



**Competing Frames of Mental Health and Mental Illness:
Media Frames and the Public Understandings of
Child Mental Health as Part of Strategic Frame Analysis™**

A FrameWorks Research Report

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Introduction

The research presented here was sponsored by The Endowment for Health and Center on the Developing Child at Harvard University. The report examines the explicit and implicit messages — what the FrameWorks Institute calls “media frames” — embedded in the way that child mental health is presented to the public in the nation’s newspapers. The report also employs FrameWorks’ previous research on cultural models in public thinking¹ to analyze how readers are likely to perceive and conceptualize issues related to child mental health. This media analysis is an early but foundational component of the larger FrameWorks investigation aimed at developing communications strategies that advance a more constructive public conversation about child mental health in the United States. The full scope of the larger study includes a wide array of qualitative and quantitative methods associated with Strategic Frame Analysis™ (SFA).²

Media analyses are an important part of the SFA approach. Most importantly, they allow us to map a key dimension of what FrameWorks calls the “swamp of public discourse.” More simply put, a media analysis aims to understand the various but highly standardized patterns in the presentation of information on any given issue — the common streams of opinions, arguments and rhetoric that FrameWorks refers to as “public discourses.” Since media remains the primary source of information about public policy for average Americans and a key — but not exclusive — source of the cultural models used to understand information,³ media analyses are an important empirical measurement of the frames that shape public thinking about an issue. By understanding the subtle patterns in the way the media presents issues — the media frames — media content analyses help explain both why people have stable and predictable ways of interpreting information and why messages have patterned effects on thinking. FrameWorks conceptualizes these frames as the link between the public discourses that incessantly swirl around us as members of society, and the internal, cultural and cognitive patterns of making sense of information that we have developed over time through shared experiences. Common media frames lead to common interpretations both because of their standardized content and due

¹ See 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, DC: FrameWorks.

² Strategic Frame Analysis™ includes a variety of methods such as: cultural models interviews, focus groups, media content analysis, cognitive media content analysis, Simplifying Models development and empirical testing of frame effects using experimental surveys.

³ Quinn, N., & Holland, D. (1987). Culture and cognition. In Holland, D. & Quinn, N. (Eds.), *Cultural models in language and thought*, pp. 3-40.. Cambridge: Cambridge University Press.

to the fact that repeated exposure to these frames activates and engrains a set of interpretations that become highly practiced and easy to use in “thinking” information on an issue.

Media content analysis is a fairly broad methodological tool that can be used to evaluate the impact of media coverage in a variety of settings and on any number of issues. In this report, we apply this analytical method to: (1) delineate the dominant frames typically used in newspaper media coverage; and (2) examine how those frames shape, facilitate, constrain or otherwise affect public thinking about the causes of and potential solutions to social problems. Put another way, in this cognitive media analysis we detail the dominant media frames about child mental health and analyze the likely cognitive effect of these frames on the public that receives a constant “drip drip” of these messages.⁴ To do so, we “drill down” into the media coverage with a sharper analytical lens and use cognitive theory to explain how the mind makes sense of information to evaluate the patterns of media presentation of this issue in the coverage. As such, this report both underscores the agenda-setting aspects of the media coverage and captures the broader social and cultural impacts of the frames embedded in this coverage.

The report begins by explaining the theory that informs media content analysis and then presents the key findings. The most significant finding is that the media frames — or the ways in which the media constructs and presents social issues — cue the public’s models of *mental illness*, which includes a sense of hopelessness about those children who are understood to be destined by their genetic makeup to become and remain mentally ill. It does this by explicitly illustrating what poor mental health looks like in children — by using examples of extremely disruptive child behavior. More implicitly, the coverage cues models of mental illness by leaving out discussion of *how* and *why* children develop mental health problems in covering the difficulties families face when trying to access care for children experiencing exceptionally poor mental health. Employing the dominant cultural model of mental illness to think about all issues of child mental health makes it is easy for the public to lose sight of both the potential and feasibility of programmatic efforts to improve and promote child mental health, and the necessity of moving forward with strong policy responses. Without coverage that strategically frames the science of child mental health, and concretizes and specifies policies that involve all citizens, child mental health outcomes will continue to be perceived by the public as an unfortunate but unsolvable problem that affects a small subset of Americans.

