



Strategies for Drawing on the Voices of Women Veterans to Communicate about Mental Health

JUNE 2018

A FrameWorks Message Brief

In collaboration with Education Development Center (EDC), U.S.VETS, and the Women Vets on Point Initiative

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Introduction

Culture change happens slowly, but along with that change come shifts in society that seem to happen quite suddenly. These shifts often leave people scrambling to adapt and adjust institutional policies and practices. This has been the case with the US military.

Women are entering the military in record-high numbers and are becoming the fastest growing group of service personnel.¹ Nevertheless, women are often not served adequately upon discharge, and, in particular, many women leave the service with mental health needs that are not addressed. The rate of suicide among women veterans is 250 percent higher than among civilian women, and this rate is growing faster than men veterans' suicide rate.² The mental health of US military veterans who identify as women³ is clearly a major public health problem in the United States. Yet addressing it is not a national priority, even though women face substantial challenges and major barriers to treatment after their service ends.

Education Development Center (EDC) and U.S.VETS, in collaboration with partners in the Los Angeles County area and, ultimately, across the United States, aim to address this problem by designing, implementing, and maintaining a robust online portal⁴ that women veterans can use to access mental health and other services: Women Vets on Point.⁵

These services are crucial, yet many women are reluctant to access them in part because they fear additional trauma or because they don't believe they deserve help.⁶ Women who access the portal will implicitly apply past experiences and prior knowledge when processing new information. They are not, as it were, "blank slates" when they access the portal, but rather "veterans of perception."⁷ They bring prior knowledge, experiences, and possibly traumas to bear on their assumptions of what might happen, or what might be possible, if they engage with the portal and the services offered through it. Therefore, women who access the portal may not interpret or interact with the information as intended by those who created it. Their understanding of messages depends on how the messages are framed.

An evidence-based strategy to frame the language on the portal—the ways in which it engages visitors and presents information and options—is important for improving its effectiveness. Because all people bring their backgrounds to bear on how they interpret information, a deep and extensive understanding of how women think about their military service, mental health, help-seeking, etc., will strengthen efforts to connect women to services and treatment.

This report makes recommendations to inform the creation of content for the Women Vets on Point portal and explains the research behind them. Going forward, FrameWorks Institute staff will consult with project leaders to ensure framing recommendations are applied with fidelity to particular text.

Framing Hypotheses and Recommendations

The recommendations in this report synthesize findings from a series of in-depth interviews with women veterans⁸ and key concepts that the project leaders seek to communicate.⁹ They apply to the language in the portal and a subsequent communications campaign to encourage women veterans to use it.

Recommendation 1:

Frame the portal as a resource for “acknowledging” or “seeing” mental health issues.

Research base: Prominent in the interviews was the conceptual metaphor *Seeing Is Knowing*. Conceptual metaphor theory describes how seeing, acknowledging, or identifying is one way we understand what it means to *know* something.¹⁰ Participants expressed that one of the most important steps toward improved mental health was seeing, identifying, and labeling a mental health issue to make it real and worthy of time and attention. Participants also expressed the importance of others (such as family, friends, and health care professionals) observing signs of mental health issues. That is, women veterans need someone to acknowledge that they are struggling.

Participant: The breakthrough moment for me was when my therapist said, “That stuff that happened to you was really bad, and it’s okay for you to acknowledge that or cry about it.”¹¹

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Participant: I think actually acknowledging that you either have some type of mental illness or you’re at risk of having a mental illness and being in denial about it [is important]. [...] But then it’s always good to have some good support system that calls you out.

Framing suggestions:

- In the portal text, use words like “see,” “acknowledge,” “identify,” and “witness” to activate the *Seeing is Knowing* metaphor.
- Strongly validate women’s decision to visit the portal by acknowledging that they might be struggling. Validation at every step is an important component of the portal’s content.

Recommendation 2:

Explain and emphasize that mental health issues exist on a spectrum.

Research base: Participants believed that those with mental health problems need to eventually realize—in their own way and in their own time—that they have a problem. Often, participants assumed that this realization typically came at the point when problems have become too severe to be ignored. Therefore, to encourage early intervention, we recommend reframing mental health as a spectrum rather than as a

crisis. To ensure that challenges are identified and addressed early, explain that mental health problems exist at all points on the spectrum and are important to address.

Participant: It's like, I guess, acknowledging in yourself that maybe your behaviors or actions are like, not ... I don't want to say normal, but yeah, you just know there's something off. Maybe compared to where you used to be or even outside people have said something about your behavior and you're like, "Okay, maybe I should see what this is about."

Framing suggestions:

- When using stories or narratives, make sure they are not all about *severe* mental health challenges. Use diverse examples to reinforce the idea that mental health is a spectrum, and issues at every point on the spectrum deserve attention and can be addressed via the portal.

Recommendation 3:

Identify with the feeling of being lost and adrift after service.

Research base: The cultural model of *Self as Control* was dominant and highly shared among women veterans.¹² This model was expressed as a feeling of being “set adrift” after service ended: feeling lost, let loose, alone, and confused. This feeling is especially distressing given the prominence of the *Self as Progress* model: the assumption that a normal life follows a defined trajectory.¹³ Essentially, women modeled the end of service as synonymous with low control, and women want to feel in control because, in our culture, control is an important part of our concept of the self. In addition, poor mental health is seen as equivalent to losing control of one's emotions. This feeling is almost adversarial in a way; the conflict is between the individual and her mind. To wit, to many people, a hallmark of poor mental health is “letting emotions get the better of you,” so to speak. Seeing a therapist, psychiatrist, or other provider is often understood by women veterans as a way to acquire new skills for the purpose of regaining control.

Participant: I didn't know where to start. I didn't know what I wanted to do. So, I wanted to go back to school, but I had no idea what I wanted to study. And it took me a while to even navigate. [...] You're in the military for so long and you are used to people telling you what to do.

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Participant: It felt like being put into a boat and just cast adrift. Because I just felt like I'm supposed to get someplace, but I don't know how. I don't know what my benefits are, I don't know where anything is, I don't know what I qualify for. And it was really strange considering everything else had 42 pamphlets or 85 forms you had to fill out. And I think I had to fill out more paperwork to get out than they gave me about what to do when you get out.

Framing suggestions:

- The portal could be framed as an important anchor for women veterans and draw on the “drifting” metaphor that women used to describe feeling unmoored (see an example in the excerpts above).

- Without suggesting that women might be feeling “out of control,” which could be stigmatizing, communications that identify and validate the pain of feeling adrift could be effective points of connection because this pattern was so highly shared among women veterans.

Recommendation 4:

Draw on the importance of structure, and its ties to mental health, when framing services on the portal.

