports** that start in early childhood and extend across education and family systems.

However, realising these reforms depends on scalable delivery partners, programs that can:



reach millions of children through schools and homes, leveraging technology to support scale



equip educators and parents with evidence-based tools, and



connect seamlessly with existing clinical and community services such as Kids Helpline, Child and Family Hubs, and headspace.

National policy has set the direction, the next step is national delivery.



3. The Evidence for Prevention and Early Intervention in supporting children to thrive

3.1 Prevention Works

- ➞ School-based SEL programs improve academic performance by **11 percentile points** (Durlak et al., 2011).
- ➞ Universal prevention of anxiety and depression achieves an **ROI of 147 : 1** (Stelmach et al., 2022).
- ➞ Family-school partnerships enhance both child and parent outcomes (Sheridan et al., 2019).
- ➞ Australian population research confirms these findings: **children exposed to supportive home and school environments are significantly more likely to show high mental-health competence**, regardless of socioeconomic status (Goldfeld et al., 2018).

3.2 Why Schools Matter

Schools reach **4.1 million children daily**, the most equitable prevention platform in Australia (ABS, 2024).

Research consistently shows that embedding social-emotional and wellbeing practices into daily classroom routines leads to measurable improvements in student and teacher outcomes:

- ➞ **Students improve focus, empathy and emotional regulation.**
Evidence from a large meta-analysis of school-based social and emotional learning programs found significant improvements in students' emotional regulation, prosocial behaviour, and task engagement (Durlak et al., 2011). Australian population-level research also demonstrates that children with stronger mental health competence, including empathy, self-regulation and prosocial skills, show better academic and social outcomes (Goldfeld et al., 2018). These results are mirrored in the program outcomes reported by ACER when evaluating the Smiling Mind Primary School Program (ACER, 2023).

- ➞ **Teachers report reduced stress and increased capability.**
ACER's independent evaluation of the Smiling Mind Primary School Program in Australian primary schools found that **82% of educators** reported increased confidence supporting student wellbeing, and many noted reductions in stress and improved classroom management (ACER, 2023). Additional research shows that teacher wellbeing improves when structured wellbeing practices are embedded in school routines (Kidger et al., 2016).
- ➞ **Schools experience improved engagement and learning outcomes.**
Students participating in structured wellbeing programs show **academic gains of 11 percentile points**, reduced behavioural disruptions and improved attendance (Durlak et al., 2011). NAPLAN and AEDC trends indicate that social-emotional competence is a strong predictor of literacy, numeracy and school engagement (ACARA, 2025; AEDC, 2024).



3.3 Why Families Matter

Families are the **single most influential environment** shaping a child's emotional, cognitive and social development. Emerging research shows that children's mental health is profoundly shaped by the everyday interactions, stressors and routines within the home, long before they come into contact with formal services (Emerging Minds, 2020). Parents and caregivers play a central role in building the core mental-fitness skills that protect children across their lifespan, including emotional regulation, secure attachment, coping strategies and help-seeking behaviour.

Australian data highlight the importance, and vulnerability, of families. The *State of Mind Report (2024)* found that **61% of parents** are worried about their child's mental health, and **two in three** report that their own stress directly impacts their child's wellbeing. This aligns with longitudinal findings that family stress, parental mental health, family conflict and inconsistent routines are strong predictors of children's emotional and behavioural challenges (Emerging Minds, 2021; AIHW, 2023).

Parents overwhelmingly want to support their children but often feel under-equipped. The Raising Children Network (2023) reports that fewer than half of parents feel confident supporting their child's emotional wellbeing, and **42%** do not know when or where to seek help. Emerging Minds (2020) notes that confidence about how to respond to children's emotional needs is a key determinant of whether parents can intervene early and prevent escalation.

Evidence shows that when families receive the right tools, outcomes improve significantly. Family-based prevention programs have been shown to reduce anxiety and behavioural difficulties, improve emotion regulation and strengthen parent-child relationships (Sheridan et al., 2019; Emerging Minds, 2019). Importantly, parents who develop stronger skills report reduced stress, better coping strategies and greater connection with their children, outcomes that directly flow through to children's wellbeing.

Because children spend the majority of their developmental time at home, family **capability is a cornerstone of any prevention system**. A prevention-first approach must therefore equip parents and caregivers with evidence-based, practical tools that can be embedded in daily routines, particularly for families facing additional challenges such as developmental delay, trauma exposure or socioeconomic disadvantage.

