

HOW TO TALK ABOUT EARLY CHILDHOOD MENTAL HEALTH

To help infant-toddler professionals successfully communicate with policymakers and the public about early childhood development, the ZERO TO THREE Policy Network publishes a series of articles in *The Baby Monitor* focused on effective communication about the early years. All of the articles in the series can be found at <http://www.zerotothree.org/public-policy/action-center/communication-tools.html>. As in the other articles in the series, we draw from current research of the FrameWorks Institute to inform our advocacy and communications practice.

Introduction

In this framing article, we highlight the communications research on an issue of particular interest within our field: childhood mental health. Not to shy away from a challenge, the FrameWorks Institute embarked on a multi-year study¹ of how experts talk about childhood mental health and mental illness, and how the public understands those concepts. While the research discusses childhood mental health broadly, the results are illuminating, and present insights that will better inform the ways in which practitioners and advocates engage others in discussions around early childhood mental health as well.

More than ever before, the public has an understanding of, and appreciation for, brain development and early childhood development. The public *and* policymakers recognize that a child's success is not determined solely by their cognitive development, but also by their social, emotional, and physical development. Yet physical and cognitive development are far easier for the public and policymakers to grasp. The domains of development that are associated with mental health and well-being – namely social and emotional health – remain illusive for many, resulting in misinformation and uneven early childhood mental health policies. With the tools provided by FrameWorks, we can communicate more effectively and promote public policies that reflect what we know about early childhood mental health.

Mental Health vs. Mental Illness

Before we can delve into developing effective messages about early childhood mental health, we must better understand how the public and policymakers reason about the issue. The research documents that there are very distinctive differences in how people understand mental health vs. mental illness. As experts, we use the terms interchangeably, and even use additional terms like social-emotional health when referring to mental health as it relates to development. But that isn't how the general public and policymakers reason about it. The models people use to make sense of mental health and mental illness produce significant challenges for those interested in promoting public policy solutions for early childhood mental health.

Mental Health – FrameWorks' research revealed that people associate mental health with emotional health, and that those emotions can be either positive or negative. Since we talk often about emotional health, this may not seem like a bad thing. But when it comes to children specifically, two contradictory models presented themselves: “children can't have mental health because they have undeveloped emotional capacities” and “children can experience mental health...because they are just little adults...but it is less complicated, with fewer variables at play.”² Neither of these models are rooted in scientific understanding of mental or emotional health and development, which can have

negative implications for both policy and practice. Also, in both cases, mental health as emotional health relies heavily on the cultural model of *mentalism*, which positions the issue as individual and only the responsibility of the person involved (e.g., “the cause[of poor mental health] 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.”³). This presents significant challenges when the public is presented with the notion that babies experience mental health problems. How could a baby be responsible for motivating herself to manage her emotions?

Mental Illness – On the other hand, FrameWorks’ research discovered that mental illness triggers a whole different set of assumptions. People understand mental illness in more *fatalistic* terms – that it is inevitable and set in stone. For both adults and children, mental illness is thought to be physical – located in the brain – and caused by a chemical imbalance that was determined by a person’s genetic structure, which is predetermined and can’t be changed.⁴ “The implications of these...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.”⁵ With this understanding of mental illness, “policy solutions – along the entire continuum from prevention to intervention to treatment – are virtually impossible to consider.”⁶

So where does this leave us? First and foremost, this knowledge provides us with a starting point for creating new models that will form connections between what experts know and the troublesome frames that currently guide the public’s understanding of children’s mental health.

Tools You Can Use:

Communicating Effectively About Early Childhood Mental Health

Our earlier examinations of framing early childhood development provide us with a solid foundation to build upon when reframing early childhood mental health. In fact, many of the [lessons learned about communicating early childhood development](#) are at play with this issue as well.

