



**How to Talk About Children's Mental Health:
A FrameWorks MessageMemo**

Prepared for the FrameWorks Institute
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Preface

The subject of child mental health is a clear example of an issue area where the scientific knowledge base has not been effectively translated for public understanding and support¹. This is surprising, given the undeniable progress over recent decades in public awareness of mental health problems and access to information. The research reported here documents a considerable lack of public understanding about (1) essential features of child mental illness and mental health care, from prevalence to causes to the provision of effective treatments, (2) the relationship between child mental health and overall health, and (3) the implications of mental illness for a child's social and interpersonal relationships, later work and community participation². In other words, despite the influx of accessible information, for most people, much remains unknown about child and family mental health. Finally, and perhaps related to this bewilderment, there is little of the public conversation that situates mental health as a societal, rather than an individual, problem.

Given this contradiction between the ready accessibility of information about child mental health on the one hand and the paucity of public understanding of essential features of mental health³ on the other, efforts to create or sustain effective public programs and policies are likely to be met with confusion and even resistance. Further, it is highly likely that communications and public outreach efforts for related programs and policies will be misdirected. Until there is a clearer recognition of exactly how the public reasons about the topic of child mental health and a concomitant effort to explain fundamental principles in terms the public can understand, experts will not be able to fully engage the public in recognizing the value of the solutions scientists and policy leaders seek to advance. This MessageMemo charts the course to achieving such a robust conversation.

About the Research

This MessageMemo reports on research conducted by the FrameWorks Institute from 2008 to 2010 on how Americans think about children's mental health. It was supported largely by the Center on the Developing Child at Harvard University, supplemented by initial funding from the Endowment for Health (NH). FrameWorks' multi-method, multi-disciplinary research affords an empirical approach to documenting public thinking, identifying destructive understandings, exposing areas of confusion and evaluating the potential effects of alternative presentations.

This investigation was further enabled by the fact that, over the past decade, the FrameWorks Institute has devoted a substantial portion of its research portfolio to investigating public understanding of child development. In a series of research reports⁴, we have documented the dominant frames in public discourse about children's issues, come to understand the impact on public thinking of those frames, exposed the gaps between expert and lay understandings, and structured a narrative that promises to close those gaps and allow ordinary people to understand the process of child development, its interactive nature and the deleterious effects of adverse experiences on the developmental trajectory. In the course of this work, it became clear that current public understandings of child and family mental health created a high bar for effective communications. Yet, without greater understanding of the social and emotional development of young children, the interplay of genetic predispositions, and environmental stressors, there can

be little progress on key aspects of the child mental health policy agenda. At issue here are important measures to advance effective courses of treatment for child mental health problems and increased access to preventive family and community services, and to limit risks posed by everything from untreated maternal depression to family violence. There is simply too much at stake to engage in framing hypotheses played out in the public square with unexamined effects.

In this MessageMemo, we report the findings from a series of studies that set out to: (1) document the cultural models available to ordinary people when they think about children's mental health, (2) observe these models in action as small groups of people negotiate conversations about child mental health, (3) identify the major challenges for communicating about these issues, and (4) develop, refine and test frame elements — specifically, values and simplifying models — that might deepen understanding of the core tenets of the science of child mental health, and evoke a more productive public discussion. In all, more than 3,400 informants were queried, using a variety of qualitative and quantitative methods to answer these questions and to demonstrate how various ways of framing the issue of child mental health could be shown to impede or improve public thinking. For a complete description of these methods, see Appendix A.

This Memo is not intended to take the place of the research reports that inform it; indeed, more nuance and depth can be found in the original reports, which are published at www.frameworksinstitute.org/cmh.html. Communicators should avail themselves of the original reports to more fully understand the conclusions and recommendations reported here.

In addition to summarizing and synthesizing this body of research, this Memo provides another level of more detailed and prescriptive interpretation of communications strategies on children's mental health. We believe the research findings make clear that certain frames in use by experts and advocates are not serving to advance understanding of children's mental health; we believe these recommendations detailed in this Memo can be used with far greater effect than many of those in current practice.

This MessageMemo is organized as follows:

- We first **Chart the Landscape** of public thinking by providing a description of the dominant patterns of thinking that are chronically accessible to people in reasoning about children's mental health;
- We then identify the **Gaps in Understanding** between experts and ordinary people — a final reminder of where public thinking will break down without the bridging remedies of the framing recommendations;
- We next focus on the **Traps in Public Thinking** that must be avoided if reframing is to succeed;
- We then **Redraw the Map** by offering framing recommendations that explain those frame elements that the research indicates can improve the course of public thinking.

I. Charting the Landscape: Default Patterns of Thinking about Children's Mental Health

In this section, we discuss the most prevalent conceptual routes that ordinary people consistently take in thinking about child mental health. These constitute the most important challenges that the reframing research, reported in Section II below, sought specifically to address, and are crucial for communicators to understand as they attempt to redirect the conversation.

Discussions of children's mental health take place in a broader context of thinking about child development and mental health. For more about the former, see FrameWorks' portfolio of research reports on this topic⁵. Below, we document the finding that people bring different sets of assumptions to considerations of mental health than they do to mental illness. This is more than a semantic difference; the distinctive cultural models that people employ lead to separate and distinct understandings of mental health and mental illness, and to different conclusions about how to address mental health and mental illness.

Mental Health is about emotions

The research revealed a consistent pattern of thinking about mental health as *emotional* health. In this way, informants assumed quite narrowly that good mental health is the experience of positive emotions.

They're [people with good mental health] outgoing and they're very confident in the decisions that they make. They don't let people's opinions bother them. They're just easy going, laid back, and whatever, you know? You know, they're very just laid back, mellow. They're not always serious; they're not always mad; they're not always, you know, off the wall.