We argue that there are promising aspects of the media coverage of child mental health that can and should be further developed by experts and advocates who seek public support for child mental health policy. This includes a strong focus in current media on the systemic factors that shape a child’s access (or lack thereof) to mental health services. These systemic stories give a contextualized and systemic view of treatment issues related to child mental health, or what

⁴ See: Gerbner, G., & Gross, L. (1976). Living with television: The violence profile. *Journal of Communication*, 26(2), pp. 172-199.

Shanto Iyengar calls thematic media coverage.⁵ Thematic stories activate patterns of thinking in which the role of context in shaping outcomes and the importance of policies in shaping these contexts are “easy to think.”⁶ Media coverage of systemic causes and potential solutions to issues related to child mental health can potentially move audiences away from patterns of thinking that locate all issues related to child development within the immediate family. While promising, there are problematic aspects of this thematic coverage as well. These and other trends are discussed in detail below.

Summary of Results

- In the articles included in this analysis, the “problem” of children’s mental health is defined by the following characteristics:
 - (1) There is ambiguity in the terminology that the media uses to describe mental health problems in children. However, media frames overwhelmingly invoke the public’s models of mental illness. Mental illness in children is typically represented as an extreme hardship on families, but as the result of genetics beyond the purview of any kind of intervention.
 - (2) Mental illness in children should be managed and controlled, but prevention or cures are not likely outcomes once a child displays abnormal behaviors.
 - (3) Families, especially if they are poor or if they come from communities of color, cannot access the care they need to deal with a mentally ill child.
 - (4) Inadequacies in care are the result of inept government agencies creating a system of care that is in perpetual crisis.
- There were also notable absences in the media coverage of child mental illness.
 - (1) Mental health is defined overwhelmingly in negative terms without any depiction of what good mental health in children might entail or how it might be promoted.
 - (2) The core scientific principles explaining why and how children can experience mental health difficulties are largely absent from the media coverage.

⁵ See: Iyengar, S. (1991). *Is anyone responsible?: How television frames political issues*. Chicago: University of Chicago Press.

⁶ See: Lévi-Strauss, C. (1963). *Totemism*. Translated by Rodney Needham. Boston: Beacon Press and Lévi-Strauss, C. (1966). *The Savage Mind*. Chicago: University of Chicago Press.

(3) While frustrated advocates and parents are the primary messengers in these articles, scientists and researchers were infrequently quoted. This absence furthers the lack of a science story of child mental health.

(4) Very few articles attributed responsibility to parents or children for the problems associated with mental health issues.

- The media narrative and absences will likely cue unproductive patterns of thinking that the public uses to think about mental health in children.

(1) Because mental illness is perceived as a genetic condition that can be managed, but not prevented, any solutions that favor child mental health promotion and prevention will be hard for the public to conceptualize, while those that relate to managing existing conditions will be abetted by the media coverage.

(2) Evocations of a broken system with bungling bureaucrats are likely to evoke the public's cultural model of Government and to dampen enthusiasm for remedies that involve government as the agent of solution.

Taken together, the likely impact of the media's definition of the problem is to deepen the public's sense that children's mental health problems are fundamentally intractable and cannot be addressed through programs or policies that support these children and their families.

Theoretical Background

Scholarly work on mass communication generally begins with the premise that modern mass media affect the way that people understand the world they live in. Media framing effects are defined as the ways in which “events and issues are packaged and presented by journalists” that “fundamentally affect how readers and viewers understand those events and issues.”⁷ However, the strength of those effects and the exact mechanisms by which the media influence the public’s attitudes, opinions and processes of making meaning have been subject to much scholarly debate since the turn of the last century.⁸

Recent work on the public’s reception of media messages has rejected the determinism that characterized early studies of mass communication. That is, media scholars now recognize that the effect of media frames in determining public thinking about social issues is not unidirectional. Rather, the relationship between the media and the public is now theorized as dialectical, dynamic and socially situated. On the one hand, scholars show that the media actively creates the frames that people use to interpret and engage in public events. That is, frames have an important role in the construction of reality.⁹ On the other hand, scholars recognize that the public draws on preexisting cultural models and past experiences to actively engage with and make sense of media messages. According to sociologists Gamson and Modigliani, “Media discourse is part of the process by which individuals construct meaning, and public opinion is part of the process by which journalists ... develop and crystallize meaning in public discourse.”¹⁰

Understanding this co-construction, the literature on media framing has empirically documented the links between news frames and patterns in the public’s thinking on specific issues. In addition, scholarship has identified the mechanisms by which media affect public perception of social issues. Media frames have been shown to influence *what* enters the mind of audiences who

⁷ Price, V., Tewksbury, D., & Powers, E. (1997). Switching trains of thought: The impact of news frames on readers’ cognitive responses. *Communication Research*, 24(5), pp. 481-506.