Research base: Drawing on a strong pattern of thinking in which *Military = Structure*, many women referenced the difficult transition from military to civilian life, which they noted for its lack of structure. In keeping with their feelings about being adrift, they expressed a sense of “lack of direction” in civilian life. The underlying assumption is that structure, especially that provided by the military, is a positive force in life. For many women, leaving the highly structured military environment was disruptive and in sharp contrast with the lack of structure of civilian life. Women described a sense of knowing where they were going while in the military, and of losing their sense of direction after their service ended.

Participant: So, I had a hard time adjusting. Just really a hard time sitting still because nothing was structured. I had to learn how to ... I had to relearn myself how to incorporate the good things I liked out of the military and to my life to help me propel to where I wanted to be.

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Participant: In the military, there’s a lot of structure and you’re always kind of told what to do and you have your goal given to you. You don’t have to think about, “What do I want? How do I get what I want? Where do I go if I need help?” Because that structure is always there. Everything’s always there. And so, when you transition to civilian life, you kind of have to decide, what is my goal? How do I do that? Who do I talk to about that? Because the civilian world is wide and huge and large, and there’s no chain of command. So, you kind of have to figure that out.

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Participant: I had to adjust to talking to civilians in the corporate world. And they’d get really pissed when you talked to them directly. [LAUGHTER] Because they’re like, “You’re not my boss, who are you to order me around.” But that’s how we communicated in the military to save time, because we don’t have time to be chitchatting. And not just with your colleagues, but at home. And then, also just having people who can relate to your situation and the mental issues that you go through.

Framing suggestions:

- Explicitly link the supports and services provided by the portal to the idea of adding structure to life to replace the lack of structure women veterans experience in the civilian world.
- Acknowledge the difficulty of the transition period, which may last a long time for many women.

Recommendation 5:

Validate women’s feeling that their veteran status and experience are often invisible.

Research base: Many women talked frequently about feeling invisible. After their service ends, women often feel like they and their particular challenges are not seen by their families, their employers, their communities, and even the military and the Veterans Affairs system. They also feel that the experience and skills they accumulate through years of service are invisible.

Participant: I was just back and trying to get some ... like even to this day, trying to get work. I was working in a clothing store in the mall. Four years in the military and all I could be reduced down to was part-time work, seasonal work, or whatever, at a clothing store, or whatever.

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Participant: So, now I guess my equivalent to feeling dishonorable discharge: I’m honorable, but the government makes me feel like it’s a dishonorable thing now because the post-9/11 vets get all these benefits. And the pre-9/11 vets, which are actually all the vets, they’re not afforded the same opportunities and benefits as the 9/11 vets. Which, to me, hearkens back to Vietnam vets, when they came back and they were spat on and had almost nothing. I’m not relating it to that, but I’m saying it’s sort of like that, where these vets are now made to feel “less than” to some degree, compared to the 9/11 vets.

Framing suggestions:

- As noted above, the fact that the portal exists will, in itself, counter feelings of invisibility. To make the point clearer and more compelling, project leaders can use the portal to explicitly acknowledge—and see—the challenges that women veterans face.

Recommendation 6:

Avoid cuing the concept of grit; challenge the idea that women should be able to overcome their problems alone.

Research base: A strong cultural model that emerged in the interviews was *Mentalism*, or “grit.” Women repeatedly expressed the idea that they need to find the strength within themselves to endure hardships and overcome problems. In this way of thinking, good mental health is about being “in the right frame of mind” or in a “good headspace.” Ultimately, the only way to achieve this goal is through strong willpower and wise choices.

Women also expressed the idea that good mental health is a matter of the right outlook on life, and that it is within an individual’s power to change her outlook if she wants to do so. *Mentalism* is a highly shared cultural model on many issues related to health and cognition,¹⁴ and was especially dominant in participants’ talk about military service. This pattern of thinking can stigmatize help-seeking efforts

because women think they should be able to “snap out of it” on their own. The underlying assumption is that people should be able to manage their mental health; only when they fail do they need help.

Participant: It’s like, I can’t keep being like this. I can’t keep being in that mindset. And I didn’t know that before this, so that gap in time just didn’t want to go, but [I] didn’t realize it was just me—avoidance in doing all this stuff ... made me feel uncomfortable.

Participant: You’re finally saying, “You know what, I can’t do this on my own.” So, you go get you some help, you go get you some therapy. Because once you realize that after 7 or 8 years that you’re still doing the same thing, you’re like, “Goddang it, okay.” And I’m telling you, I’m not doing something right. So, then you finally wake up and you go get you some help.

Framing suggestions:

- As other initiatives have done, talk about strength but in a collective context; make sure to connect strength explicitly to seeking help and/or connecting with others to avoid cuing the idea, through words or images, that women alone are responsible for solving their own mental health problems.
- Emphasize this theme through storytelling that includes a lot of different “characters” to show how systems of supports help women have good mental health.

Recommendation 7:

To legitimize treatment and drive engagement, highlight how the portal connects women with health care professionals who understand women’s experiences.

Research base: Participants repeatedly said that an important aspect of identifying mental health problems and legitimizing solutions is having the attention and professional assessment of a health care professional. The *Authoritative Doctor* cultural model structures people’s thinking about many health-related topics,¹⁵ and women veterans talking about mental health drew on this model as well. This included the idea that health care practitioners, as a result of their professional experience, are best suited to identify and legitimize problems that might be difficult to define or understand. Participants also talked about how health care professionals can help women get care.

Despite their faith in health care expertise, women veterans want to be sure that their health care providers understand the unique mental health concerns of women veterans. Specifically, they want practitioners with experience dealing with trauma (such as military sexual trauma, verbal abuse, feelings of isolation) and other issues specific to women who have served. Many of the women interviewed had been treated by health care practitioners who blamed them for their military sexual trauma or mental

health problems. Thus, connecting veterans with health care practitioners who are sensitive to a variety of women veterans' experiences is important.

Participant: [I want] someone who's experienced. Someone who's licensed. And it wouldn't be bad if it was somebody who may have dealt with it themselves.

Interviewer: That's interesting. Can you explain a little bit about why the "licensing" part is important?

Participant: Because it shows that you actually were tested on your knowledge of mental health or therapy. And so, to me, that's important.

Framing suggestions:

- Women want to get health information and help from an expert who has cultural competence and a solid understanding of veterans' issues. Make these themes explicit (and not left implicit) when making connections to services.
- As much as possible, try to indicate (through photos, stories, referrals, etc.) that health care professionals understand women veterans' experiences and needs and have expertise in addressing these particular issues.

Recommendation 8:

Capitalize on the value of peers as listeners in collaboration with health care providers.