Cultural Models Interview Informant⁶

If you don't have good mental health, this reasoning suggests, it is due to negative emotional experiences that have been embedded, for which the individual is assumed to be responsible and capable of resolving.

In my opinion, I think that a lot of it [poor mental health] stems from the lack of holding yourself accountable. Instead of taking responsibility for yourself, for your actions, for your words, for whatever's going on in your life.

Cultural Models Interview Informant⁷

This understanding of **mental health as emotional health** is highly reliant on the foundational cultural model of *mentalism*, which is a set of assumptions that drive thinking about psychological and social phenomena in narrow individualist and personal terms⁸. In this case, if someone doesn't "have" mental health, the cause is considered to be a lack of personal character or motivation, and the solution is to summon the motivation to manage one's own emotions. This model is also applied when people reason about *children's* mental health.

Further, thinking about mental health in children, specifically, was complicated by two contradictory cultural models, often simultaneously considered:

1. **Children can't have mental health.** Informants often reasoned that children don't have mental health because children have undeveloped emotional capacities and limited memories. Their minds work in such fundamentally different ways than those of adults that they simply cannot experience mental health.

It's before they know what it is ... they're not aware of what it is. That's why I think that it's harder to understand [mental health] in children because they aren't really aware of what they want and are and aren't getting. So it's like they're incapable of understanding ...

Cultural Models Interview Informant⁹

This way of thinking is consistent with mistakes FrameWorks has observed in public thinking about child development more generally. Because people struggle to appreciate the complex interactive nature of children with their environments, and the effects of these interactions on the developing brain, they dismiss the importance of these influences. The consequences of this dismissal are profound. As Kendall-Taylor explains, “When individuals employ the assumption that children don't understand, realize or remember emotions, communicating the science regarding the importance and significance of child mental health becomes decidedly more difficult”¹⁰. This thinking further constrains their ability to understand that early influences can have long-term impacts.

2. **Children can have mental health.** At the same time, many informants indicated that children *can* experience mental health because, essentially, children are people, too. They argue that children are just little adults and so they *can* experience mental health, but it is less complicated, with fewer variables or factors at play.

Good mental health, to me, would be like; I would see them [children] as little people. As happy-go-lucky playing, but poor mental health to me is like a child, you know, like a little person that has to deal with more adult things.

Cultural Models Interview Informant¹¹

Unfortunately, when individuals assume that children are “little adults,” they also mistakenly assume that treatments for adults and children must also be the same. In short, their considerations of appropriate treatments are limited to those that would encourage children to take responsibility for their own emotions.¹²

It is important to note that many of FrameWorks' informants toggled back and forth between these two contradictory explanations of child mental health. The fact that they can be simultaneously considered may seem counterintuitive, but in fact both models derive from a lack of understanding of children's cognitive, social and emotional development — what FrameWorks has previously termed the public's “black box” theory of development¹³. In other

words, absent a clear understanding of developmental processes, the public often relies on analogies to adult functioning to consider children’s capacities. This leads to the assumption that children are little adults who can experience mental health, and/or leads them to think that children simply aren’t as developed as adults and so cannot have such experiences. Neither of these models engenders an understanding of child mental health consistent with its promotion in programs and policies nor with effective interventions. In sum, these common ways of thinking are significant obstacles to productive conversations.

Mental Illness is about chemicals

Research revealed that informants relied on a dramatically different set of assumptions when reasoning about mental illness than they did when reasoning about mental health. The models used to think about mental illness are nested within another foundational cultural model: *fatalism*.¹⁴ The fatalism model rests on assumptions about inevitability, predetermination and lack of personal agency. Whether considering mental illness more broadly or children’s mental illness specifically, informants’ reasoning was organized through the following three related assumptions:

- 1. Mental illness is located in the brain, and caused by a chemical imbalance;**
- 2. Chemicals are the products of genes, and**
- 3. Genes are set in stone.**

In other words, our informants saw mental *illness* as physical and located in the brain, caused by a chemical imbalance that was determined by one’s genetic structure, which was predetermined and impervious to influence. Common to all of these assumptions is the notion that individuals don’t “get” mental illness, but rather “have” mental illness, and that is determined from birth:

It just seems like something that you inherit ... like chemically like it’s in your family. It’s an issue like that. To me it’s something that you don’t “get.” Yeah, you may not have had it early on, but you were predisposed to have it because you have this gene or this whatever, that would eventually give it to you.

Cultural Models Interview Informant¹⁵

I think of something that you were born with.

Interviewer: *Why do you think that?*

I don’t know. Well, I guess I think of stuff like that which a lot of times, I mean, it goes back to that like chemical imbalances, and I just don’t think that’s something that you get.

Cultural Models Interview Informant¹⁶

The implications of these default assumptions are clear: First, there is nothing one can do to avoid mental illness, as it is determined by the genetic hand one is dealt. Second, when people assume that genes are set in stone, then mental illness is considered to be essentially immune to

treatment. In fact, informants indicated that treatment could only temporarily “rebalance” chemicals, but that there is no ultimate “cure” for mental illness. Medication, then, becomes a logical if regrettable response, even for very young children.