Strengthening families not only improves child outcomes but also reduces reliance on high-intensity services. Emerging Minds (2022) highlights that family-focused prevention can significantly reduce the severity of later mental-health difficulties, decrease behavioural issues in school, and reduce demand on clinical and crisis services, including paediatric, psychology and emergency-department presentations.

Supporting families is not an optional add-on — it is essential infrastructure for a national mental-fitness system.

3.4 Prevention Strengthens Early Intervention and supports our clinical service system



Prevention is a critical enabler of early intervention. When children develop foundational mental-fitness skills, such as emotional regulation, coping strategies, social problem-solving and help-seeking, they are less likely to experience escalating distress that requires clinical intervention. Strong evidence shows that universal prevention reduces the incidence and severity of childhood anxiety, behavioural issues and emerging mental-health conditions (Durlak et al., 2011; Emerging Minds, 2022).

By reducing the number of children who develop higher-intensity symptoms, prevention **eases pressure on clinical and specialist services**, including paediatricians, psychologists, Child and Family Hubs and emergency departments. This is particularly important as many families currently face **waitlists exceeding 12 months** for assessment or treatment for developmental, behavioural or mental-health concerns (AIHW, 2022). A stronger prevention layer ensures that fewer children require specialist intervention, allowing services to respond more quickly to those with complex needs.

Prevention also acts as a **support system alongside early intervention and clinical care**. When teachers and families are equipped with shared wellbeing tools, they can reinforce strategies recommended by clinicians, provide consistent environments for practice, and help stabilise children during periods of wait or transition. Research shows that children who receive social-emotional learning alongside clinical support demonstrate better engagement, improved treatment outcomes and lower relapse rates (Sheridan et al., 2019; Emerging Minds, 2021).

In this way, prevention does not replace early intervention or clinical services, **it strengthens them by reducing caseload pressure, improving treatment readiness and providing ongoing support across home and school environments**.

4. The Role of Technology in Scaling Prevention and Early Intervention

Technology is now fundamental to delivering equitable, scalable mental-health and wellbeing supports. Australia's geography, workforce shortages and resource constraints make it impossible to reach every child and family through face-to-face services alone. Digital platforms can bridge this gap, if they are designed ethically and purposefully.

4.1 Technology for Scale and Equity

Digital solutions provide an efficient way to extend prevention and early-intervention programs to every community, regardless of postcode.

National infrastructure, such as education portals, telehealth platforms and wellbeing applications, already demonstrates that technology can:

- ➔ **Expand reach** by providing free or low-cost access to evidence-based supports for families and educators.
- ➔ **Reduce inequity** by connecting rural, remote and low-SES communities that lack consistent in-person services.
- ➔ **Enable measurement and improvement** through real-time data on participation, engagement and outcomes.

4.2 Technology that Enables Human Connection

Public concern about children's screen time is valid. The challenge is to ensure that technology supports, rather than replaces, the relationships that build resilience.

Evidence from the OECD (Students, Social Media and Mental Health, 2023) shows that structured, guided digital programs can strengthen wellbeing when they:

- ➔ Focus on **skills practice** and reflection, not passive consumption.
- ➔ Are used **with or by adults**, teachers, parents or carers, to guide discussion and model behaviour.
- ➔ Complement, rather than substitute, real-world interactions and community supports.

Technology used this way can enhance connection and communication between children, families and schools, fostering shared language and understanding.

4.3 Safe, Ethical and Evidence-Based Design

Digital prevention and early intervention tools must adhere to clear standards of safety and transparency. The eSafety Commissioner's Online Safety Charter and global frameworks from WHO and UNESCO emphasise that programs should:

- ➔ Use **evidence-based content** developed with psychologists, educators and lived-experience experts.
- ➔ Provide **age-appropriate, inclusive and culturally responsive design**.
- ➔ Collect data responsibly and maintain user privacy.
- ➔ Offer **low-intensity, scalable supports** as part of a continuum of care that connects to in-person help when needed.

4.4 The Opportunity for National Scale

Technology provides the backbone for delivering the Commonwealth's *Thriving Kids and Social Services Families and Communities* reforms.

By embedding digital access points in schools and homes, Australia can:

- ➔ Use **evidence-based content** developed with psychologists, educators and lived-experience experts.
- ➔ Provide **age-appropriate, inclusive and culturally responsive design**.
- ➔ Collect data responsibly and maintain user privacy.
- ➔ Offer **low-intensity, scalable supports** as part of a continuum of care that connects to in-person help when needed.