Research base: Participants assumed that peers are an important source of mental health support for women because a strong support system can serve as a sounding board, or mirror, when constant and recurring feelings of isolation become overwhelming. They are also the people who, because they know an individual best, can spot changes in behavior or mood. However, peers were also generally *not* seen as good resources for generating and implementing solutions. Women instead want to rely on professionals for solutions. Although peers were seen as a crucial resource for mitigating feelings of isolation, they were not seen as the solution to mental health issues.

Participant: Maybe it's because we're here in L.A., but people are so in the mood to talk about [mental health] and that may be a little bit no problem with reaching out and asking for help. I guess somebody will make a post, "Hey, if you guys need someone to talk to, I'm here." It's like [SNAPPING FINGERS] every day.

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Participant: I think having a network of people that you believe care about you is incredibly important to mental health. Even to the point where you don't even have to call them and talk to them. Just the fact that they exist in your life is enough sometimes to keep you at a good level. And then, if something happens to take you out of your comfort level, sometimes just calling somebody, and not even talking about your problem just talking in general.

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Participant: I mean, but then it's always good to have some good support system that calls you out. That even though they're not experts in the field, but there to help you say, "Hey man, I've noticed this." There's always that whole, "If you see something, say something." So, especially if it's someone very close to you and you know them and you see they're not being themselves, that needs to be addressed, definitely.

Framing suggestions:

- It is crucial to highlight the portal as a community because community support goes hand-in-hand with professional care. But it is important to emphasize both the need for community and professional solutions; if the portal is framed *only* as peer support, it misses an opportunity to (potentially) encourage help-seeking by identifying or legitimizing problems and offering professional solutions.

Recommendation 9:

Talk about and emphasize “women,” but leave the definition open to interpretation.

Research base: Women veterans interviewed were very sensitive to gender and how gender roles play out in the military context. They often engaged with and reflected on questions of gender in ways that suggested that people's views of gender and gender roles in society are quite diverse and cannot be easily categorized or simplified. Women talked about the many ways in which appropriate behaviors were based on arbitrary gender norms. Because there is no single way to “be a woman” in society or the military, emphasize that the portal is designed for “women” but allow visitors to the portal to define the term for themselves.

Our research strongly suggests that clarifying that the portal is for “women” is important, given the unique experiences and challenges faced by women in the military. However, women's experiences as women, and as women veterans, are diverse, and every woman's journey is different. It is counterproductive to make assumptions about what it means to be a woman.

Participant: [Responding to a question about how gender matters.] I don't know. I only can speak for myself. I think men might have a harder time on it. I don't know. But women's been going through this forever, you know? And it's just that we're now being more accepted into harder places—military, jobs, politics, being the president, so, I don't know. I think we both had it bad.

Participant: I think, as a society, people would like to think [that gender matters]. But I don't—personally don't think that. Underneath it all, it still affects somebody a certain way. [...] I'm thinking like biologically, the human mind, I don't feel like it thinks in male and female patterns, or processes when it comes down to shit like that in your emotions and stuff. Like, I think it's just what society has taught us.

Participant: There is a lot of differences in how society views being able to put your emotions out there, for example. So, for men, for example, being distressed and maybe feeling like crying, they might act out in anger because society looks down on a man who cries. Whereas a woman, maybe in the military it's hard for her, too, because we also have to kind of act like a man. We have to put up a front and we have to show that we have the mental fortitude to go through it just like a man. So, in a lot of ways, I think women purposefully might choose an unnatural response to deal with some of these things.

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Participant: But after 11 years and all the things I've done, and like this different stuff that you end up wearing on your chest, yeah. People look at you and they respect you and they give you respect and stuff. And now it's kind of just, eh ... just an average civilian. Plus. I'm a woman. So, it's like I have even less respect in the real world because in the military it didn't really matter.

Framing suggestions:

- Stories included in the portal and communications campaigns might be clearly focused on people who identify as women, but the stories should not make assumptions about what it means to be a woman (e.g., “as a woman, I put my family first”).
- Use the term “woman,” but limit other cultural markers (e.g., the color pink, women in make-up).
- It is important to feature health care providers who identify as women.

Example:

One website¹⁶ that caters to women veterans describes the organization's purpose (in part) with the following rationale:

At [organization] we believe that women Veterans are the core of the family unit and is[sic] a powerful force multiplier for the wellness of the spouse, children and extended family.

Organizations should promote and explain their points of view freely, and, indeed, this statement expresses a positive image of women (which many women likely share). However, our research suggests that language that circumscribes women's role in the world—and especially the family—does not speak to every woman veteran's experience. It can be exclusionary and it can put a great deal of additional pressure on women veterans who may feel they are falling short of expectations in some way. Therefore, we recommend talking about women in diverse ways and emphasizing that all are worthy of help, no matter their circumstance.

We believe that women who have served have many different journeys and have powerful roles to play in their own lives and the lives of others on their path.

Recommendation 10:

Describe veteran status in the most inclusive terms possible.

Research base: We identified a noticeable gap between project leaders' and women veterans' definition of "veteran" (and the latter was typically less expansive). The ways participants described veterans and identified with being one varied a lot. Some women described veterans as anyone "who has served," while others placed time requirements or role restrictions on veteran status. Even when women's definition of the term "veteran" was more inclusive, they believed in limits to veteran status based on discharge status. They also noted that their feelings about their time in service factored into their use of the term. Essentially, women's definitions of "veteran" were too variable to make the term useful without a definition.

Participant: A veteran? Obviously, somebody who's served for our country for an extended period of time. And I'd like to say someone who's been—what's the word? Honorably discharged.

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Participant: I mean, there's like the formal, which I think is like retired, done 20 years. And then there's also someone who has served any number of days in the military, which is also a veteran. And then I also think of foreign wars and veterans, like veterans that have deployed. So, there's kind of different categories.

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Participant: Someone who served in the military for over two or three years.

Framing suggestions:

- Use an inclusive term, like "women who have served," to help align project leaders' definition of the target population with the target population's understanding.
- In communications and/or on the portal, take the time and space to explicitly define the veteran population in the most expansive terms possible.
- Patriotic symbols can create a connection between women veterans and the portal by showing that the portal is for people who have experience with military service. However, many women have complicated relationships with their time in the military and with institutions like the US Department of Veterans Affairs (VA). Therefore, using patriotic imagery in a way that suggests service is wholly positive will likely be counterproductive.

Recommendation 11:

Expand on women veterans' existing definitions of mental health.

Research base: Participants generally defined mental health in ways that overlapped with the project partners. That is, they seemed to draw on the *Functioning Threshold* cultural model—the belief that the ability to function and complete daily living activities is an important aspect of mental health. They also drew connections between mental health and physical health. That said, because participants had been

diagnosed with mental health issues and had received some form of treatment, their understanding of mental health were perhaps more likely to have been shaped by those experiences.