In sum, these dominant and distinctive cultural models of mental health and mental illness steer public thinking down a decidedly different path from that which the expert discourse would direct, in the consideration of both causes and solutions. For example, in both cases — when mental health is relegated to emotional health *and* when mental illness is defined in terms of genetic determinism — the implications of early adversity are lost. When reasoning from the *mental health is emotional health* model, informants suggested that negative emotions can get “embedded,” but their definition of embeddedness was quite different from expert constructions.¹⁷ Their considerations followed what prior research has revealed to be the public’s primary consideration of stress, namely, that it has no material effect on development; stress is good for you, it makes you stronger¹⁸. Solutions, then, are limited to those treatments for “negative emotions” that improve the individual’s ability to control emotional states. When reasoning from the *mental illness is genetic* model, there is no room for the consideration that external, environmental influences can affect functioning, or that treatment can produce any discernible improvement. In fact, informants in peer discourse sessions could conjure only two notions of prevention of mental illness: to screen prospective parents, or to “prevent” the mentally ill from harming society¹⁹. In both cases, then, policy solutions — along the entire continuum from prevention to intervention to treatment — are virtually impossible to consider.

II. Gaps in Understanding

We refer to gaps in understanding as those places where the cultural model that is employed by the public to think about a concept is significantly dissonant from the experts’ understanding. These also represent the slots into which the frame elements outlined below can be introduced in order to bridge the gaps between expert and lay understandings. We begin our discussion with an explanation of the significant gaps in public understanding on child mental health, and then move to demonstrate how often-deployed framing strategies observed in expert and media communications can, by triggering unproductive patterns of reasoning, trap public thinking.

Gap #1: Existence of the issue. While mental health experts universally insisted that child mental health is a real phenomenon, the public often equivocates. One of the dominant cultural models (i.e., “children can’t have mental health”) employed by the public limits its ability to appreciate that children can experience good or poor mental health. When our informants employed the assumption that children can’t understand or remember emotional events, and therefore can’t have mental health, communicating about the existence of and importance of child mental health simply got lost in that gap. Even when informants reasoned that children *can* have mental health, the basis of this reasoning limited their ability to see both causes and solutions that, for experts, are easy to think. In other words, when the public reasons that children can have mental health, they rely on notions that children are “little adults,” and so must be able to have mental health, but that it is less complicated than it is for adults.²⁰ In either case, this thinking undermines their ability to appreciate a developmental perspective of mental health and

how it can best be promoted for children. For example, the importance of treating the whole family as part of a child's environment of relationships is discounted by both cultural models — in the “children can't have it” model, the parents' mental status is obviously unimportant and in the “children are little adults” model, the child's autonomy is emphasized.

Gap #2: Causal factors: The relationship between genes and environment. As was found in earlier FrameWorks research that investigated public understanding of the interaction between genes and environments,²¹ the cultural models interviews on children's mental health revealed a sizeable gap between expert and lay understandings of genes, their expression, and the implications for outcomes. The public reasoned about genes in strongly fatalistic terms — namely, that genes are set in stone, whereas experts explain that environments play an essential role in shaping how and when genes are expressed.

This gap in causal factors then produces further gaps in understanding about contexts of importance and appropriate treatment. For example, if mental illness represents a chemical imbalance caused by genes which are set in stone, then the only contexts of importance are *prospective* parents' genetic constitutions, and appropriate treatment of those with mental illness are limited to pharmacological interventions that might, our informants suggested, only temporarily rebalance the brain's chemistry.

Gap #3: Contexts of importance. Our interviews with ordinary citizens underscore the narrow scope of environments that they consider influential in shaping children's mental health: namely, the family and the individual. When thinking about mental health as emotional health, people assert the individual's responsibility in ensuring his or her own mental health. When thinking about mental illness as genetically determined, people think it must “run in the family,” and that this inherited frailty is immune to treatment. A further entailment of the public's narrow construction of causal factors, then, is that it keeps their reasoning nested within the Family Bubble²² — the notion that the family lives within a sphere that is separate and distinct from the public sphere — when considering contexts of importance for children's mental health. The expert conception of the environmental factors extends well beyond the family bubble to include ecological, cultural and systemic factors. The importance of this gap becomes clear when we consider policies that focus on improving systems in which children and families are embedded; for example, improving access to school-based mental health services.

Gap #4: Appropriate treatment. Given their broader considerations of both causal factors and contexts of importance, it is not surprising that experts have much more complex understandings of effective and appropriate treatments. Correspondingly, given the public's narrow construction of causes (health = emotions; illness = genetics), it is not surprising that people narrowly construe appropriate treatments. When the issue is mental *health*, appropriate treatments are those that encourage individuals to take responsibility for and deal with their emotions. When the issue is mental *illness*, appropriate treatments are those that use drugs to rebalance brain chemicals. Importantly, our informants

consistently suggested that such drug interventions will only temporarily readjust or balance the brain's chemistry, but the "underlying illness" can never be cured. As Kendall-Taylor notes, "In the words of one informant, 'you can *come out of* mental health problems, but the illnesses stuff is just the way it's gonna be ...'"²³ There are clearly profound implications of this way of thinking for people's support of interventions and treatments.

III. Traps in Public Thinking

In the following section, we list those aspects of commonly deployed communications strategies that, while appearing to offer advantages, in fact trap thinking about children's mental health in the swamp of dominant and unproductive considerations. We offer this as a checklist against which communicators can evaluate their framing to ensure that they do not unintentionally trigger a model that is "easy to think" but which will not ultimately serve to improve public understanding of the issue.

