



# **Child Mental Health: A Review of the Scientific Discourse**

## **Executive Summary and Excerpts from A FrameWorks Research Report**

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## INTRODUCTION

The research presented here constitutes the first phase of a larger research project sponsored by The Endowment for Health and Center on the Developing Child at Harvard University. In the larger research project, FrameWorks will employ qualitative and quantitative research to empirically test strategies to reframe the way that Americans think about child mental health and to translate the science on this topic. The following report represents a fundamental component and step in composing a condensed “core story” of child and family mental health. The core story provides Americans with the most fundamental principles they need to understand the issue of child mental health from a perspective that is consonant with the science. As a first step in our iterative research process, this report explores the *scientific discourse* on child mental health—that is the patterns in how scientists write about, explain, and talk about child mental health. This discourse emerges from both a review of the scientific literature on child mental health, and a series of interviews that FrameWorks conducted with experts in this field. This report captures the work of psychologists, psychiatrists, child health researchers, neuroscientists, epidemiologists, sociologists, and health care policy researchers.

The purpose of the larger research project is to better understand both the ways that scientists explain child mental health and the dominant patterns in how the public thinks and talks about this concept. Our research with both of these groups is designed to reveal specific areas where the understanding of scientists and that of the general public are dissonant—where gaps or holes between these two groups exist in thinking and understanding the topic of child mental health. These missing links then represent promising areas for reframing strategies designed to close the gap between the scientific knowledge and the public’s understanding of the policy implications of this knowledge.

In our next research phase—cultural models interviews—FrameWorks will look at how the general public understands the topic of child mental health and compare this understanding to the scientific discourse presented in this report. Our research on both the expert discourse and the cultural models that the public employs to think about this topic will be analyzed not only to reveal the knowledge and cognitive tools these groups bring to bear on the subject, but to identify specific strategies to reframe the issues and bring the science to the general public. A final step in our research process will be to empirically test the reframing strategies that emerge from our qualitative research to determine the most effective strategies for bridging the gap between what *scientists* know about child mental health and how *average Americans* understand this issue. These communication strategies will clarify the role the public, and the policies and policy makers they support, play in addressing issues emerging from the science of child mental health.

The findings presented in this report are organized into two sections based on the method from which they emerged: I) Review of Scientific Literature, and II) Expert Interviews. Within each of these sections, dominant themes and implications are presented. These sections are preceded by an executive summary of the combined findings, and an introduction to the issue.

## EXECUTIVE SUMMARY

Our review of the scientific literature produced five themes, or tensions in scientific discourse: (1) individual and environment; (2) immaturity and maturity; (3) risk and protection; (4) transience and permanence; and (5) variation and pathology. Each of these themes presents challenges to communicating the science of child mental health, but also points to specific communications tasks, both in clarifying the science and in investigating the existing cognitive structures that Americans use to think about child mental health and more specific aspects of this concept.

In one on one interviews, experts explained that child mental illness is a real phenomenon rooted in the body not the mind, with clear long term implications over the course of an individual's life, manifest in the child's inability to function, caused by an interaction between genes and environmental context, and intricately tied to the more general functioning of the family. Experts emphasized that child mental health is conceptually similar to the physical health of a child, but were candid in explaining that for various reasons, the science of some areas of child mental health and illness remains somewhat blurry and imprecise. Our analysis also revealed that despite the existence of a concept of mental *health* in the literature, a classic ecological model of concentric circles of contextual influence, the experts we spoke to generally did not employ this or any other model of child mental *health* during interviews. In short, when asked to talk about child mental *health*, the scientific experts we spoke to consistently defaulted to concepts and models of child mental *illness*.

Experts employed a variety of metaphors in explaining the significance of the science of child mental health. These metaphors included: comparing mental illness to physical illness as a means of emphasizing the tangibility of child mental health; the idea that stressful environmental experiences get embedded in the child and incorporated into the child's physical body, leading to deleterious and maladaptive reactions and responses to subsequent contextual and environmental stimuli; the idea that isolated symptoms of mental health may on their own have negligible effect on the functioning of a child, but when multiple symptoms "pile-up" and accumulate the result can be seriously impaired functioning in the child; and finally that resiliency can be compared to and thought of as a skill that a child learns and employs to meet challenges. An account of metaphors suggested by these experts is presented as an appendix to this report; they will be empirically examined for their effectiveness in communicating the science of child mental health in subsequent phases of our research.

In both interviews and the literature review, we found a preoccupation with defending the existence of mental health and illness in children. This position is likely in response to the perceived or assumed existence of beliefs to the contrary in the general public. Future FrameWorks' research will investigate whether these assumptions are in fact characteristic of the public's understanding of child mental health, and whether there are better ways to counter what may be an array of "cognitive mistakes" that attach to the topic.

Findings from both methods emphasize the importance of early intervention to avoid long-term effects for children who experience symptoms of mental disorders. Framing this point is therefore a primary task as we move forward and begin designing communication strategies that allow the public to use scientific findings in informing opinions on public policies.

The findings from both the literature review and the expert interviews here described are similar in many respects. Both the scientific literature and the scientists themselves paint a rather fuzzy and poorly defined picture of mental health in which many areas of the science on this issue remain poorly understood. The science still appears to be “out” on certain key issues, mainly the ability to diagnose and treat mental illness in young children. Given that this investigation is oriented to translating the science for popular understanding, the fact that some aspects of the science are not fully developed nor agreed upon by experts presents a major challenge to our work going forward. This therefore requires that we continue to work closely with the scientific community so that communications materials and strategies remain faithful to the scientific evidence and the current state of the field.