When used well, technology can be used for good, it can offer infrastructure to support equity.

It allows prevention and early intervention services to reach every child and family, turning policy intent into practice at scale.



5. Building the Continuum of Care

Australia's children's mental-health system is fragmented, with prevention, early intervention and specialist care often operating in isolation. This fragmentation contributes to rising developmental vulnerability, long waitlists and increasing demand on crisis, paediatric and clinical services. A well-functioning system requires a continuum of care: universal supports for all children and families, targeted early intervention for emerging needs, and specialist services for those requiring clinical or intensive support.

Strengthening the universal prevention layer is essential to making this continuum sustainable. Prevention reduces escalation, alleviates pressure on specialist services, and ensures that early intervention is more timely and effective. It also provides a consistent foundation across schools and homes, helping families navigate the system and reinforcing strategies recommended by clinicians.

Tier	Programs / Partners	Purpose and Connection
Universal Prevention	Be You · Raising Children Network · Smiling Mind	Build protective skills and wellbeing habits for all children; equip educators and parents.
Early Intervention	State-led programs (e.g., MHiPS) · Kids Helpline · Child & Family Hubs · Smiling Mind	Identify emerging needs, build help-seeking literacy, and strengthen referral pathways.
Youth & Specialist Services	headspace · ReachOut · CAMHS	Support seamless transitions with shared wellbeing language and mental-fitness skills.

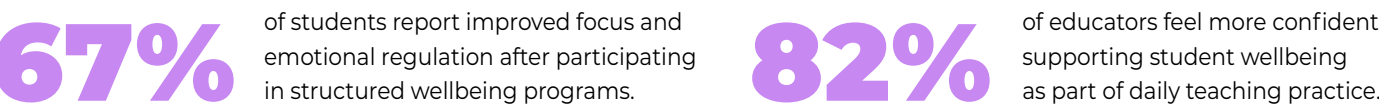
This continuum forms a cohesive system where prevention and early intervention reinforce one another, ensuring every child receives the right support, at the right time.

6. The Power of Partnership and Prevention

A cross-portfolio approach is essential:

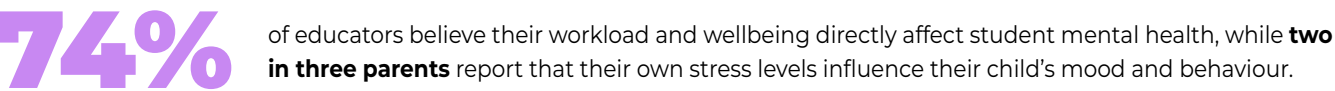
-  **Education:** professional learning and wellbeing curriculum providing an evidence based foundation for learning and connection with other services.
-  **Health:** population-level prevention and early intervention services with a focus on reducing service demand, providing strong return on investment.
-  **Social Services:** family capability aligned with recently announced reforms, ensuring families are supported where they need it most.

Independent evaluation has shown strong outcomes for evidence-based social and emotional learning programs in Australian schools. According to the **Australian Council for Educational Research (ACER, 2023)**,



These results demonstrate that prevention programs can strengthen both student learning outcomes and teacher capability, improving school culture and engagement.

The State of Mind Report (2024) adds further evidence of workforce wellbeing impacts:



Together, these insights confirm that investing in the adults that directly influence child outcomes makes sense and can have a powerful impact on the lives of Australian children.

7. The Path Forward: Our Kids Count

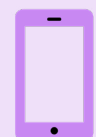
To build a sustainable mental-health system for the next generation, Australia must:



Make **prevention and early intervention foundational** to reform.



Empower the adults who shape children's lives.



Use **technology for good** to deliver equity and reach.



Strengthen the **continuum of care**, connecting prevention with services like Kids Helpline, ReachOut and headspace.



Invest in proven, scalable partnerships ready to deliver national impact.

The wellbeing of our children is the strongest indicator of our nation's future.



8. Conclusion

Australia's children have been overlooked in a system that reacts to crisis rather than investing in supporting children to thrive.

We now have the evidence, tools, and technology to change that.

By embedding prevention and early intervention into the environments where children live and learn, supported by technology, research and policy alignment, **Australia can ensure every child has the skills and support to thrive.**

Our kids count.



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**More information can be found
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**Smiling Mind is a 100% not-for-profit
organisation that aims to create
generational change in mental health.**