



Refining the Options for Advancing Support for Child Mental Health Policies

A FrameWorks Research Report

Prepared for the FrameWorks Institute

by

Adam Simon

October 2010

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EXECUTIVE SUMMARY

This paper reports on an experiment that extends the 2009 experimental study reported in *Advancing Support for Child Mental Health Policies*.ⁱ That study tested the impact of six values—Prosperity, Ingenuity, Future, Responsible Management, Vulnerable Child and Healthy Society—on relative support for child mental health policies. The study found that two of the tested values, Prosperity and Ingenuity, dramatically increased the salience of children’s mental health policy among respondents.

The present study takes advantage of an opportunity to test the effects of two additional values, Prevention and Interdependence, on support for policies related to children’s mental health. In research conducted on child mental health in Canada, new values emerged as potentially effective in advancing public thinking.ⁱⁱ Taking advantage of these promising directions, FrameWorks tested these values in an experimental survey in the U.S. Here, we find that neither value produced statistically distinguishable changes among U.S. respondents,ⁱⁱⁱ although they did move support in Canada in a parallel experiment. In other words, this investigation determined that attaching an explicit values frame of Prevention to communications about children’s mental health does not, in fact, increase support for mental health policy. The same is true for the value of Interdependence, which explicitly asserts notions of mutual responsibility. The limited effectiveness of these values highlights the strategic effectiveness of Prosperity and Ingenuity in this domain. Thus, this new experiment demonstrates that Prosperity and Ingenuity continue to offer the most salient path to increasing support for children’s mental health policies.

We also investigated the effect of these two new values on two additional policy domains: support for early childhood development programs and policies designed to treat addiction. Neither the values of Prevention nor Interdependence changed attitudes relative to the control condition on a battery of questions concerning early childhood development. For policies designed to treat addiction, however, there was a substantial change in respondents’ reactions as a result of exposure to the value of Prevention. Specifically, participants exposed to the value of Prevention were more likely to support policies designed to address the problem of addiction. It is interesting to note that all values tested worked to lift addiction policies in Canada, whereas only the value of Prevention accomplished this in the U.S.^{iv} Frame effects of the value of Prevention on addiction policies in the U.S. suggest that incorporating addiction into the core story of child mental health and development, or using this core story to communicate about issues of addiction, may be effective communications strategies, as the issue of addiction becomes of interest to the Harvard Center on the Developing Child.

In terms of the efficacy of values in lifting support for children’s mental health policy, we continue to rely on the recommendations provided in the 2009 experimental study, which determined that Prosperity and Ingenuity significantly improved support for policies related to this issue. We also explain how findings from the current study underscore the need for inclusion of other key frame elements if communications around child mental health are to succeed. Specifically, simplifying models, which explain how both child development and mental health “work,” are needed to overcome folk theories of development, mental health and “children.” These folk theories limit the public’s ability to see the role that policy can play in supporting the health and well-being of children. Ongoing FrameWorks’ research, using both qualitative and

quantitative methods, is showing that these simplifying models are highly effective components of reframing the issue of child mental health and strategically lodging it in the larger science framework of early child development.

INTRODUCTION

Children’s mental health is a challenging issue for the lay public to grasp. In fact, the public relies on very different assumptions and understandings when discussing “mental health” or “mental illness.” FrameWorks’ cultural models interviews revealed that most Americans find it hard to conceptualize the reality that children experience “mental health.” And, when they consider “mental illness,” they largely default to explanations based on genetics.^v In addition, people are profoundly skeptical of attempts to diagnose mental health problems in children, and regard diagnosis and treatment as inherently private and subjective issues.^{vi} As a result, it is difficult for child development experts to inform the public about the science of children’s mental health or the efficacy of policy innovations that promote mental health in young children.

With support from the Center on the Developing Child at Harvard University, FrameWorks began a long-term project to assist experts in constructing a conversation on this issue.^{vii} One critical part of this project was an experimental survey, *Advancing Support for Early Child Mental Health Policies*, conducted in 2009, that investigated whether exposure to key frame elements of the core story of early child development heightens public support for child mental health policies.^{viii} More specifically, that study tested values, the orienting part of a reframe, as a critical element in overall strategic communications. The six values tested in that study—Prosperity, Ingenuity, Future, Responsible Manager, Vulnerable Child, and Healthy Society—were selected either because prior research suggested that they held potential for evoking greater support for policies that advance children’s development or, in the case of the Vulnerable Child and Healthy Society frames, because of their common appearance in early childhood scholarly and advocacy literature. These latter two values were specifically tested in order to empirically validate the effects of these popular values frames on public attitudes.