⁸ Scheufele, D.A. (1999). Framing as a theory of media effects. *The Journal of Communication*, 49(1), pp. 103-122.

⁹ McQuail, D. (1994). *Mass communication theory: An introduction* (3rd ed.). London: Sage Publications and Tuchman, G. (1978). *Making news: A study in the construction of reality*. New York: Free Press.

¹⁰ Gamson, W.A., & Modigliani, A. (1989). Media discourse and public opinion on nuclear power: A constructionist approach. *American Journal of Sociology*, 95(1), pp. 1-37.

have been exposed to that frame.¹¹ Studies have documented how certain frames increase the likelihood that audiences will draw out predictable implications from a story,¹² fill in missing information, and make assumptions about what has occurred based on cues in the media frame.¹³ In this analysis, we focus on both what is a standard part of the CMH script as well as what is missing in media narratives regarding children’s mental health and how the viewing public implicitly fills in this missing information.

Media frames operate to increase, deepen and enhance or, conversely, suppress and diverge from default thought patterns generated by the story. When media frames are congruent with the public’s cultural models, they generally reinforce default patterns of thinking on the issue, although studies have shown that the public tends to accord different weights or priorities to aspects of an issue than do journalists.¹⁴ When media frames are inconsistent with or contradict the public’s understanding of that issue, scholars have found that viewers often pay more attention to the frame so that they can either incorporate it into their existing understandings or reject it entirely. For example, studies have shown that when people are exposed to cues in political messages that are inconsistent with their stereotypes about a racial or ethnic group, they engage in *conscious* rather than automatic processing of the racial content of the message.¹⁵ Price et al. describe the enhancing and suppressing capacities of media frames as a kind of “hydraulic

¹¹ Price, V., Tewksbury, D., & Powers, E. (1997). Switching trains of thought: The impact of news frames on readers’ cognitive responses. *Communication Research*, 24(5), pp. 481-506. Valkenburg, P.M., Semetko, H.A., & De Vreese, C.H. (1999). The effects of news frames on readers’ thoughts and recall. *Communication Research*, 26(5), pp. 550-569.

¹² Price, V., Tewksbury, D., & Powers, E. (1997). Switching trains of thought: The impact of news frames on readers’ cognitive responses. *Communication Research*, 24(5), pp. 481-506.

¹³ Gilliam, F.D., Jr., & Iyengar, S. (2000). Prime suspects: The influence of local television news on the viewing public. *American Journal of Political Science*, 44(3), pp. 560-573. Gilliam and Iyengar, for example, demonstrated that local news coverage of crime followed a standard script. Namely, that crime stories are typically about violent crime, feature a particular “type” of suspect, and that crime news often entails racialized imagery. In a series of experiments, they found that even when subjects were exposed to crime stories that did not feature a particular suspect, participants falsely recalled having seen a suspect and a large majority identified the non-existent suspect as African-American. This work and other similar studies have documented that viewing audiences fill information into news stories that follow standard and ubiquitous media scripts.

¹⁴ Neuman, W.R., Just, M.R., & Crigler, A.N. (1992). *Common knowledge: News and the construction of political meaning*. Chicago: University of Chicago Press.

¹⁵ Mendelberg, T. (2001). *The race card: Campaign strategy, implicit messages, and the norm of equality*. Princeton: Princeton University Press. Valentino, N.A., Hutchings, V.L., & White, I.K. (2002). Cues that matter: How political ads prime racial attitudes during campaigns. *American Political Science Review*, 96(01), pp. 75-90.

pattern, with thoughts of one kind, stimulated by the frame, driving out other possible responses” (501).