We expect the lack of a working concept of mental health and an overwhelming focus on mental illness to have significant policy implications, making prevention-based policies difficult to understand. As we investigate the implications of the existing models used by experts, we will be attentive to what we anticipate to be problems in moving support for such policies over those based on the treatment of highly visible existing disorders. In sum, the way the expert discourse is currently conducted appears to have numerous implications for public understanding and public misunderstanding. This is fertile ground for communications research.

Despite the common tensions that ran through the literature review and the expert interviews, there were a set of core ideas and points of consensus. From a communications perspective, these points represent clear positions and unequivocal messages and lay the groundwork for a “core story” of the science of child mental health. In addition to working with scientists to negotiate some of the tensions in the field, communications efforts must focus on these core points of consensus to begin translating the science of child mental health. The importance of the family *and* the wider context into which children are embedded in preventing and treating child mental illness are clear points of consensus in the literature review and in our interview data. That mental illness in children is a real thing that affects the child’s and family’s ability to function is also a clear message. Finally, both the literature review and our interviews with experts emphasize the undeniable importance of and need for early interventions to deal with symptoms of child mental illness. These are the messages on which there is unequivocal clarity—areas that communications can and must move forward. As we continue communications research in translating and framing the science of child mental health, we will conduct empirical framing research to determine effective ways to translate these points of scientific consensus into public messages that promote policy salience.

## CONCLUSIONS

This report presents the dominant themes in the scientific discourse on child mental health. It considers the implications of these themes in communicating and translating the scientific knowledge in this area to the general public and in moving support for policies that the scientific literature suggests.

The report has laid out the following specific communications and policy challenges.

1. First, communication efforts on the science of child mental health must simplify and clarify the interaction between genes and environments that is the ultimate determinant of child mental illness.
2. Second, from an evidenced-based communications approach, FrameWorks must investigate in detail how the public understands child mental, using empirical methods to validate and contest what the expert community perceives as the public's stumbling blocks in realizing the message of the science on this issue. Mainly, our future research with the public needs to address whether or not people actually hold and employ the assumption that children cannot experience mental illness, and explore how they use such an assumption in understanding and processing information. In short, we will need to map the cultural models that the lay public employs in formulating an implicit "theory of mind" for young children. We will also have to focus our research on determining whether or not the public does in fact hold the resiliency of model of children that scientists believe they do. In this later respect, we do have good reason to believe, from FrameWorks' past research on child development, that such a cultural model does exist and is used by Americans in understanding child development more broadly. Our task here will be to confirm that this model of development is indeed applied to thinking about a child's mental health and to assess the effects of the use of this model in understanding or not understanding aspects of the science story.
3. A third task of our on-going evidence based communications research will be to illuminate the causal link by which risk and protective factors interact to determine mental health outcomes. This will involve research with both scientists—to make sure that we are filling this hole in the science with something that does justice to what science does know about this interaction—and with members of the general public to determine the best way to link these factors in encouraging a social and pro-policy perspective on child mental health.
4. The link between child and family health and well-being that emerged from both the literature review and expert interviews also needs to be explored from a communications perspective. How can communications simultaneously emphasize the importance and bi-directionality of this relationship *and* facilitate the realization that children and families are embedded in wider contexts that affect their mental health and well-being? This is a significant but not unfamiliar challenge in FrameWorks' communications research, but one that is of considerable importance in translating the science of child mental health.
5. The frequent comparison between physical and mental health employed by the experts we interviewed to justify the reality of mental illness is an interesting communication direction. FrameWorks' future communications research will have to explore the effect of drawing connections between mental health and that of the physical body to determine the effects of such a comparison on how people understand child mental health and their receptivity to child and family policies.
6. Discussing child mental *illness* versus child mental *health* appears to have implications for policy receptivity—most obviously in lifting the salience of *treatment* over *preventive services* and policies. However, as FrameWorks moves forward with evidenced-based communications research, we task ourselves with documenting and exploring any differences that may arise when individuals are exposed to illness versus health frames.
7. Finally, we must work in our communications research with scientists to overcome the diagnosis debate and offer a clearer "solutions" message to the public, taking them

through the “problem, responsibility, solution” progression that past FrameWorks research has found to be successful in shifting thinking about a social policy issue.

Despite the numerous and significant communications challenges presented above, this report illuminates a set of key points of *consensus* in the science of child mental health. These core messages represent clear points on which communications efforts must focus to begin translating the science of child mental health and designing a core story for the field. The importance of the family *and* the wider context into which children are embedded in preventing and treating child mental illness was clear in both the literature review and interview data. That mental illness in children is a real thing that affects the child’s and family’s ability to function was also a clear message. Finally, both the literature review and our interviews with experts emphasize the undeniable importance of and need for early interventions to deal with symptoms of child mental illness and to improve child and family functioning. As we work on translating and framing the science of child mental health we will determine, through empirical research, strategies that will move these points of scientific consensus into the public sphere in ways that point to the salience of policy in improving child health, development and well-being.

While the report represents the very beginning of our research on child mental health it nevertheless suggests a need for communications that provide Americans with alternative ways of thinking about child development and child mental health in order to shift public thinking and create cognitive space for Americans to realize the implications of the science of child mental health and see ways that they can be involved in addressing emerging issues. Subsequent phases of research will explore precisely how Americans think about this issue—the cultural models that they use to understand information dealing with child mental health—and *how* they employ these models in making sense of information, in forming opinions and making decisions.

The experts interviewed for this round of research clearly feel that the field of child mental health deserves the attention of both policy makers and the general public and are actively working on ways to clarify the science that points to policy implications. We will continue to work with them towards this goal.

***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](http://www.frameworksinstitute.org).

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