Participant: If my mind is in the right place, then I'm happy. Then I can start progressing. I can get things done. I can see, whatever it is that you want to do in life, just as simple as getting here.

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Participant: To me, I would rather discuss my mental problems not with a family member, or not with somebody, "Oh well. Whatever. Just move on, get over it, you got to pay bills, you got to—that's just life." And sometimes, "that's just life" puts so much of a pain in your heart or in your side you are not ... you're functioning, but you're not. You're just doing what society's telling you to do. And, at the same time, you're in mental pain, physical pain, and you're just operating. And it could come back in different ways. [...] People shouldn't make other people feel bad because you need your mental health to go to a job every day. You can go, but eventually whatever you're hiding is gonna come out through another way.

Framing suggestions:

- Make sure to reinforce a definition of mental health that focuses on the positive things that mental health enables people to do. For example, this short sentence focuses not on mental health "problems" but on the importance of nurturing positive outcomes in a proactive way with help from others: *Good mental health means practicing healthy ways to cope with challenges so that we're able to do the things we want and need to do. Everyone deserves help with this practice.*

Recommendation 12:

When talking about trauma, emphasize that improvement is possible.

Research base: Many participants had experienced trauma in their lives, including during military service. When talking about the concept of trauma, women drew on the *Damage Done is Damage Done* cultural model;¹⁷ they assumed that trauma lives in the body or "sticks around" for a long time. They said it makes marks that are "permanent" or "rewire the brain." This pattern of thinking represents an important gap between project partners and participants: Women veterans didn't articulate the view that these experiences can be highly responsive to treatment. Building upon that sense of permanency, trauma also means a loss of agency for many women, and when the *Self as Progress* cultural model is activated,¹⁸ trauma represents a strong impediment to moving forward in life. This way of thinking can cue a strong sense of fatalism (the belief that mental health problems are too big and intractable to solve); if trauma is a mark that can't be erased, how can people ever feel better, and what is the point of treatment?

Participant: You know, it's just something that I guess leaves a deep imprint on that person. Maybe it's like for them, for that person, that trauma, for an outsider might not be that big of a deal.

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Participant: I guess it's ... [SIGH] ... an event that really triggers some feelings, very strong, or emotions. It could be literally a physical trauma. Something. I mean, there is trauma to some part of your

body. Then, I mean, it's gonna be an impact because you can't move or something will never be the same.

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Participant: And we also have a lot of trauma, which I'm not sure if you're familiar with, but I'm sure the research shows it rewires your brain.

Framing suggestions:

- Use explanatory chains,¹⁹ embedded in narratives, to show how trauma does not have to leave a scar that is permanent or defining, and demonstrate how treatment has helped other women.
- Draw on the metaphor of “rewiring the brain” to focus not on the damage that trauma does but on the good that treatment can do.

Recommendation 13:

Reframe help-seeking behavior as important for women themselves—not just others.

Research base: Research identified an important gap between the project leaders' and participants' thinking about help-seeking behavior. Project leaders expressed that mental health problems can damage the quality of women veterans' lives, and that damage is important. Women veterans said that problems are more important when they affect other people. When participants talked about seeking help, many said it was important to do so when problems began to affect friends, family, or loved ones. The assumption is that help is important when the problem affects others and *less* important when it affects women themselves. With this in mind, we recommend validating women's desire to seek help to protect loved ones and, at the same time, emphasize that all women deserve help—no matter their family status (and even if their loved ones do not seem to be affected).

Participant: Especially if it's a severe mental illness and you have a family and you're putting them at risk. So, that's like you're making poor choices, too.

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Participant: I don't want social services come knocking on my door. “Hey, your kid hasn't showered and is dirty, and why is that?” They're gonna see that something's wrong with me and that's cause for removal. So, I didn't want ... And I knew that. I knew that would be the extreme. So, that's why I was like, “I don't want it to get there and that's what I need to avoid I guess for it to get really bad.”

Framing suggestions:

- Use stories to illustrate how benefits to the self and others are intertwined, and both are important.

Recommendation 14:

Expand the definition of a mental health crisis to mean that a problem is escalating.

Research base: When talking about mental health crises, women veterans described situations in which their safety or the safety of others was in jeopardy. Given their assumption that it's likely "too late" to seek help if problems reach that point, many women focused on the risks of suicide and harm to others that stem from untreated mental health issues. It is of course essential to remain attentive to the immediate care needs of women who are experiencing suicidal ideation or presenting a risk to others. However, cuing the understanding that help-seeking is an important part of crisis prevention may ensure that women who are not "in crisis" are not deterred from accessing services. The project can do this by, for example, expanding the definition of a mental health crisis or illustrating the variety of ways women might benefit from mental health services.

Participant: I think when there is a severe interruption to your life and if there's others that depend on you. If there is that, that you can no longer take care. Like if you have children, then you can no longer take care of them. Or you have a job to do that's very important. And you can't ... I mean, to the extent that someone can get hurt. To me, that kind of meets the criteria of a crisis.

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Participant: I would say it's a ... [SIGH] ... If it's a crisis, it's already kind of too late. But yeah, it's when you start thinking about harming yourself or others, then it's definitely a crisis.

Framing suggestions:

- Use examples or stories to highlight situations that warrant interaction with a provider but may not be an immediate safety concern.

Recommendation 15:

Acknowledge women's journeys and transitions but focus on the factors that affect those journeys.

Research base: Drawing on the *Self as Progress* cultural model and the conceptual metaphor of *Life as a Journey*, participants compared their mental health problems to heavy baggage that weighed down their ability to move forward. (This was especially true of trauma. As discussed, many women viewed trauma as something they "carry" with them.) Women talked about transitions—especially the transition from civilian to service member and back to civilian—as especially difficult. Many women used circular metaphors to describe their experiences, noting the cyclical feeling of going back to where they started after leaving the service. It is important, however, to cue thinking about environmental factors that affect the journey and that cause difficult transitions. To do this, communications should mute individualistic understandings of mental health observed in other research (for example, the idea that individuals are responsible for dealing with their own baggage).²⁰

Participant: Well, I think if you feel okay with where you're at and you're moving forward and not staying stuck or sinking. If you feel like you're progressing and you're not just walking up against the same problems over and over again.

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Participant: I didn't see a counselor or a therapist again until two years ago, when I had been out for a long time and kind of felt stuck in life and felt that I was still carrying around a lot of baggage and wanted help sorting through that.

Framing suggestions:

- When talking about women veterans' journeys, emphasize the role and importance of protective factors like supportive family, friends, and professional services.