The FrameWorks Institute recommends the following strategies for communicating effectively about children’s mental health (which also applies to communicating early childhood mental health specifically)⁷:

- Begin your communications with the **values of Prosperity or Ingenuity**, which set the stage for redirecting the public’s line of thinking about the issue;
- Use the **simplifying model or metaphor of Levelness**, because it provides people with a process for understanding how mental health works; and,
- Utilize the **core story of early childhood development**.

Values – In FrameWorks’ testing, emphasizing the value of **Prosperity** achieved the best results in shifting support toward public policies that promote children’s mental health. Prosperity refers to the nation’s future success and well-being and was used to set the stage for a more communal role in ensuring children’s mental health.⁸ In addition, using the value of **Ingenuity** in communications suggests that “innovative solutions can be brought to bear on improving child

mental health, [and this] overcomes the default assumption that little within the public sphere can be done to improve outcomes for children.”⁹

- Prosperity Example: “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.”¹⁰
- Ingenuity Example: “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.”¹¹

Simplifying Model – A simplifying model is a framing tool that has the ability to distill scientific concepts into analogies that can easily become commonly used among society, such as, “the heart is a pump,” “the eye is a camera,” etc.¹² In this research, the simplifying model which presented the greatest promise was **Levelness**, which allows “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.”¹³ The elements of the Levelness simplifying model are illustrated in this example:

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 metaphor].

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 [demonstrating how children's mental health functions].

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 could mean they're exposed to abuse or violence, have unreliable or unsupportive relationships, and don't have access to key programs and resources [illustrating the degrees of levelness and the reasons why a child might be unlevel].

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 [just as tables cannot level themselves, children require intervention and support].

*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.*¹⁴

Early Childhood Development Story – Reminding people what child development means and how it works can support the public's understanding of children's mental health. FrameWorks suggests using child development simplifying models, like brain architecture and toxic stress, to show what takes place during development and how it can be derailed.¹⁵ In fact, the most successful communications about children's mental health would begin with “the core story of development...[and then make] a strategic pivot to the translation of the mechanisms of child mental health via the simplifying model of *Levelness*.”¹⁶ For examples of how to combine the “core story of development” with the strategies recommended for communicating children's mental health, see the FrameWorks Institute's [talking points](#), [sample opinion editorial](#), [basic message template](#), and [effective responses](#) to questions about mental health.

What to Avoid

Learning what will allow us to be more effective in our communications about early childhood mental health is a gift. But we must also recognize that there are things we should avoid in our communications, or our attempts to reframe will be unsuccessful.

- Do not begin the communication talking about mental health or mental illness, but begin the conversation with the “core story of early childhood development” and add mental health after it.
- Avoid talking in *fatalistic* terms. For example, you should avoid saying that development is set by age three and that mental illness is something that is caused by genetics.
- Make sure your communications are about more than the individual. Referred to as *mentalism*, this notion asserts that individuals have personal responsibility and control over their own emotions.
- [Do not use case studies](#) of children or families to personalize the need for public policies or services. This obstructs the public's understanding that we all have a role to play in supporting the mental health and well-being of very young children.

Conclusion

This article provides food for thought as we work toward improving the public and policymakers' understanding of early childhood mental health. With this new knowledge, we have a tremendous opportunity to reshape the conversation about mental health and achieve policy solutions that more closely align with science and practice.

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March 2011*

About Us

ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn

more about this topic, or about the ZERO TO THREE Policy Center, please visit our website at <http://www.zerotothree.org/policy>.

¹ See www.frameworksinstitute.org for the complete research reports, messaging tools, and resources from this study.

² Lynn Davey, *How to Talk About Children's Mental Health: A FrameWorks MessageMemo*. FrameWorks Institute, December 2010, www.frameworksinstitute.org

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Susan Nall Bales, *Framing Public Issues*. FrameWorks Institute, June 2004, www.frameworksinstitute.org.

¹³ Davey, *How to Talk About Children's Mental Health: A FrameWorks MessageMemo*.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.