A Quick-Start Guide to Reframing Children’s Mental Health

Framing involves making choices about how to deliver a message: what to emphasise, how to explain critical concepts, and even what to leave unsaid. The strategies described below were tested for their ability to deepen practitioners’ understanding of children’s mental health and their support for the structural changes necessary to promote children’s positive mental health. Children’s mental health experts can and should use these strategies to communicate more effectively with practitioners about systems-level changes that can improve mental health outcomes across Australia.

Reframing recommendation: Take time to define children’s mental health as a positive state.

Emphasise promotive factors to steer practitioners away from the tendency to think of mental health as the absence of illness. Explain how developmental processes such as building resilience support children’s positive mental health.

Example: When infants and children have strong mental health, they are able to regulate their emotions, cope with distress and behave in ways appropriate to their age. They can engage fully with the world and thrive over their life-course.
**Reframing recommendation: Foreground the collective benefits of promoting children’s mental health.**

Focus on the society-wide benefits of positive mental health. Stories about individual children or families cause people to miss the big picture.

**Example:** Children’s positive mental health in early childhood benefits all of us through things like more resilient families, better educational outcomes and, in the long term, a stronger society.

**Reframing recommendation: Link children’s mental health to broader societal issues.**

Explain, step by step, how structural forces like poverty have cascading effects that shape children’s mental health, in order to set up conversations about solutions. Help your audience see what you see.

**Example:** Many outside forces influence children’s mental health. Financial instability, for example, can cause families enormous stress and anxiety. When parents experience a lot of stress, it can limit their ability to build strong relationships with children, which can disrupt children’s ability to develop positive mental health and the resilience they need to learn how to manage life’s challenges effectively. By taking steps to eliminate or buffer the impacts of social problems like poverty, we can improve children’s mental health and future wellbeing, too.
Reframing recommendation: **Explain how discrimination and inequity affect child mental health, and how they can be fixed.**

Social conditions affect children’s health. Use explanatory chains – “A leads to B leads to C” – to show how diversity, equity and inclusion issues affect mental health outcomes and discuss what can be done to change things for the better. Use concrete examples, like culturally responsive practices or trauma-informed care, to move thinking towards action. Be sure to explain what causes what, and with what consequences.

**Example:** Social problems like racial discrimination and inequity harm children’s ability to develop positive mental health (big picture statement). That’s because discriminatory practices in housing, employment, schooling, and so on, place extra stress on families who feel the impacts of this inequitable treatment (first link in chain). This stress can compromise families’ strong, healthy attachments (second link in chain). Without those strong attachments, children struggle to develop trust and mastery of the world around them (third link in chain). If we make sure that communities who face discrimination have better access to the resources that have historically been denied to them, like affordable housing and job opportunities, we can better support child mental health in Australia (solution).

**Reframing recommendation: Make solutions a vital part of the story.**

Too much focus on the problem feeds fatalism. Foster optimism and move people to action by demonstrating that systems-level change is possible. Share solutions that can shift attention away from individual change like awareness and education and towards changes in policy and practice.

**Example:** Integrating the institutions and governmental departments responsible for supporting children’s development can build strong wellbeing and mental health for Australia’s children. This means that professionals who work directly or indirectly in childhood mental health – such as medical practitioners, mental health groups, child protective services and educators – need to be able to coordinate and communicate effectively with each other and with families. We can achieve this by encouraging professionals from these different disciplines to practice in one location, which would make the screening and referral processes smoother for both families and professionals.