- a) **The Black Box trap.** As noted above, many of the cultural models on which people rely to consider children's issues more broadly are also at play when considering children's mental health. Communications that situate children's mental health as a particular challenge of a broader child-development concern or initiative will need to make developmental processes explicit — particularly through the use of simplifying models in the core story of child development that explain what develops, how and with what consequences.
- b) **The Mentalism trap.** Any communication that emphasizes emotional control, personal actions, choices or individual responsibility is likely to trigger the dominant cultural model that mental health is emotional health, which individuals are assumed to be able to control. Because mentalist models obscure context, this pattern of thinking limits the public's ability to understand both the science of causal factors and the range of appropriate treatments that can be brought to bear to improve child mental health.
- c) **The Fatalism trap.** Given the public's narrow and faulty understanding of how genes and their expression are determined, communicators should steer clear of any explanations that advantage notions of "chemical imbalances" or genetic determinism. In addition, two of the stories most often told in media about mental illness align with the fatalism model.²⁴ First, vivid episodic stories of individuals with mental illness cue the fatalism model and reinforce beliefs that illness can only be controlled, not cured. Second, crisis stories of individual or familial trials with treatment systems reinforce beliefs about the intractability of mental illness and obscure prevention.
- d) **The Environments trap.** Related to both b) and c) above, communicators need to explicitly widen the lens to reveal the types of environments that can either promote or derail child mental health, and explain how genes and environments influence

functioning. Without specific priming, the public will default to parents and the home as the only environment of relevance to child mental health, will fail to consider extra-familial actors, supports and contexts, and support for policies will be limited to those that focus on improved child-rearing and parent education.

- e) **The Prevention trap.** To date, a number of FrameWorks investigations have verified the limited utility of prevention as a frame to lift support for prevention policies.²⁵ As explained by Simon,²⁶ because the public lacks an understanding of developmental processes, they cannot grasp how prevention is pertinent to developmental outcomes. As prior FrameWorks research has concluded, absent an explication of development, the visionary language of “prevention” seems idealistic and impractical.²⁷ Moving support for preventive policies cannot be achieved without explaining first the dynamics of development — specifically, what develops, how and how development can be disrupted. As related to child mental health, the fatalism model precludes prevention — to wit, no amount of prevention can influence genetically determined fates. The mentalism model underestimates the impact of any adversity and, regardless, relegates responsibility entirely to the individual. Both of these models crowd out any consideration of the public dimensions of child mental health and illness.
- f) **The Vulnerable Child trap.** FrameWorks’ research has found that communicating about child mental health in terms of a vulnerable child frame, which emphasizes that societal resources should be invested in programs that help the most vulnerable children, had no impact on lifting policy support for child mental health. In fact, the vulnerable child frame was statistically indistinguishable from the control, which received no framing treatment.²⁸ This finding is consistent with prior FrameWorks research on framing race and disparities, which found that priming communications with explicit reference to inequality actually depressed support for policies that address inequalities.²⁹

IV. Redrawing the Map

Redrawing the map will require communicators to counter these highly accessible but unproductive patterns of thinking that limit the public’s understanding of the causes, essential features and mechanisms, and societal as well as individual benefits of children’s mental health. This will require the introduction of strategic framing elements that translate expert understanding by clarifying what mental health *is* and how it can be promoted, and identify children’s mental health as an issue with public dimensions.

These recommendations emerge from FrameWorks’ iterative method of both qualitative and quantitative research, which allows us to discern the strengths and weaknesses of proposed framing strategies for improving public understanding and moving support for policy preferences that experts suggest can improve child mental health. These frame elements include: (1) Values that orient public thinking to the collective goals and shared consequences of child mental health; and (2) explanatory metaphors called Simplifying Models that concretize and simplify for lay

audiences expert explanations of the fundamental mechanisms that underlie child mental health and illness.

DO:

1. **Prime communications with values** that orient audiences toward the collective importance of ensuring children’s mental health. As noted in Manuel and Gilliam,³⁰ the values of Prosperity and Ingenuity exerted positive and statistically significant influences on people’s policy support for and prioritization of child mental health. The value of Prosperity suggests that what is at stake is the nation’s future prosperity and well-being, and proved most powerful overall in shifting Americans’ support for policies that promote children’s mental health. Following is an example of how the value can be articulated in communications:

Prosperity

Child well-being is important for community development and economic development. Young children with strong mental health are prepared and equipped to develop important skills and capacities that begin in early childhood. These children then become the basis of a prosperous and sustainable society — contributing to things like good school achievement, solid workforce skills, and being strong citizens. When we ensure the healthy development of the next generation, they will pay that back through productivity and responsible citizenship.

The value of ingenuity also increased the salience of child mental health policies. This value, with its assertion that innovative solutions can be brought to bear on improving child mental health, overcomes the default assumption that little within the public sphere can be done to improve outcomes for children. Following is an example of how the value of Ingenuity can be articulated in communications:

Ingenuity

Innovative states and communities have been able to design high-quality programs for children, which have solved problems in early childhood development and shown significant long-term improvements for children. As a society, we need to invent and replicate more effective policies and programs for young children.

What is important to include in the values frame:

- An explanation that connects children to a shared, positive outcome.
- A can-do assertion that solutions are available, and they need to be implemented.
- An explanation that using resources today can produce long-term improvements in children’s outcomes.

What is important to leave out of the values frame:

- Any articulation of disparities or vulnerable children who deserve more.
 - “Prevention” or “Crisis” as orienting themes.
2. In order to enable people to see that children do have mental health, that their mental states are different from adults, that the determinants of mental health are multiple, and that early influences can affect later outcomes, **use the simplifying model of Levelness** or the idea that children and their environments need to be brought into a functional state — the metaphor includes ideas of stability, the influence of a variety of causal factors, and the ability to make adjustments and modifications to achieve levelness.

Below is an example of how the simplifying model of Levelness was executed in our research:

Scientists say that children's mental health affects how they socialize, how they learn, and how well they meet their potential. One way to think about child mental health is that it's like the levelness of a piece of furniture, say, a table. The levelness of a table is what makes it usable and able to function, just like the mental health of a child is what enables him or her to function and do many things. Some children's brains develop on floors that are level. This is like saying that the children have healthy, supportive relationships, and access to things like good nutrition and health care. For other children, their brains develop on more sloped or slanted floors. This means they're exposed to abuse or violence, have unreliable or unsupportive relationships, and don't have access to key programs and resources. Remember that tables can't make themselves level — they need attention from experts who understand levelness and stability and who can work on the table, the floor, or even both. We know that it's important to work on the floors and the tables early, because little wobbles early on tend to become big wobbles later. So, in general, a child's mental health is like the stability and levelness of a table.