Finally, media frames also have evaluative implications among the audience, specifically audiences’ perception of what *causes* the social issue being covered and what *should be done to address the problem*. Iyengar’s classic study of episodic versus thematic framing demonstrated a powerful link between media frames and an audience’s subsequent evaluation of an issue. He found that when subjects were exposed to episodic frames regarding poverty, or frames that represented poverty as a discrete, isolated and individualistic event, they were more likely to make personal rather than systemic attributions.¹⁶ In Gilliam and Iyengar’s study described above, participants who were exposed to suspects who were identifiable as African-American were more likely to support punitive approaches to crime reduction. In sum, media frames not only impact how people think about an issue at the moment they read or watch the news, but these frames have measurable impacts on their subsequent evaluations and decision-making processes about an issue.

In the current analysis of child mental health, we have generally found a consistency between the public’s cultural models and media frames. This means that media frames of child mental health generally do not contradict the public’s understanding of the issue or challenge the public to incorporate new or incongruent information into their established ways of thinking. Therefore, in this report we focus on the specific ways that the public’s patterns of thinking will likely deepen as a result of exposure to media frames. We also examine the likely conclusions that the public will draw from these media. We analyze how media frames provide cues that allow reading audiences to fill in missing information about the most basic and critical questions surrounding child mental health: Who or what is responsible and what should be done

¹⁶ Iyengar, S. (1991). *Is anyone responsible?: How television frames political issues*. Chicago: University of Chicago Press.

Methods

Media Data

FrameWorks reviewed 80 articles collected from newspapers across the country. Articles from May 1, 2008, to May 15, 2009, were drawn from a range of sources, including large newspapers such as the *Chicago Sun-Times*, *The Los Angeles Times*, *The Boston Globe* and *USA Today*, and smaller regional papers such as the *Omaha World-Herald*, *Richmond Times Dispatch*, *Pittsburgh Post-Gazette* and *Florida Times-Union*. In this report, we analyze newspapers as a primary source of media for issues related to child mental health. Despite the proliferation of new sources of media (i.e., blogs and online news sites), many of these new forms still refer or link to major newspapers as a source of information. Furthermore, online access to newspaper articles remains an important source of popular media, despite declining hard-copy circulation.

Articles were identified by searching LexisNexis for the following terms: “child/children mental health,” “child/children mental illness,” “mental health child/children,” “mental illness child/children,” “child/children behavioral problems,” “child/children behavior issues,” “child/children mental well-being,” “child/children emotional well-being,” “child/children expel.” Only those articles that had substantive content related to children’s mental health were included in the media analysis — that is, articles that mentioned the above terms in passing but failed to discuss the topics in detail were not considered.

Overall, the search yielded surprisingly few articles. For example, the term “children mental health” produced the most hits — a total of 295 newspaper articles published in the past year — but only 35 of these articles dealt substantively with children’s mental health-related issues. Some search terms, such as “child/children mental well-being” and “child/children emotional well-being” produced no substantive results.

A large number of the articles identified dealt with Nebraska’s controversial safe haven law enacted in July 2008 and revised in November 2008. Furthermore, several articles dealt with legislation in various states that threatened funding for children’s mental health services. These types of articles were included in the sample only if they contained discussion or commentary regarding children’s mental health and/or mental health care beyond the specifics of the legislation itself. The search also produced multiple articles that dealt with issues related to the child welfare and juvenile justice systems. Again, these articles were included only if they specifically and substantively addressed issues related to child mental.

As this media analysis sought to examine the media frames of mental health in early childhood, articles that only discussed teenagers or adolescents were also not included. Finally, articles that were exclusively about particular clinical disorders were not included in the sample. Such disorders, including autism spectrum disorders, attention deficit/hyperactivity disorder and childhood bipolar disorder, have received considerable media attention in recent years and are considered especially controversial. They are therefore likely to comport with frames that are not

necessarily representative of children’s mental health more generally. Specifically, autism, ADHD and bipolar disorder are three clinical disorders surrounded by much debate in both clinical and lay circles. The validity of these clinical diagnoses continues to be a major point of contention and experts have yet to reach a consensus on likely causes or appropriate treatments for these disorders. Articles that deal exclusively with autism, ADHD or bipolar disorder often focus on the debate surrounding the disorder, highlighting the various arguments for and against specific diagnostic criteria or particular therapeutic approaches. This type of disorder-specific discussion is not likely to parallel discourse regarding child mental health more generally.

