B | A

Before and After Examples

These before-and-after examples show how to reframe mental health.

Reframing communications means changing how information is presented—sometimes in small ways. These paragraphs tackle key topics in adult and child mental health—prevention, disparities, care for children and families, and multigenerational approaches to health—and show how to edit examples so they are more explanatory.

PREVENTION

Before

Studies show that half of those who develop mental health disorders in adulthood show symptoms by age 14. Despite this knowledge, we continue to fail our children by ignoring problems until they reach crisis levels. Instead of investing in prevention and early intervention programs and providing access to appropriate services, we have unconscionable rates of suicide, school drop-out, homelessness, substance abuse, and involvement in the juvenile justice system. We do important work to provide mental health services and supports for people who need it, but the overwhelming number of people in need reminds us that we often we wait too long to take action.

Crisis messaging disengages audiences and depresses support for needed solutions by feeding a sense of "fatalism" – the belief that the problems we face are too big to fix.

The focus here is on what happens when we don't prevent mental illness, whereas a more productive frame would illuminate the benefits of taking action.

After

We can prevent and mitigate the effects of many mental health disorders—but only if we respond appropriately to early signs and symptoms. Fortunately, these signs typically manifest years before a clinical disorder emerges. One effective way to prevent mental health disorders and improve outcomes is to take a more holistic and multigenerational approach.

This reframed opening introduces prevention as a collective goal and responsibility.

This includes ensuring that quality mental health services are available to all family members. We can also take steps to promote mental health at a population level. We can reduce risk factors, like lack of access to safe, affordable housing, and increase "protective factors," like ensuring that quality mental health treatment is a part of our criminal justice system.

This section introduces protective factors without using crisis tones.

DISPARITIES

Before

Black and Latino children experience mental health problems at a similar rate as their white peers, yet they are less likely to receive treatment, a new study of nationally representative data shows. For instance, Black and Latino children made 37 percent and 49 percent fewer visits to psychiatrists than white children, and 47 percent and 58 percent fewer visits to any mental health professional. Black children's low use of services was not due to lesser need. Black and white children also have similar rates of severe episodes that resulted in psychiatric hospitalization or emergency visits.

These data are unframed, and therefore vulnerable to the interpretation that Black and Latino children themselves, (or by extension their parents/ larger cultural identity groups) are to blame for their poor outcomes.

Avoid reiterating misunderstandings that you want to correct. (This has the unintended effect of making them even more memorable!)

After

All children, regardless of race, experience mental health problems at similar rates. However, access to mental health care is not equally available to children in all places and from all backgrounds. As a result, white children access mental health treatment and preventative care at different rates than Black and Latino children. For example, white children are much more likely to see psychiatrists than Black or Latino children. Black children saw psychiatrists at about one-third (37 percent) the rate of white children, and Latino children saw them at about one-half (49 percent) the rate of white children. Disparities in access to care lead to disparities in outcomes later in life. We can address these disparities by making sure that health resources flow evenly through all communities; doing so will help all young people reach their full potential.

Explaining differences in outcomes and disparities as inequality between places and levels of access avoids the appearance of "blaming" groups for their circumstances.

Think about how the reframing could continue here. What specific policies do you advocate for that address disparities by removing barriers to treatment and support?

CHILDREN AND FAMILIES

Before

Mental illness in parents presents a risk for children. When both parents are mentally ill, children have a greater chance of developing a mental illness themselves. An inconsistent, unpredictable family environment also contributes to mental illness in children. A parent's mental illness can put stress on his or her marriage and affect the couple's parenting abilities, which can, in turn, affect the child's mental health. Parents need treatment, not just for their own sake, but for their children's Research shows that when parents with mental illness recover, their children's symptoms improve.

This communication is likely to cue a sense of determinism – the belief that mental illness in parents leads to mental illness in children, and so on through the generations, which leaves audiences with little hope of positive change.

After

The mental health of parents and caregivers is closely linked to the mental health of children. This is one reason why the prevention and early treatment of mental health problems for all age groups is so important. Research shows that when parents affected by mental health challenges recover, their children's symptoms and outcomes improve as well. Supporting adult mental health will alleviate marital stress, enhance parenting abilities, and create consistent, predictable home environments that contribute to the psychiatric wellness of families and communities.

Here, the close relationship between the mental health of parents and the mental health of children is framed as an opportunity. Instead of leading audiences to throw up their hands, this communication motivates us to exercise our agency.

MULTIGENERATIONAL APPROACHES

Before

Because family adversity can profoundly impede a child's growth and development, the best way to help children is often to help their parents. Taking a two-generation approach has proven to be one of the most effective ways we know of to break the intergenerational cycle of disadvantage. Decades of research show home visiting programs improve newborn and maternal health, increase school readiness, boost school performance, prevent

As described in the previous example, phrases like "intergenerational cycle" are deterministic. In other words, they seem to describe inescapable doom. Focusing on a "vicious cycle" may cause audiences to think, "Why bother?" which is an unfortunate set-up for the needed solutions that are described in the following sentence.

maltreatment, reduce high-risk behavior among adolescents, and help families become more economically self-sufficient. These programs change the trajectory of children's lives and put an end to intergenerational poverty, violence, and abuse.

After

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FrameWorks' research on public thinking about human services finds that the assumption that people should be self-sufficient can backfire. Instead of focusing public thinking about the goals of supports, it reinforces the assumption that supports should be temporary and only provide the most basic necessities. Explore the *Talking Human Services communications toolkit* and MessageMemo to learn more about these cultural models, and how to avoid them by using narratives about *Building Wellbeing*.