What is important to include in the Levelness Model:

- That Levelness is a quality, with analogy to a piece of furniture such as a table.
- Levelness is important because it determines the functioning and usability of the table and, likewise, with children's mental health.
- In reality, there are many degrees of the levelness of a table, as there are also degrees of levelness of the floors they're placed on.
- There are many reasons that a table might be level or unlevel; it could depend on the condition of the table, the floor, or both.
- Positive mental health can be achieved by adjusting the floor, the table, or both.
- Tables don't level themselves. They must either be made that way or they require intervention by people who know about furniture and levelness.

After being presented the model of Levelness, FrameWorks' research informants could explain what child mental health *is*. As Erard et al. explain, “It [Levelness] easily generated a brain-based conception of mental health, as opposed to one based on emotional or moral conceptions, but without defaulting to genetics as the only explanation for changes in brain structure or functioning.”³¹ Further, Levelness organized our informants' thinking around the

functional aspects of child mental health. In other words, because they could grasp that a table that isn't level cannot function, they were able to consider that child mental health was important to children's overall functioning. Finally, equipped with the metaphor, informants recognized the existence of multiple causal factors of mental health and the need for flexible and multi-modal intervention strategies that would address "levelness."

It is important to note that FrameWorks tested the Levelness simplifying model both for its underlying metaphorical concept and in terms of the specific linguistic execution of that concept ("*levelness*" or "*leveling*" explicitly). In this way, we can be sure that the model represents both an effective metaphorical concept as well as an effective expression of the concept. For these reasons, while a certain latitude and flexibility in use and application are to be expected, even encouraged, the specific concept and language that appear in the report have empirically demonstrated effectiveness.³²

3. **Rely on elements of the core story of development** (see Appendix B) to explain what develops, how development happens and what derails development, but use the model of Levelness to specifically address problems in public thinking related to children's mental health.

Given the public's lack of understanding of developmental processes, it was not surprising to discover that existing elements of the core story of development improve some aspects of the public's thinking about child mental health:

- Both of the values noted above, Prosperity and Ingenuity, are those that prior FrameWorks research has found to lift support for a variety of early childhood policies. These same values also serve to shift attitudes toward greater support for child mental health policy by expanding considerations of what is at stake, and should be adopted as orienting themes in communications about child mental health.
- Another critical element of the core story is the simplifying model of *Brain Architecture*, which explains that the interaction of genes and early experiences shapes the developing architecture of the maturing brain. Various stages of the research reported here found that the metaphor of brain architecture inoculated against some of the unproductive dominant cultural models the public relies on when reasoning about child mental health. The metaphor of a brain's architecture signals that something material is constructed in the brain, inoculates against deterministic evaluations and can set the stage for expanded notions of the environments and experiences that serve to form that architecture.
- The simplifying model of *Toxic Stress*, which explains how development can be derailed, also proved fruitful in discussions with ordinary Americans about child mental health. Toxic Stress distinguishes the experience of damaging stress from growth-promoting stress, by explaining that when the body's stress management systems are activated for prolonged periods the body can release chemicals that are *toxic* to the brain's architecture. In Peer Discourse sessions, FrameWorks found that this notion of Toxic Stress³³ was successful in improving informants' understanding of how stressful environments might affect child mental health outcomes. As O'Neil³⁴

explains, the Toxic Stress simplifying model allowed participants to consider how particular types of environments and experiences — exposure to violence, trauma, etc. — could impact mental health outcomes in children, and possibly affect one’s mental health throughout the life course. This aspect of the core story, then, serves to shift thinking away from both mentalist and fatalist default explanations about mental health and illness.

- At the same time, the default cultural models which people use to reason about child mental health *specifically* are nuanced enough to require specific bridging via a metaphorical model particular to children’s mental health, namely, *Leveling*.

The evidence, then, from the extant research suggests that the most complete rendering of child mental health will rely on established elements of the core story of development — to explain what is at stake, what develops and how development can be derailed — with a strategic pivot to the translation of the mechanisms of child mental health via the simplifying model of *Levelness*. While this simplifying model can assert considerable power in overcoming default considerations of child mental health, communicators should not assume that dropping *Levelness*, alone, into communications materials about child mental health, its influences and outcomes, will do the work that a more complete “core story” of child mental health would produce.

Note that many more examples of how to apply the values and models to strategic communications on children’s mental health are available in our [Talking about Children’s Mental Health toolkit](#).³⁵

DON’T:

1. Begin the conversation with mental health or mental illness.
2. Fall into the fatalism trap - that mental illness is primarily caused by genetics, and/or that development is set by age three or four.
3. Fall into the mentalism trap - of individual responsibility and control over emotional health and well-being.
4. Assume that people can understand why “investment” in early childhood prevention saves money and improves outcomes without also improving their understanding of the process of development through the core story.
5. Use vivid case studies of individual children or families as a way to highlight policy or program needs — as noted above and in O’Neil³⁶, these are commonly told stories in the media that easily trigger notions of fatalism and obscure solutions.

Conclusions

The research reported here suggests that the public's default ways of reasoning about children's mental health leave little room for a reasonably accurate interpretation of scientific explanations. Many of the cultural models the public relies on when thinking about children's mental health are those that our past research has found operative across children's issues more broadly, as they derive from an incomplete understanding of child development. There are, however, models unique to reasoning about child mental health that require targeted communications strategies to assail.