Recommendation 16:

Don't cue *Individualism*.

Research base: FrameWorks has found across health-related issues a strong tendency in American culture to see problems through the lens of *Individualism*, and this pattern clearly emerged in these interviews. When asked who was responsible for managing mental health issues, women almost always assumed that women themselves, on some level, were responsible.

Participant: I know that most people will probably say, want to blame and point fingers and say, "Oh the government needs to do this." But honestly, I think it's up to every single individual to make sure that they're mentally stable, that they're being a reliable citizen or a reliable father, mother, brother, whatever, sister. I think it's that individual's responsibility to make sure that they are healthy.

Framing suggestions:

- When possible, talk about and illustrate the importance of women's connections to other people.
- Consider framing content with the value of *Interdependence*—the idea that we all depend on each other.

Recommendation 17:

Acknowledge past difficulties accessing care and emphasize that there is "no wrong door" to care.

Research base: Drawing on the *System Is Broken* cultural model, women veterans viewed the services and mental health treatment provided (or not provided) by the VA and/or US Department of Defense as a failing, or broken, system. In some cases, the system was referred to as being "actively against" women or compared to a bully. As a result, many women expressed cynicism about the possibility of getting help.

The difficulty navigating the benefit systems available to veterans was one of the biggest barriers women faced.

Participant: If they have their shit together, it would [help]. But you know, it's like most mental health programs, they do it half-ass.

—

Participant: If they go to the VA, I think it needs to not be so button-pushing. It needs to be like individual case basis. They don't do it that way. They just make all these assumptions and judgments. It's like a handbook. You know, like a dropdown that you feel they're going through. And I know their hands are tied a little bit, but they don't have to be like that. [...] And it's, I just don't feel like they get it. Because the outside psychiatry can do it, there's no reason it can't happen in-house with the VA without going straight to, "This person needs to be hospitalized."

—

Participant: And like I said, you've got to figure things like, what am I gonna do? What do I do first? Do I file a claim? Do I register with the VA? And then when you pick up the phone and you call the VA, you're expecting that kind of guidance ... Like, "Welcome, thank you for your service, we're here to ease your transition." Nah, you don't get that.

Framing suggestions:

- Recognize that women might have been let down by systems before, but, to avoid cuing fatalism, do not emphasize this point: *It's difficult to navigate the systems of benefits you deserve for your service; you might not even know what's available to you or you might not have gotten the care you needed. But there is help available [and we can connect you with case managers who can help you navigate these systems].*

Recommendation 18:

Normalize getting mental health information and referrals to treatment online.

Research base: The group of women veterans interviewed were split: a thin majority said they would seek out mental health information online, but many said they would not. Those who said "no" expressed many reasons why: They said mental health is too personal, it's hard to trust or interpret information online, and cited other reasons. Because many women expressed the idea that mental health cannot reliably be addressed online, it is important to state clearly that the portal's goal is to connect women to "real-life" services that are intended to provide help or use explanatory tools to demonstrate how online services and apps can help.

Participant: I think, um ... I don't think [I would get mental health information online]. Like, maybe to find somebody to help me. [SIGH] But to me, like, mental health stuff isn't like WebMD, where you can say your symptoms and then believe what they're gonna say is your problem. I think that it's way more nuanced than that. And that you would probably need to talk to a professional.

Framing suggestions:

- Offer step-by-step explanatory examples of how the portal works that emphasize how the portal connects women to in-person services.

Recommendation 19:

Bolster feelings of trust and security when using technology.

Research base: Many participants said that sharing their personal data online—whether to shop, learn, connect with others, etc.—is something they take seriously. Many mentioned the need to make sure that sites are secure or encrypted, and many said how important it is to actively look for those indicators (e.g., https). They also emphasized that they trust websites that are vetted by others, especially trusted family or friends, but also other websites and institutions.

Participant: [I trust a website when] it seems professionally made and no mistakes in it. [...] When it says “encrypted message” or when it says it’s “secure.”

—
Participant: I actually am very suspicious of things. And so, I fact-check as much as I possibly can. I’m extremely distrustful. And so, like just yesterday my girlfriend, she wants to learn Spanish. And so, she sent me a website of, like, Spanish tutors. And I immediately got up on the Better Business Bureau, on Yelp, and the reviews, and then I looked up whether it was legit. And they sent her ... I looked it up and it looked legit. So, I think that I do spend a pretty good chunk of time making sure [the] stuff I’m looking at is not false.

Framing suggestions:

- Make sure all interactions are completely transparent and that privacy is protected. (This communication recommendation, in large part, depends on decisions made about the functionality of the portal.)

Guiding Framing Principles for Content Creation

The recommendations above arose directly from the interviews with women veterans. In addition, FrameWorks offers the following recommendations, which constitute best practices in issue framing. First, keep in mind the distinction between *resonance* and *reframing*. When a message resonates, it taps into what people already assume and believe; reframing shifts people’s assumptions to help them understand concepts in new ways. When developing communications, an important question is, “When do we want to cue productive patterns of thinking, and when do we want to shift unproductive assumptions?” For example, it is important not only to validate women veterans’ experiences but also to shift their thinking about possible solutions or next steps. FrameWorks staff is available to support project leaders in the development of well-framed content.

Recommendation 20:

Frame your data.

People interpret statistics, facts, and data in any number of ways, based on the assumptions that they bring to the information. For this reason, put numbers in context so that people understand what the numbers are meant to convey. The following data about suicide rates among women veterans are unframed:

The suicide rate among women who have served in the US military is more than twice as high as that of adult civilian women, according to new figures released by the Department for Veterans Affairs. The figures, published Friday, analyzed suicide data from the 50 states, plus Puerto Rico and the District of Columbia, for the 55 million people who departed the U.S. military between 1970 and 2014. The new findings show that the ratio of women vets compared to nonvets who took their own lives increased from 1.88 in 2013 to 2.15 in 2014.²¹

The message might appear to be clear: women veterans are facing serious challenges and need mental health services. But not only are numbers difficult to interpret (an increase from 1.88 to 2.15 might not seem substantial), but the reasons behind the numbers are not explained, which could easily lead people to think that nothing can be done to address the problem. These data represent an important opportunity to do explanatory work from the beginning by providing context for the data and a link to a possible solution. The following data are reframed:

Women who have served in the military transition to civilian life with many challenges specific to their service. Mental health issues that affect many women veterans—like depression, anxiety, military sexual trauma—are often not seen or acknowledged. Services can be hard to access, and women often aren't treated by people who understand their situation. Untreated mental health issues lead to suicide for many women vets: the suicide rate among women who have served in the US military is more than twice as high as that of adult civilian women, according to new figures released by the US Department of Veterans Affairs. But connection, support, and treatment can help.