Cultural Models Data

The cultural models findings referred to in this document are based on 20 in-depth interviews with Americans in Dallas, Texas, and Cleveland, Ohio. The interviews were conducted by two FrameWorks Institute researchers in May 2009. Informants were recruited by a professional marketing firm through a screening process developed and employed in past FrameWorks research. In both locations, informants were selected to represent variation along the domains of ethnicity, gender, age, educational background and political ideology (as self-reported during the screening process).¹⁷

Method of Analysis

This media analysis is guided by the following research question: What happens when dominant media frames related to children’s mental health come into contact with the cultural models the public uses to think about this issue?

This broad research question structures two primary goals: (1) examination of how topics related to child mental health are treated in the media, and (2) exploration of the likely implications of these patterns of coverage for the readers’ thinking. In this way, the media analysis is less about cataloguing what is explicitly said than it is about identifying the implicit understandings that the coverage conveys. Therefore, our coding strategies of the media texts included the types of topics that were covered in the texts, how topics were defined as “problems” deserving of public attention, how the texts attributed responsibility for these problems (either to individuals or other systemic or contextual factors, or what Iyengar defines as thematic or episodic coverage), the causal stories conveyed, the potential solutions proposed, and the dominant messengers in each story. We also identified *absences* in media coverage and analyzed what was not mentioned in media accounts of child mental illness.

In the second part of the analysis, findings from the media analysis were compared with results from the cultural models interviews to determine how media frames are likely to cue up certain

¹⁷ For a summary of findings, see Appendix B. For more information regarding the methods of cultural model interviews, see 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, DC: FrameWorks Institute.

cultural models, how media frames may support existing models, how they conflict with existing cultural models, and how cultural models are likely to be applied to fill in or provide information for the public when media accounts are incomplete, lack information, or do not provide adequate evidence for causes or solutions. In this way, the media analysis enables FrameWorks to identify the likely cognitive impacts and to use these implications in formulating strategic communications recommendations for scientists and advocates who communicate about child mental health issues.

In short, this report examines the harmful patterns in newspaper coverage of child mental health as well as those patterns in media coverage that are more promising to advocates (and responsible journalists) in constructively framing issues related to child mental health.

Findings

Similar to Gilliam and Iyengar’s work on crime scripts, this analysis revealed that there is a consistent and identifiable media script regarding children’s mental health. The script includes the following elements: (1) the conflation of child mental health and child mental illness; (2) an emphasis on the importance of therapies as regulating children’s destructive behaviors rather than prevention or cures; (3) the prominence of media stories that detail children and their families’ difficulties accessing care; and (4) the representation of the health care treatment for children as a (government) system in crisis. Each of these elements of the media script is discussed below and examples are provided as evidence.

It is also critical to analyze the absences in the way the media covers child mental health issues. As discussed in the theoretical background, the holes in media coverage provide opportunities for readers to fill in information using available cultural models that they have the most practice using. Therefore, absences in media coverage can help to reinforce dominant models just as much as the elements of the media script. From our analysis, these absences include: (1) a lack of the definition of a positive conception of mental health; (2) scant explanation of the science of child mental health and the mechanisms by which children experience poor mental health or illness; (3) the exclusion of scientists as credible messengers about issues related to child mental health; (4) and, relative to other issues areas involving youth on which FrameWorks has conducted research, very little coverage that holds parents or children responsible for ameliorating mental health problems.

The elements of the media script around child mental health as well as what journalists leave out when discussing children’s mental health issues will have likely impacts on the ways readers understand the issue. More specifically, we argue that media coverage and its absences will likely confirm and reinforce the following default models that the public employs to think about child mental health and mental health service provision: (1) cultural models of mental illness in which conceptions of mental health issues are understood as fated and intractable; (2) models that frame the government as overly bureaucratic and incapable of addressing large-scale social problems, such as high incidences of mental health among children in certain communities. In the final substantive section of the report, we discuss the likely implications of these findings for scientists and advocates of children’s mental health.

I. Elements of the Child Mental Health Media Script

As part of this analysis, we sought to catalogue the topics covered in articles on child mental health to document how the news media define and narrate issues related to “child mental health.” This is an important aspect of analyzing media coverage because the media often define

the nature, size, scope and scale of social issues for the public.¹⁸ Table 1 presents the topics covered and their frequency in the sample of media articles.