In this 2009 study, two values, Prosperity and Ingenuity, were effective, relative to the other values tested, at increasing support for child mental health policies. The values were presented to randomly-assigned experimental participants who then rated their support for a variety of child mental health policies described below. Both Prosperity and Ingenuity lifted support for these policies by statistically significant margins.

The present study investigated the effects of values frames on support for children’s mental health policies further by testing two additional values, Interdependence and Prevention. Specifically, this experiment sought to determine whether these two new values can have a greater impact on support than Prosperity and Ingenuity. Other than the values tested, the design was kept identical to the previous study to allow for comparisons between these two experiments. The desire to test the value of Interdependence emerged from qualitative research performed in Canada that indicated that ideas of mutual responsibility were powerful in mobilizing the collective thinking necessary to move public support concerning children’s mental health policy. The value of Prevention was tested because it permeates existing advocacy communication on children’s mental health and also had demonstrated potential in qualitative research in Canada.^{ix}

The experiment described here also expands the range of outcomes examined by including observations of support for early childhood development programs and programs designed to treat addiction. Effective framing of early childhood development has been a central area of investigation of the FrameWorks Institute for more than a decade, and this study afforded an opportunity to test these values in this area. Interest in addiction stems from another FrameWorks project, the Alberta Family Wellness Initiative supported by Norlien Foundation, which supports programs related to the treatment of addiction as part of its core mission and shares a broader concern with early childhood development and the relationship of adverse early experiences to addiction. By testing the impact of various aspects of the emerging child mental health frames on addiction policies in this experiment, FrameWorks hoped to make a contribution to the Center's interest in this same constellation of issues.^x

METHODS

Treatments

This experimental survey tested two values: Prevention and Interdependence. The exact wordings of the values treatments are presented in the Appendix.

The value of Prevention suggests that it is better to anticipate children's mental health problems before they happen in order to keep them from doing any damage. In earlier Peer Discourse sessions, we found that the concept of Prevention was successful at stimulating conversations about broader policies that might be implemented to address children's mental health issues, rather than limiting discussions to individual actions as the drivers of mental health.^{xi} This is an important function of values in strategic framing, and this shift from individual to public solutions is a challenge that FrameWorks' research detects across a variety of social issues. For example, in the case of children's mental health, respondents are often likely to characterize the responsibility for treatment as limited to parents' actions, a pattern of thinking we have found to inhibit their ability to think about the issue in terms of broader social policy.^{xii} The concept of Prevention was also prevalent throughout expert materials, which indicated that scientists and advocates assume the effectiveness of Prevention as an organizing theme in their communications around this concept.^{xiii} Thus, it is important to test the value of Prevention to see if we can replicate the success it enjoyed in Canada at stimulating conversation about broader policies and to measure the effects of extant communications practice.

The value of Interdependence suggests that the mental well-being of children affects the well-being of the entire community, so that everyone has a stake in improving child mental health. In essence, it asserts a non-commercial value for mutual responsibility, whereas Prosperity as a value posits a more market-based reason. Interdependence was included in this experiment because qualitative interviews conducted in Canada suggest its effectiveness in structuring ideas of social solutions, collective benefits and collective responsibility.^{xiv} This experiment sought to determine if the value of Interdependence could shift Americans toward similar notions.

Data

The findings reported here are drawn from an experimental online survey administered by YouGov Polimetrix.^{xv} It took place between May 25 and June 2, 2010. The study included a sample of 1,226 United States registered voters weighted on the basis of age, gender, education level and party identification to statistically represent all adults in the nation. Of these, 405 respondents were randomly assigned to the control group, which saw no treatment but answered all policy questions, while the remaining respondents were randomly assigned to one of the experimental conditions, in which case they saw one of the two values treatments before answering policy questions.

Dependent Measures

Three sets of policies—or “policy batteries”—were constructed to assess the impact of the values frames on support for policies related to early childhood development, children’s mental health, and addiction. A pilot study of 300 respondents conducted in April of 2010 pre-tested the policy batteries.