Recommendation 21:

Frame with the value of *Interdependence*.

Empirical testing is needed to determine the most effective value for this project. In the absence of further research, though, FrameWorks advises using the value of *Interdependence*—the idea that we all depend on each other to reach our full potential. The research to date suggests this is the most effective value frame for this endeavor because it highlights many themes that women veterans believe are important, such as connection, acknowledgement, and support.

The following text is framed around the value of *Interdependence*:

We depend on each other in so many ways. People’s lives are connected through threads that are sometimes not easy to see at first. These threads grow stronger when we take on difficult challenges like mental health together. Instead of suffering alone or trying to get better without any help or by sheer force of will, we need to create spaces that welcome every woman who feels adrift and struggles with hopelessness, fear, sadness, isolation, and other painful challenges. We need spaces where women with various experiences can share common ground. Where they can get better together.

Recommendation 22:

Remember the power of explanation: Don’t just assert; explain.

Women might approach this initiative, and the portal, with trepidation. Take every opportunity to clearly explain how its features work, what its anticipated outcomes are, and why they matter. This is an important investment, even if the additional content seems to be too verbose. This is important to note because communications professionals often fail to explain the relationship between cause and effect, which can undermine a message’s effectiveness. Helping people understand an issue (how it works, what its causes and consequences are, and how to address it) is a valuable part of a long-term strategy. Explanatory chains—logic sequences that explicitly link the underlying causes of problems to their effects—help people connect the dots from the resources offered via the portal to the problems that it is designed to address. This is the formula for an explanatory chain, which can be modified to focus on different elements of a problem and a solution:

- *Initial Factor*: What is the original cause of the problem? Effective explanatory chains provide appropriate background information on the initial challenge.
- *Mediating Factors*: What does the initial factor cause? The mediating factors link the initial factor to the final consequence through explanation. This helps people see that circumstances are not inevitable—that problems have causes and solutions.
- *Final Consequence*: What are the effects? The final consequence is the effect, result, or impact.
- *Solutions*: What can we do? An effective explanatory chain sets up communications about solutions.

Here is a brief example:

Women²² who have served their country—in any way, at any time—deserve mental health care that helps them face the future. But not all mental health providers have the experience to work with the issues that women veterans deal with. Because of this, some women leave treatment feeling like it doesn’t work for them, or that no one understands them, or that their problems can’t be solved. It’s a normal feeling to have. But it means that many women don’t

get the help they need. We know that treatment works—but it can take time to find the right health care professional. This online portal can connect women to the providers they need: people who acknowledge women vets’ experiences, understand their challenges, and work with them to find the best path forward.

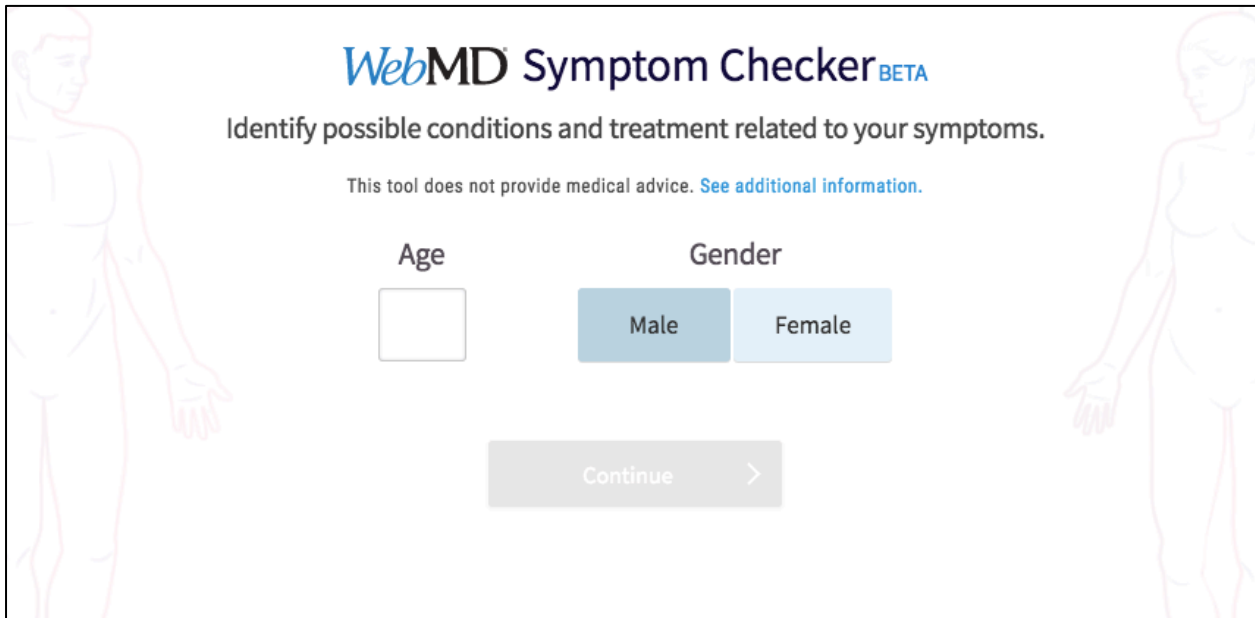
There are many ways to write this paragraph for various audiences and at different reading levels, but note that it explains the problem and positions the portal as a solution. These points are often left implicit in communications about women veterans’ mental health. Make sure to make them explicit.

Recommendation 23:

Always explain the “why.”

In a context like the online portal, which many women might be visiting with wariness or anxiety, taking the time and care to explain “why” is very important. For example, if the portal includes a symptom checker, make sure to explain why it’s needed, how it works and what the results mean, and what the next steps can be.

For example, this WebMD symptom checker²³ begins without any explanation or sense of where the checker might lead:



A better explanation might be something like the following (and, of course, the details will depend on the checker itself, so this example simply models what an explanation could look like):

Understanding what you're feeling can make it easier to get the help you need and deserve, whatever you might be struggling with.

This symptom checker is completely confidential. It will guide you through [#] questions about your experiences—what you feel, how often you feel these feelings, etc.—and explain what those symptoms may mean. You can quit at any time. When you're finished, with your permission, you will be referred to [service/live chat] that might help you.

Explanation is also important on social media, even in the short spaces. Every post, and every tweet, can benefit from more content that focuses on the *why*. Even something as everyday as the announcement of an event is an opportunity to state and restate why this work matters and what's at stake, as illustrated in this example tweet:

Example: Today @EDCtweets and @usvetsinc talked about women veterans' access to #mentalhealth: <http://samplelink>

Reframed: Working 4 access to #mentalhealth at <http://samplelink> @EDCtweets + @usvetsinc: "Women who have served deserve to be seen & heard."