The values of Prosperity and Ingenuity, which are part of the existing core story of child development, have also proven salient in organizing public thinking in ways that engender considerations of the collective benefits of, and shared responsibility for, ensuring the healthy development of children. Two of the models of the existing core story of development — *brain architecture* and *toxic stress* — were found to be effective in overcoming certain problematic features of the default cultural models the public employs when considering children's mental health. At the same time, this investigation made clear that the documented gaps between expert and lay understandings of children's mental health require the definition and investigation of a specific metaphorical simplifying model that applies to children's mental health. In this case, the model of Levelness proved able to translate core principles, was highly communicable, and was able to inoculate against damaging dominant perspectives.

In addition, serious attention must be paid by science and policy communicators to providing alternatives to frames in the news. The current public discourse on child mental health increases the accessibility of certain dominant and unproductive cultural models, both through the stories that are told and those that are not told.³⁷ Some features of the media discourse reinforce the public's model of mental illness as genetically driven, while others reinforce the notion that mental health is about individual responsibility for emotional states. Conspicuously absent from the public discourse are stories about the science of children's mental health. The public simply does not have access to those scientific principles and findings that would serve to overcome the dominant models of mentalism and fatalism that define the shape of public thinking about children's mental health and illness. Further, researchers and scientists were largely absent, either as messengers or sources, in media coverage. There is a great opportunity, then, for a science translation story to begin to be told, and for scientists themselves to become effective storytellers on this issue. We hope that this Memo and the research that informs it serve to provide the shape for that strategic retelling of the story of children's mental health.

About the Institute

The FrameWorks Institute is a national nonprofit think tank devoted to framing public issues to bridge the divide between public and expert understandings. Its work is based on Strategic Frame Analysis™, a multi-method, multi-disciplinary approach to empirical research. FrameWorks designs, commissions, publishes, explains and applies communications research to prepare nonprofit organizations to expand their constituency base, to build public will, and to further public understanding of specific social issues — the environment, government, race, children’s issues and health care, among others. Its work is unique in its breadth — from qualitative, quantitative and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks™ and Framing Study Circles. See www.frameworksinstitute.org

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Appendix A

FrameWorks research methods deployed for this inquiry include:

- **Media content analysis** — FrameWorks routinely conducts media content analyses that: review and analyze how issues are framed in news stories, discern important thematic patterns in news reporting and identify the leading frames within that coverage.
 - **In this report**, we apply this analytical method to: (1) delineate the dominant frames typically used in newspaper media coverage with respect to child and family mental health and mental illness; and (2) examine how those frames shape, facilitate, constrain or otherwise affect public thinking about the contributing factors and interventions that can further child development and mental health. FrameWorks reviewed 80 articles collected from newspapers across the country. Articles from May 1, 2008, to May 15, 2009, were drawn from a range of sources, including large newspapers as well as smaller regional papers. The complete results are published in O’Neil et al. (2009).³⁸
- **Review of scientific discourse** — To better understand how experts and advocates currently communicate about an issue, as well as to appreciate the most salient aspects of the issue they want to advance with the public, we both interview experts and conduct literature reviews of the expert discourse in scientific journals. Using the data from these sources, FrameWorks is able to examine the central problems associated with the issue and the evidence or science base that supports these conclusions, as well as the policy and program solutions that expert knowledge and understandings suggest will help resolve the issue.
 - **To inform this report, a literature review** of the published scientific literature on child mental health was conducted, and focused on documenting recurring themes and fundamental tensions in the science of child mental health. **Additional expert interviews** in the form of seven one-hour, one-on-one interviews were conducted with leading experts in the field of child mental health by phone in December 2008 and January 2009. Complete results are published in Kendall-Taylor and Mikulak (2009).³⁹ Finally, we conducted an on-site ethnography of forty invited participants at a summit on child mental health — held in conjunction with the 2009 annual meeting of the Society for Research in Child Development — to refine the expert core story that emerged from the one-on-one interviews.
- **Cognitive Interviews** are one-on-one, semi-structured interviews with citizens that allow researchers to examine the ways people think about a topic, the patterns of reasoning, the connections they make to other issues, and the mental strategies they use to resist new information. In-depth interviews conducted from this perspective permit FrameWorks researchers to identify the cultural models — implicit shared understandings and assumptions — that guide people’s thinking about abstract social issues.
 - **For this report, 20 in-depth interviews** were conducted by two FrameWorks researchers in Dallas, Texas, and Cleveland, Ohio in May 2009. Informants were recruited by a professional marketing firm through a standard screening process used by FrameWorks Institute to ensure news attentiveness and civic activity in

all participants, and variation along domains of ethnicity, gender, age, educational background and political ideology. Interviews ranged from one to two hours in length and followed an open-ended guide created by FrameWorks researchers to elicit a wide array of issues from how people view mental health in general, to how they view it when applied to children, to their explanations of causal mechanisms involved in mental health and mental illness. They were recorded, transcribed and analyzed based on principles and data-gathering methods adapted over the last ten years from the fields of psychological anthropology and cognitive linguistics. The complete results are published in Kendall-Taylor (2009).⁴⁰