The early child development policy battery measures respondents’ support for policies related to early childhood development. The exact wording of these nine questions, as well as those questions included in the other batteries, appears in the Appendix. The nine items were formed into a single scale using principal component analysis (PCA) for investigation of the value treatments’ impacts on support for early childhood development programs on a single dimension. This scale runs from zero to one hundred, where one hundred indicates maximal policy support and zero indicates no support at all. This process was used to create measures for all three policy batteries in the experiment.

The children’s mental health policy battery measures respondents’ support for policies designed to improve child mental health. The scale consisted of five questions designed to measure respondent support for early child development policies. In turn, the addiction policy battery was created to address a primary concern of the Alberta Family Wellness Initiative supported by Norlien Foundation. The scale consisted of six questions designed to measure respondents’ support for policies designed to address addiction.

RESULTS

Table One presents the regression estimates for the performance of the Prevention and Interdependence values on the early childhood development scale. In this table, the estimate reflects the increase in the value of that scale due to the treatment, relative to the control condition, which received no value treatment. Note that the full regression model includes controlling factors, so all estimates presented here account for variation in political party identification, education, gender, marital status and race of respondent.

Table One: Regression Estimates of Value's Effect on Early Childhood Development

Value	Estimate
Prevention	-.028
Interdependence	.060
(Constant)	.639
Adj. R squared	.10

The table shows that neither of these estimates of the effect of the value treatment on responses to the early childhood development battery reaches conventional levels of statistical significance. This indicates that the effect of these two values on increasing support for early childhood development is not distinguishable from zero. In other words, exposure to the values of Prevention and Interdependence had no measurable effect on respondents' support for early childhood development programs and policies.

Table Two presents the regression estimates for the performance of the two values, Prevention and Interdependence, on the children's mental health policy scale. In this table, the estimate reflects the increase in the value of that scale due to the treatment relative to the control condition.

Table Two: Regression Estimates of Value's Effect on Children's Mental Health

Value	Estimate
Prevention	.004
Interdependence	-.014
(Constant)	.602
Adj. R squared	.12

The table shows that neither of the estimates of the effect of the value treatment on responses to the children's mental health battery reaches the level of statistical significance. This finding indicates that the effect of these two values on increasing support for children's mental health policy is not distinguishable from zero. Again, this experimental survey shows that exposure to the values of Prevention and Interdependence had no measurable effect on respondents' support for children's mental health programs.

Table Three presents the regression estimates for the performance of the two values on the addiction policy scale.

Table Three: Regression Estimates of Value's Effect on Addiction Policy

Value	Estimate
Prevention	.190 **

Interdependence	-.058
(Constant)	.729

Adj. R squared	.12
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** indicates statistical significance at the .01 level

In Table Three the estimate for Prevention proves to be statistically significant. This estimate represents the fact that exposure to the value of Prevention caused a 2 percent average increase in respondents' support for addiction policies. This result is statistically significant at the .01 level, meaning there is one chance in a hundred that this result appeared due to chance. The other estimate, which reflects the effect of the Interdependence value treatment, does not reach the level of statistical significance.

DISCUSSION

There are several important cultural nuances revealed by these data. Our research with Canadians revealed that the value of Interdependence, which suggests that “we are all in this together and have a duty to take care of each other,” proved salient in support for children’s mental health policies.^{xvi} Thus, in Alberta, the value of Interdependence caused a statistically significant increase in support for policies designed to address children’s mental health. In contrast, in the United States, the value of Interdependence did not shift respondents’ support. The value of Prosperity, which also has a collective orientation but one that suggests that what is at stake is the nation’s future prosperity and well-being, proved most powerful in shifting American’s support for children’s mental health. One might conclude that, in our more capitalist culture, the need to underscore the financial and societal reasons for mutuality remains imperative to moving the early child agenda.

In addition, our prior research confirms that the value of Ingenuity has significant positive effects on support for policy, both in the U.S. and Canada. This value taps into a can-do attitude and suggests that innovative solutions can be found to tackle difficult social issues. It appears that both societies share this value and that it is useful in overcoming the assumption that little can be done to improve outcomes for very young children beyond programs directed narrowly at parent education.