Social media is a powerful tool to help people better understand difficult issues—every post is an opportunity to foster greater understanding of why women veterans' mental health matters. Explain the systems and structures that are available to support mental health and wellness and why these resources matter. Meaningful communication in 140 characters or less is certainly possible.²⁴

Recommendation 24:

Tell “panorama” stories, not “portrait” stories.

As discussed throughout this brief, the way we tell stories is important. Telling success stories about individual people risks alienating women who do not see themselves or their experiences in that story. The individual featured in the story might have had something (e.g., money, a supportive family, a spouse, education) that the reader lacks or struggles with. To avoid risking alienation, the portal should make sure that stories take a context-rich view of mental health.

Stories about individuals reinforce individualistic thinking and make it difficult for people to see the broader meaning in an individual's narrative.²⁵ Because people tend to understand mental health in individualistic ways, they need help connecting the dots to the systemic nature of problems and solutions. By “widening the lens,” we can help frame this issue as a matter of public health. Given the sensitivity of the topics addressed via the portal, it is important to include everyone who visits (women veterans, friends

and family and community members, mental health advocates, etc.). The portal should tell rich stories that illuminate the systems and contexts that interact with individuals.

Although the immediate goal of the initiative is to connect women to resources, a longer-term goal can be changing the broader conversation around mental health. Changing the conversation might look something like moving people from thinking about mental health in terms of *decisions* to thinking about it in terms of *decision-making contexts*.

Close-up portraits of individuals emphasize the personal and conceal environmental and systems-level influences. Such stories can make individuals—and the stories about them—seem “exceptional” and, therefore, not applicable. Ultimately, the narrower the frame, the smaller the opportunity for systems-level thinking. Aim for systems storytelling, using a wider focus to invigorate consideration of policies, programs, social structures, and community as part of the solution. Keeping a wide-angle lens orientation in mind will help personal stories serve as a resource to all who visit the portal, rather than a very narrow audience of people whose experiences align closely with the women featured.

Conclusion

The recommendations described in this brief are intended to help structure the language of the online portal for women veterans so that more people will see it as a helpful, credible, and important resource for mental health. More research is needed to develop and test a comprehensive reframing strategy that comprises empirically tested values, metaphors, explanations, messengers, and more. These recommendations provide a solid foundation toward building a good framing practice.

Appendix: Research Methods

To construct the evidence base, in January and February of 2018, FrameWorks researchers interviewed 25 Los Angeles-area veterans who identified as women and reported mental health issues for which they were not currently getting treatment. All participants were born female and identified as female. Of the 25,²⁶ 14 were in the Army or Army Reserve or Army National Guard, seven were in the Air Force or Air Force Reserve or Air National Guard, and four were in the Navy or Navy Reserves. Two were commissioned officers and 23 were enlisted members. Ten identified as Black or African American, four identified as Asian, three identified as Hispanic/Latina, one as Native Hawaiian or Other Pacific Islander, five as White, and two as Other. Ten identified as ages 30–39 years old, five identified as ages 40–49, and 10 identified as ages 50–59. The interviews were conducted in three locations in Los Angeles to make participation as minimal a burden as possible.

Cognitive interviews—one-on-one, semi-structured interviews lasting approximately 90 minutes—allowed researchers to elicit the ways of thinking about the broad sets of assumptions that women use to make sense of a concept or topic—in this case, issues related to mental health and military service. Interviews began by exploring participants’ thinking about their experiences in the military and their understanding of veteran status, before turning to a discussion of mental and behavioral health issues, help-seeking, and technology specifically. The goal of these interviews was to learn how participants make sense of mental health and related issues, and therefore, researchers gave them the freedom to follow topics in the directions they deemed relevant and important. Researchers approached each interview with a set of guiding questions and probes. However, the order in which the topics were addressed and even the topics themselves were directed largely by the participants. All interviews were recorded and transcribed with participants’ written consent.

The project leadership recognized that the interviews might cause participants to reflect on difficult or traumatic aspects of their experiences. Therefore, the project leadership offered onsite clinical support to each participant following the interview.

To analyze the interviews, FrameWorks researchers used a content analysis approach informed by cognitive anthropology to systematically examine how participants thought about issues related to veteran identity and mental health. First, researchers identified common ways of talking across the sample to reveal assumptions, relationships, logical steps, and connections that were commonly made, but often taken for granted, throughout an individual’s talk. In short, the analysis involved patterns discerned from both what was said (how things were related, explained, and understood) and what was not said (assumptions and implied relationships).

Analysis centered on ways of understanding that were shared across participants so that the recommendations resulting from the research would be solid and broadly applicable. This research is designed to identify common ways of thinking that can be identified across a sample; it is not designed to identify differences in the understandings of various demographic groups.

Appendix: Key Content to Frame

Any framing effort must begin with a clear map of the messages that project leadership want to convey to women veterans. Essentially, these key messages represent the content that must be carefully framed.

FrameWorks consulted the project partners and staff to distill the key messages. These are:

Who is a veteran?

- **Anyone who has volunteered to serve is a veteran.** The project partners want women to know that anyone who has made the decision to serve her country by joining the military is a veteran. Anyone who has made this decision has full rights to services and community support through the Women Vets on Point program, and so even if a woman did not serve beyond basic training, or deploy outside the United States, or serve in combat, she is a veteran. Essentially, if a woman answers the question “Did you put on the uniform?” affirmatively, then she is a veteran.
- **Veterans can have served in any capacity to be considered veterans.** Veterans of any branch of the armed services deserve access to services, and type (e.g., national guard, reserves), location (United States, international), and length of time (e.g., VA policy typically requires 24 months of service for benefits) of military service do not matter.
- **Discharge status does not affect veteran status.** If a woman was dishonorably discharged, she should not be barred from receiving services. The project partners want the portal to serve all women veterans regardless of discharge status.

What is mental health and why does it matter?

- **Mental health is the ability to engage with life in ways that lead to positive outcomes.** Mental health is fundamental to a good quality of life, which is why it is so important to support and maintain it. Having the ability to manage crises that occur throughout life, the ability to maintain healthy relationships through difficult times, and the ability to cope with change are all markers of mental health.
- **Mental health is analogous to physical health, and they are intertwined.** Mental health is as important as physical health (e.g., just as a broken ankle needs immediate treatment, so too do mental health issues), and different facets of health cannot be separated. Mental health issues can cause (and be caused by) physical health issues.