- **Peer Discourse Analysis** captures the effects of frames in social settings by exploring inter-group negotiations around particular social issues. The analysis is organized to validate the findings from the cognitive interviews, to experiment with promising alternative frames, and to observe the negotiations between members of the public (i.e., peers) when using dominant cultural models and potential reframing elements.
 - **This report incorporates findings from eight peer discourse sessions** conducted in September and October 2009 held in three U.S. cities: Boston, Mass.; Phoenix, Ariz.; and Chicago, Ill. All sessions were moderated by researchers affiliated with the FrameWorks Institute and followed guides developed by the FrameWorks research group. The 72 participants were selected through a professional marketing firm to represent variation along domains of ethnicity, gender, age, educational background and political ideology, but all participants were screened to ensure a strong interest in current events and active involvement in their communities. Additionally, the eight groups were varied by race and educational attainment: high (“some college”) and low (less than high school) education groups of Latino, African-American, mixed race, and white citizens. Each session of approximately nine participants lasted two hours, was audio and video recorded, and transcribed for analysis. This analysis combines principles from cultural models analysis with methods adapted from political sociology. The complete results are published in O’Neil (2010).⁴¹
- **Simplifying Models Development** — Numerous studies in the cognitive sciences as well as a growing body of FrameWorks research have established that the public’s ability to reason about complex, abstract or technical public policy concepts relies heavily on metaphor and analogy. As a result, we actively develop simple and concrete metaphorical frame elements that help people to organize information on issues in new ways, to fill in understanding currently missing from their repertoire, and to shift attention away from the misleading default patterns they consistently bring to bear on those issues.
 - In this study, FrameWorks identified, empirically tested and refined simplifying models for child mental health using a range of methodologies. First, using approaches from cognitive linguistics, researchers analyzed transcripts of the cognitive interviews conducted in the first phase to generate a list of metaphor categories that capture salient elements of the expert understanding. FrameWorks researchers then investigated the salience of several candidate models in 49 on-the-street interviews. Promising simplifying models were then refined and tested in a large-scale national experimental survey (see below) for their ability to

improve understanding of child mental health and support for preventive and interventive services. Finally, the most successful models from the experiment were each tested in three Persistence Trials with a total of 36 subjects in San Diego, Calif. and Boston, Mass. Persistence Trials allow researchers to observe how participants react to and use the models, how well the models hold up or persist conceptually across participants, and how the models change participant thinking on children's mental health. The complete results of the simplifying models development process are published in Erard et al. (2010).⁴²

- **Experimental surveys** — FrameWorks uses experimental surveys to test the efficacy of potential framing strategies in a) improving public understanding of social problems and b) increasing support for those policies that experts suggest will improve social conditions. To conduct these experiments, we employ web-based surveys and randomly assign a nationally representative sample to one or more treatments and a control group. The treatment groups are exposed to framed messages and are subsequently asked a series of questions that assess their support for a variety of related policy questions. By comparing the responses of the treatment groups to the control group (which receives no stimulus at all), we can ascertain any effects that emerge as a result of exposure to the framed stimuli. Using this method, we can demonstrate the magnitude and extent to which particular frames affect the public's policy attitudes and preferences.
 - For this inquiry, online experimental surveys were conducted with 1,226 U.S. citizens to establish the frame effects of values on support for child mental health policies. Additionally, roughly 2,000 U.S. citizens participated in a separate experiment to establish the frame effects of simplifying models on improved understanding of the fundamental mechanisms of children's mental health. Participants in these two surveys were derived from an Internet panel maintained by YouGov Polimetrix. The respondents were matched on gender, age, race, education and party identification, and weighted to correspond to known marginals for the population of registered voters in the United States from the 2006 American Community Survey. Complete results on effective values for communicating about child mental health are reported in Simon (2010)⁴³; experimental results for the simplifying models investigation are reported in Erard et al. (2010).⁴⁴

Appendix B

Frameworks Institute’s research with the National Scientific Council on the Developing Child has resulted in the articulation of an overall “Core story” or key elements of development. An explanation of the Core Story of Development can be found in FrameWorks’ *Framing Early Child Development MessageBrief*, which can be found here:

http://www.frameworksinstitute.org/assets/files/ECD/ecd_message_brief_2009.pdf

The essential outline of the Core Story is as follows:

- **VALUE: PROSPERITY** The future prosperity of any society depends on its ability to foster the health and well-being of the next generation. When a society invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.
- **VALUE: INGENUITY** Innovative states and communities have been able to design high-quality programs for children. These programs have solved problems in early childhood development and shown significant long-term improvements for children — but many places still don’t have access to these innovations.
- **WHAT DEVELOPS: BRAIN ARCHITECTURE SIMPLIFYING MODEL** The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built; a strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties.
- **HOW IT GETS BUILT: SERVE AND RETURN** The interactive influences of genes and experience shape the developing brain. The active ingredient is the “serve and return” relationships with their parents and other caregivers in their family or community. Like the process of serve and return in games such as tennis and volleyball, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back at them, the child’s learning process is incomplete. This has negative implications for later learning.
- **HOW IT GETS BUILT: CAN’T DO ONE WITHOUT THE OTHERS** You can’t focus on developing just one part of the child without paying equal attention to the other capacities. Cognitive, emotional and social capacities are tightly connected throughout the life course. Being an interactive organ, the brain utilizes some functions to enrich others. Language acquisition, for example, relies on hearing, the ability to differentiate sounds, and the ability to pay attention and engage in social interaction.

- **HOW IT'S DISRUPTED: TOXIC STRESS** Chronic stressful conditions such as extreme poverty, abuse or severe maternal depression — what scientists now call “toxic stress” — can also disrupt the architecture of the developing brain. This can lead to lifelong difficulties in learning, memory and self-regulation. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defense system against diseases, from heart disease to diabetes and depression.
- **WHAT ARE THE CONSEQUENCES: PAY NOW OR PAY MORE LATER** Trying to change behavior or build new skills on a foundation of brain circuits that were not wired properly when they were first formed requires more work and is less effective. Remedial education, clinical treatment and other professional interventions are more costly and produce less desirable outcomes than the provision of nurturing, protective relationships and appropriate learning experiences earlier in life. The exaggerated neurological response to toxic stress never goes away, with costly consequences for both children and society.
- **WHAT ASSISTS WITH OPTIMAL DEVELOPMENT: EFFECTIVENESS FACTORS and RETURN ON INVESTMENT** We can measure “effectiveness factors” that often make the difference between programs that work and those that don't work to support children's healthy development. Without these effectiveness factors, some children can spend just as many hours in a program, but not show many positive outcomes. In addition, we can evaluate the efficiency of programs for young children by comparing the benefit of the investment to the cost. This allows a reliable comparison between programs that don't improve child development and those that show real results.