In terms of the value of Prevention, this is a common value applied to a variety of issues related to children’s health and development; it is in widespread use in advocacy communications, including the prevention of child abuse and neglect, substance abuse and mental health, and adolescent risk behaviors. Put another way, to the outside observer, Prevention is a commonly deployed value upon which communicators rely in the absence of evidence-based strategies. While entirely logical, as a valid solution put forward by early child development experts, the merit of “prevention” as a communications tool has been largely unexamined in empirical communications research. As it turns out, its use is not without consequences. In this study, Prevention does not improve support for either children’s mental health or early childhood development policy. We suggest the reason for this failure lies in the lack of understanding the

public has of a) the factors that optimize or put at risk healthy development of children and b) what contributes to a child's mental health. The public cannot, then, without further explication of developmental processes, grasp how Prevention is pertinent to developmental or mental health outcomes. The choice of Prevention as a value in advocacy and expert communications on these issues, then, remains an empty promise and a waste of important intellectual real estate.

From FrameWorks' observation of the default understandings of development, we conclude that, for most Americans, some combination of fate, free will, genetics, and parents are perceived to interact in a nebulous way and to produce either good or bad kids—what FrameWorks has termed the “black box” theory of development.^{xvii} Further, problems that occur in childhood are largely attributed by FrameWorks' informants to one of two sources: parents' actions or the child's genes. The public believes the latter are set in stone. (Note that this same thinking is applied to reasoning about children's mental health. Mental health in children is seen to be influenced by the actions of parents, whereas mental illness is something caused by genes.^{xviii}) Given these entrenched patterns of reasoning accorded to children's developmental inputs and outputs, it is clear that simplifying models that explain *what* develops, and *how* development happens, are needed to overcome these gaps. In other words, simplifying models can open up the black box to allow values to do their work. In contrast, and not surprisingly, Prevention was salient to support for addiction policy, perhaps precisely because people already have a sketchy notion that it can be prevented. As earlier FrameWorks research shows, when asked to think about Prevention, Americans readily discuss Prevention in terms of warding off a variety of negative outcomes, with a focus on substance use and abuse.^{xix} It is clear that folk theory holds that people are not born addicted, and so steps can be taken to avoid this outcome. Interestingly, this earlier research also showed the difficulty of using this same Prevention value to advance conversations about early child development; in fact, conversations about early child development served to better prime discussions of prevention than vice versa.

It is instructive that FrameWorks' qualitative research has produced a finite set of simplifying models that can be relied upon to explain key scientific constructs about children's mental health. Two of these models are part of the core story of early child development.^{xx} They work to overcome the default models noted above, but they have also proven successful in orienting the public toward new understandings of children's mental health. These models are Brain Architecture, which explains that early experiences shape the architecture of the developing brain, and Toxic Stress, which differentiates chronic, severe stress reactions from more normative stress, allowing people to reason about factors that can derail development. In addition, a new simplifying model was developed to address specific problems in the public's conceptualization of children's mental health and mental illness.^{xxi} This model likens children's mental health to the concept of Levelness. The simplifying model concretizes the notion of levelness by describing levelness as a quality of a piece of furniture, such as a table, a quality that determines its functioning and usability. The model suggests that there are many reasons why a table might not be level—it could depend on the condition of the table, of the floor on which it rests, or both. With this metaphorical idea in mind, FrameWorks' research respondents were able to identify a variety of forces that might impact children's mental health—genes, parents, the environment, or combinations of these factors. In other words, the simplifying model of Levelness encourages people to reason about how these factors work together to contribute to mental health.

The evidence collected here leads us to reiterate the recommendations from previous FrameWorks research regarding salient values for framing children’s mental health. In the United States, the values of Prosperity and Ingenuity significantly move support for children’s mental health policies in a progressive direction, whereas in Canada, Ingenuity and Interdependence proved most successful. It is also clear—as we have found across a host of children’s issues, from development broadly considered, to executive function, epigenetics, and, in this study, children’s mental health—that communicators require the power of simplifying models that explain developmental processes in order to improve public understanding of developmental science, and the causes of and solutions to specific developmental outcomes. Whereas values direct people toward considering *what is at stake* in any issue, simplifying models explain *how things work*. As noted above, two models that are part of the core story of child development are also useful for explaining children’s mental health (Brain Architecture, which explains *what* develops; and Toxic Stress, which explains *how development is derailed*^{xvii}). Additionally, our research revealed particular challenges in the public’s construction of children’s mental health. Of all the simplifying models developed and tested to translate children’s mental health, the model of Levelness significantly improved understanding, overcoming past default assumptions and folk theories of mental health. We conclude with the recommendation that the values of Prosperity and Ingenuity remain the most persuasive for a host of early child and child mental health policies, as well as with a directive that underscores the importance of a handful of powerful simplifying models for deepening the public’s appreciation of how these issues “work.”