- **Mental health is subjective, and each person’s journey is different.** Mental health issues, and traumatic events in particular, are processed differently by different people based on their personal histories. An issue that might be minor to one person might be traumatic to another. For this reason, mental health evaluation and treatment needs to be individualized and people should seek help for anything that causes them any distress.
- **Women veterans are more likely than male veterans to experience trauma.** Not only are women veterans more likely to have experienced abuse and trauma as children, but they are more likely to experience sexual violence and other traumas in the military context.
- **A sense of agency and ownership is important.** When dealing with mental health issues, maintaining a sense of control is important, and treatment (and the portal) should facilitate a sense of control.

What are the effects of mental health issues?

- **Mental health issues stunt women’s potential and negatively affect quality of life.** Mental health issues can disrupt a woman’s plans for education, engagement, and personal fulfillment.
- **Mental health issues diminish a woman’s capacity to serve in new ways.** Women who are suffering with mental health issues are carrying a heavy burden that makes it difficult for them to take on the things in life they want to do. These responsibilities may involve participating in family life and serving in leadership roles in their communities. This diminished capacity represents an important loss for women as individuals and for society more broadly.
- **Untreated mental health issues affect children and families.** Women’s mental health has an important effect on those closest to them, and women who are caring for family members need to be healthy so that their families—and their children in particular—can have healthier outcomes.
- **Untreated mental health issues affect the community’s health.** When mental health issues are not treated, the aggression (etc.) that can often result weakens communities overall.

How can mental health issues be prevented or addressed?

- **Treatments include many options and are effective.** Mental health issues are typically quite responsive to treatment, in that women will often see improvement with time. Treatment can involve therapy (individual, group), medications, training and practice with coping strategies, etc.

- **Treatment can and must be effective and feasible.** Treatment options are available that are logistically and financially accessible, in that women are able to seek out options that fit with their other commitments.
- **Social support networks are crucial.** In addition to treatment, informal and formal connections that offer consistent social support can be very effective for attenuating mental health issues. Enhancing protective factors like these can help women better manage a chronic condition.
- **Recognizing the signs of mental health issues early and initiating interventions promptly leads to better outcomes.** Project partners know that if women are helped earlier in their journeys, their problems will be more easily treated and their resilience built sooner. Early intervention can help prevent small problems from becoming larger problems.
- **There is “no wrong door” through which to seek help.** Project partners want women to know that there is no right or wrong way to seek help. Talking to a doctor, caseworker, etc. is an important first step and can help women move closer to consistent treatment and better overall health.

In addition to these key messages, project partners wanted to cultivate a sense of trust among women who use the portal, making sure that the portal is clearly meant to be a safe space in which their experiences are taken seriously and respected. They wanted women to know that they are worthy of help and their challenges are important.



About the FrameWorks Institute

The FrameWorks Institute is a think tank that advances the nonprofit sector’s communications capacity by framing the public discourse about social problems. Its work is based on Strategic Frame Analysis®, a multi-method, multidisciplinary approach to empirical research. FrameWorks designs, conducts, publishes, explains, and applies communications research to prepare nonprofit organizations to expand their constituency base, build public will, and 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, ranging from qualitative, quantitative, and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks®, and in-depth study engagements. In 2015, it was named one of nine organizations worldwide to receive the MacArthur Foundation’s Award for Creative & Effective Institutions. Learn more at www.frameworksinstitute.org.

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The FrameWorks Institute. (2018). *Strategies for drawing on the voices of women veterans to communicate about mental health*. Washington, DC: FrameWorks Institute.

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Endnotes

- ¹ Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. (2017, February). Women Veterans Report: The Past, Present, and Future of Women Veterans. Retrieved from https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf
- ² Department of Veterans Affairs, Suicide Prevention Office. (2016, August). Suicide Among Veterans and Other Americans 2001–2014.
- ³ When we refer to “women veterans” or “women vets,” we mean any person who identifies as a woman and who has served in a branch of the armed forces, in any capacity for any length of time.
- ⁴ See www.womenvetsonpoint.org
- ⁵ The online portal is a significant portion of a broader initiative and accompanying outreach campaign; this report focuses on framing the linguistic content of the online portal, but the recommendations within could be applied more generally as well.
- ⁶ Koblinsky, S.A., Schroeder, A.L., & Leslie, L.A. (2017). “Give us respect, support and understanding”: Women veterans of Iraq and Afghanistan recommend strategies for improving their mental health care, *Social Work in Mental Health*, 15:2, 121–142. Retrieved from <https://www.tandfonline.com/doi/pdf/10.1080/15332985.2016.1186134>
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- ⁸ The appendix provides a review of the research methods, including sample composition and data analysis.
- ⁹ The appendix provides a summary of the key concepts that project leadership wants to frame effectively.
- ¹⁰ Lakoff, G., & Johnson, M. (2008). *Metaphors we live by*. University of Chicago Press.
- ¹¹ All interview excerpts have been edited to improve readability and remove any personally identifiable information to protect participants’ privacy.
- ¹² For more details on this cultural model, see: L’Hôte, E., Fond, M., & Volmert, A. (2017). Beyond awareness of stigma: Moving public understanding to the next level: Mapping the gaps between expert and public understandings of mental health in Colorado. Washington, DC: FrameWorks Institute.
- ¹³ For more details on this cultural model, see: L’Hôte, E., Fond, M., & Volmert, A. (2017). Beyond awareness of stigma: Moving public understanding to the next level: Mapping the gaps between expert and public understandings of mental health in Colorado. Washington, DC: FrameWorks Institute.
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- ¹⁸ L'Hôte, E., Fond, M., & Volmert, A. (2017). Beyond awareness of stigma: Moving public understanding to the next level: Mapping the gaps between expert and public understandings of mental health in Colorado. Washington, DC: FrameWorks Institute.
- ¹⁹ See a full description of how to construct explanatory chains in Recommendation 22.
- ²⁰ L'Hôte, E., Fond, M., & Volmert, A. (2017). Beyond awareness of stigma: Moving public understanding to the next level: Mapping the gaps between expert and public understandings of mental health in Colorado. Washington, DC: FrameWorks Institute.
- ²¹ See: <http://www.newsweek.com/women-vets-have-more-double-suicide-rate-civilian-women-668732>
- ²² Pronouns matter. Depending on the context and purpose of the post, it might be more advantageous to address this post to "you."
- ²³ See: <https://symptoms.webmd.com/#/info>
- ²⁴ An additional resource for thinking about "the why" is the Story of Stuff project, particularly the project's video on the Story of Change: <http://storyofstuff.org/movies/story-of-change/>. FrameWorks also includes advice on social media framing in this collection of resources: <http://frameworksinstitute.org/framing-on-social-media.html>
- ²⁵ On thematic vs. episodic frames, see: Iyengar, S. (1991). Is anyone responsible? How television frames political issues. Chicago, IL: University of Chicago Press.
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