Notes

¹ O'Neil, M., Mikulak, A., Morgan, P., & Kendall-Taylor, N. (2009). *Competing frames of mental health and mental illness: Media frames and the public understandings of child mental health*. Washington, DC: FrameWorks Institute.

² Kendall-Taylor, N. (2009). *Conflicting models of mind in mind: Mapping the gaps between the expert and the public understandings of child mental health as part of Strategic Frame Analysis™*. Washington, DC: FrameWorks Institute.

³ *ibid*

⁴ The research reports can be found on the Early Childhood Development issue page of the FrameWorks Institute website, here: <http://www.frameworksinstitute.org/ecd.html>

⁵ *ibid*

⁶ Kendall-Taylor, N. (2009). p. 9

⁷ Kendall-Taylor, N. (2009), p. 10

⁸ Kendall-Taylor, N. (2009).

⁹ *ibid*, p. 17

¹⁰ *ibid*, p. 19

¹¹ *ibid*, p. 18

¹² Kendall-Taylor, N. (2009).

¹³ Bales, S.N. (2005). *Talking early child development and exploring the consequences of frame choices: A FrameWorks MessageMemo*. Washington, DC: FrameWorks Institute.

¹⁴ Kendall-Taylor, N. (2009).

¹⁵ *ibid*, p. 13

¹⁶ *ibid*

¹⁷ Kendall-Taylor, N. (2009).

¹⁸ Bales, S.N. (2005).

¹⁹ O'Neil, M. (2010). *Destiny or destructive environments: How peer discourse sessions toggle between child mental health and illness*. Washington, DC: FrameWorks Institute.

²⁰ Kendall-Taylor, N. (2009).

²¹ Erard, M. (2010). *More to genes than that: Designing metaphors to explain epigenetics*. Washington, DC: FrameWorks Institute.

²² see Bales, S. (2005), p. 9.

²³ Kendall-Taylor, N. (2009), p. 27.

²⁴ O'Neil et al., (2009).

²⁵ It is important to note that in Peer Discourse Sessions on children's mental health, an adaptation of the core story principle of "Pay Now or Pay Later" was somewhat successful at stimulating conversations about potential policies, and often steered participants away from focusing solely on individual choices and actions that could prevent mental illness (in these sessions, the principle was iterated to suggest that trying to fix mental health problems in adults requires more work and money, and is actually less effective than focusing on the mental health of young children) (O'Neil, 2010). Because there appeared to be some traction gained by this principle, we took the opportunity to explicitly test the value of Prevention in the subsequent experimental survey of frame effects, to establish whether it might prove salient to lifting support for child mental health policies. The iteration of the value treatment suggested that when we postpone dealing with problems in child mental health until later on, they get more serious and require more resources and effort to fix. The Prevention value failed to improve support for policy in this experiment, and this is consistent with much earlier qualitative research conducted by FrameWorks on early child development (see Bales, 2006).

²⁶ Simon, A. (2010). *Refining the options for advancing support for child mental health policies*. Washington, DC: FrameWorks Institute.

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- ²⁷ Bales, S. (2006). *Framing lessons in elevating prevention policies for children: A FrameWorks MessageMemo*. Washington, DC: FrameWorks Institute.
- ²⁸ Manuel, T., & Gilliam, F.D. (2009). *Advancing support for child mental health policies: Early results from experimental research*. Washington, DC: FrameWorks Institute.
- ²⁹ Gilliam, F.D. (2008). *Effects of explicitness in the framing of race*. Washington, DC: FrameWorks Institute.
- ³⁰ Manuel and Gilliam (2009).
- ³¹ Erard, M., Kendall-Taylor, N., Davey, L., & Simon, A. (2010). *The power of levelness: Making child mental health visible and concrete through a simplifying model*. Washington, DC: FrameWorks Institute.
- ³² Kendall-Taylor, N. (2009).
- ³³ The following execution of Toxic Stress was presented to participants in Peer Discourse Sessions, as a prime for discussions about child mental health:
Neuroscientists are now reporting that certain kinds of stress in a child's environment are what lead to child mental health problems. There are many different kinds of stress, but some stress is toxic, they conclude. Toxic stress is extreme, frequent and is when children don't have supports to buffer against these experiences. Toxic stress in early childhood can be things like extreme poverty, abuse, chronic neglect, or severe maternal depression, all of which can disrupt the developing brain. In this way toxic stress can lead to lifelong problems in learning, behavior, and both physical and mental health. Being surrounded by environments with supports and resources is key in protecting against these toxic stresses and promoting child mental health.
- ³⁴ O'Neil, M. (2010).
- ³⁵ FrameWorks Institute. (2010). *Talking about children's mental health*. Retrieved November 24, 2010, from <http://www.frameworksinstitute.org/toolkits/cmh/>
- ³⁶ O'Neil, M. (2010).
- ³⁷ O'Neil, M. et al. (2009).
- ³⁸ *ibid*
- ³⁹ Kendall-Taylor, N., & Mikulak, A. (2009). *Child mental health: A review of the scientific discourse*. Washington, DC: Frameworks Institute.
- ⁴⁰ Kendall-Taylor, N. (2009).
- ⁴¹ O'Neil, M. (2010).
- ⁴² Erard, M. et al. (2010).
- ⁴³ Simon, A. (2010).
- ⁴⁴ Erard, M. et al. (2010).