About FrameWorks Institute

The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute’s work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

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Appendix

Dependent Measures

Early Childhood Development

Please tell us whether you agree strongly, agree, disagree, or disagree strongly with the following items:

1. Offer sliding fee scales to families to allow more children access to early childhood education and care
2. Expand government tax credits for families with young children to help families afford early childhood education
3. Do not require all early education staff to have at least two years of post-secondary training in child development (reverse coded)
4. Improve the system of regulated or licensed early care and education to provide developmentally appropriate activities and experiences for children
5. Expand access to early childhood education for all children before kindergarten
6. Develop intensive early childhood education services targeted for at-risk children before kindergarten
7. Create more coordination between the child health and early childhood education systems
8. Make certain that early care and education settings adequately support child health by serving healthy food and offering opportunities for physical activity
9. Make certain that all children who have health problems that might impact their learning are appropriately identified and referred for services

Children's Mental Health

Please tell us whether you agree strongly, agree, disagree, or disagree strongly with the following items:

1. We do not need to hire mental health professionals who have specific training in child mental health who are qualified to recognize and address the needs of the young (reverse coded)

2. We should encourage involvement and collaboration between primary care physicians, parents, and caregivers/teachers
3. We should improve the quality of child care and early education programs by reducing child-to-teacher ratios, reducing class size, increasing teacher training, and increasing teacher compensation
4. We should decrease funding for high-quality child care and early education programs in order to increase access to these programs (reverse coded)
5. We should increase awareness of the fact that children can have mental health problems

Addiction

Please tell us whether you agree strongly, agree, disagree, or disagree strongly with the following items:

1. The capacity of existing addiction treatment services should be increased to treat more people in need
2. Medical students should be trained to screen for, assess, and treat addiction
3. It is not necessary to focus on the implementation of evidence-based addiction intervention strategies in educational settings for youth and adolescents (reverse coded)
4. We do not need more funding for research on addiction neurobiology to better understand addiction as a medical disorder (reverse coded)
5. Efforts to improve access to addiction services should include educating the public about the availability of community-based treatment
6. Research and evaluation of prevention and intervention strategies for addiction aimed at youth/adolescents should be supported

Values Treatments

Prevention

Preventing Problems Before They Occur Is Best Plan for Mental Health Policy

When making mental health policy, we need to look to the value that should be guiding our country. Preventing problems before they occur needs to be our number-one goal. People who believe in this goal say that we should not postpone our response to children's mental health issues. When we postpone dealing with these problems until later on, they get more serious and

require more resources and effort to fix. Instead, we should use our resources today to prevent them from occurring in the first place or becoming worse. So, according to this view, we would be better off in the long run if we took steps today to prevent the child mental health issues that we know can undermine their success in life and affect the well-being of our communities. A good mental health system for our nation would use a preventive approach to making decisions about children's mental health issues.

Pull out: Prevention is key to promoting children's mental health

Interdependence

Everyone Has a Stake in U.S. Mental Health Policy

When making mental health policy, we need to look to the values that should be guiding our country. Recognizing that we are all connected and must rely on each other needs to be our number-one goal. People who believe in this goal say that we should not promote policies that only work for a few. When we fail to recognize that everyone has a stake in healthy children, we fall short of ensuring that most children can become contributing members of society. Instead, our country should use our resources to work for the greatest common good. So, according to this view, America would be better off if we developed early child development policies that promote the mental health of as many children in our society as possible. A good mental health system for America would recognize that we are all in this together and would apply this approach to making decisions about children's mental health issues.

Pull out: Recognizing our interdependence is key to promoting children's mental health

ⁱ Manuel, T. & Gilliam, Jr., F. (2009). *Advancing Support for Early Child Mental Health Policies: Early Results from Strategic Frame Analysis™ Experimental Research*. Washington, D.C.: FrameWorks Institute.

ⁱⁱ O'Neil, Moira. (2009). *Destiny or Destructive Environments: How Peer Discourse Sessions Toggle Between Child Mental Health and Child Mental Illness*. Washington, D.C.: FrameWorks Institute.

ⁱⁱⁱ Simon, Adam. (2010). *Moving North: Translating Child Mental Health Values and Models to Canada*. Washington, D.C.: FrameWorks Institute.

^{iv} Ibid.

^v Kendall-Taylor, N. (2010). *"Kids Must Have Mental Health ... but They Can't, Can They?": How Albertans Think About Child Mental Health*, Washington, D.C.: FrameWorks Institute.

^{vi} Kendall-Taylor, N. (2009). *Conflicting Models of Mind in Mind: Mapping the Gaps Between the Expert and the Public Understandings of Child Mental Health as Part of Strategic Frame Analysis.™* Washington, D.C.: The FrameWorks Institute.

^{vii} This project was initially supported with a seed grant from the Endowment for Health.

^{viii} Manuel, T. & Gilliam, Jr., F. (2009). *Advancing Support for Early Child Mental Health Policies: Early Results from Strategic Frame Analysis™ Experimental Research*. Washington, D.C.: FrameWorks Institute and Bales, Susan Nall. (2006). *Framing Lessons in Elevating Prevention Policies for Children*. A FrameWorks Message Memo. Washington, D.C.: FrameWorks Institute.

^{ix} O'Neil, Moira. (2009). *Destiny or Destructive Environments: How Peer Discourse Sessions Toggle Between Child Mental Health and Child Mental Illness*. Washington, D.C.: FrameWorks Institute.

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- ^x This topic will emerge in the form of the Center’s working paper series; see www.developingchild.net for more on the relationship between early child experiences and addiction.
- ^{xi} O’Neil, Moira. (2009). *Destiny or Destructive Environments: How Peer Discourse Sessions Toggle Between Child Mental Health and Child Mental Illness*. Washington, D.C.: FrameWorks Institute.
- ^{xii} O’Neil, Moira. (2009). *Destiny or Destructive Environments: How Peer Discourse Sessions Toggle Between Child Mental Health and Child Mental Illness*. Washington, D.C.: FrameWorks Institute.
- ^{xiii} Bales, Susan Nall. (2006). *Framing Lessons in Elevating Prevention Policies for Children*. A FrameWorks MessageMemo. Washington, D.C.: FrameWorks Institute.
- ^{xiv} O’Neil, Moira. (2009). *Destiny or Destructive Environments: How Peer Discourse Sessions Toggle Between Child Mental Health and Child Mental Illness*. Washington, D.C.: FrameWorks Institute.
- ^{xv} For methodological details see www.yougov.com.
- ^{xvi} Simon, Adam. (2010). *Moving North: Translating Child Mental Health Values and Models to Canada*. Washington, D.C.: FrameWorks Institute.
- ^{xvii} Bales, Susan Nall. (2005). *Talking Early Child Development and Exploring the Consequences of Frame Choices*. A FrameWorks MessageMemo. Washington, D.C.: FrameWorks Institute.
- ^{xviii} Taylor, N. (2010). “*Kids Must Have Mental Health ... but They Can’t, Can They?*”: *How Albertans Think About Child Mental Health*. Washington, D.C.: FrameWorks Institute.
- ^{xix} Bostrom, Meg. (2005). *Communicating Prevention Policies for Children Focus Group Research*. Washington, D.C.: FrameWorks Institute.
- ^{xx} Aubrun, Axel & Grady, Joseph. (2003). *Moving the Public Beyond Familiar Understandings of Early Childhood Development Findings from Talkback Testing of Simplifying Models*. Washington, D.C.: FrameWorks Institute.
- ^{xxi} Erard, Michael; Kendall-Taylor, Nathaniel; Simon, Adam & Davey, Lynn. (2010). *The Power of Levelness: Making Child Mental Health Visible and Concrete Through a Simplifying Model*. Washington, D.C.: FrameWorks Institute.
- ^{xxii} Aubrun, Axel & Grady, Joseph. (2003). *Moving the Public Beyond Familiar Understandings of Early Childhood Development Findings from Talkback Testing of Simplifying Models*. Washington, D.C.: FrameWorks Institute.