Table 1: Topics in the Media Related to Child Mental Health

Topics Covered	Number of Articles
<i>Child Mental Health is Child Mental Illness</i>	
<i>Population of children with MH problems/requiring MH services</i>	13
<i>Racial/ethnic/economic disparities</i>	6
<i>Management and Regulation of Child Mental Illness</i>	
<i>Consequences of not addressing MH problems/early intervention</i>	24
<i>Prescriptions for CMH-related issues</i>	7
<i>Daycare/pre-K expulsion for behavior problems</i>	3
<i>Children Cannot Access Needed Care</i>	
<i>Difficulty identifying and accessing existing services/importance of access</i>	40
<i>Inadequate insurance coverage for mental health care</i>	28
<i>Shortage of MH professionals/services</i>	24
<i>Treatment discrepancy between physical and MH problems</i>	8
<i>Government Systems in Crisis</i>	
<i>Inadequate funding for MH care (at state level)</i>	23
<i>Overlap between child welfare/juvenile justice and CMH systems</i>	18
<i>Nebraska safe haven law</i>	19
<i>Role of schools in dealing w/ MH problems</i>	17
<i>Closing of CMH facilities</i>	9
<i>Mismanagement of CMH facilities</i>	6
<i>Individual Responsibility</i>	
<i>'Bad' parents</i>	17
<i>Stigma</i>	14
<i>Promotion of Mental Health</i>	
<i>Building/developing "emotional health"</i>	1

1. Child mental health is child mental illness

The preponderance of articles in the sample covered negative child mental health outcomes (rather than the promotion of good mental health). Unlike the results from cultural models interviews in which participants articulated well-differentiated models of mental health and mental illness in children, the articles reviewed regularly blurred the distinction between mental health and mental illness and used the terms interchangeably. That is, there was very little

¹⁸ McCombs, M.E., & Shaw, D.L. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(2), pp. 176-187.

distinction between mental health and mental illness and when the term mental health was used it almost always referred to a child's *poor* mental health. For example, the following article employed a wide range of terms to describe issues related to poor mental health outcomes in children:

I recently read an article about a nationwide poll of parents with **mentally troubled** children. More than half said their pediatrician or family physician never asks about their **child's mental health** ...

Their own doctors are not even asking about their **mental health**.

Are psychiatrists writing all of these prescriptions? Maybe. However, when parents are worried enough about their child's **mental state** to bypass the pediatrician and go straight to the psychiatrist, maybe the child does have a **mental illness** that needs medication.

According to the surgeon general, 10 percent of our children suffer from a **serious emotional or mental disorder** ...

Of the 1,473 parents questioned in the C.S. Mott Children's Hospital National Poll on Children's Health, 56 percent said they are never asked about their **child's mental health** ...

As this passage demonstrates, in the media, discussions of mental health almost always referred to poor mental health. Furthermore, mental health was used as a *synonym* for mental illness in children, rather than referring to a range of problems that may impact a child's mental well-being. This point was further substantiated by the kinds of personal stories journalists often included in their articles. In fact, media articles tended to begin with anecdotes about a child's very extreme aggressive or violent behavior, a diagnosis of some sort of mental disorder, and suicidal tendencies or other extreme behaviors, as the following examples illustrate:

Ciano was young when she married, and had two sons. That marriage dissolved early on, in part because of the dad's then-undiagnosed mental illness. While healthy herself, Ciano's extended family also has a history of mental health issues. But who thinks about that when you are young, invincible and facing a bright future? When her oldest boy was 6, doctors diagnosed him as clinically depressed and put him on an antidepressant. Ciano says, when he was 16, he was finally correctly diagnosed with bipolar disorder. You can't treat bipolar with antidepressants alone. You need a mood stabilizer. Antidepressants made him manic and violent. He'd break furniture. He was totally out of control. So they'd put him on another med, and then another. Even he knew something was wrong with him, but the meds were making him sicker. ("A child with mental health hurdles needs a team." *Providence Journal-Bulletin*, September 21, 2008, p. 2.)

One of the worst nights of Becky Bates' life started the afternoon her twin 12-year-old daughters didn't get off the school bus. It was January in Wisconsin, and the temperature was below zero. The girls had left school, but the school hadn't called their parents. A frantic night of searching led the police to the children the following day, holed up in an abandoned trailer. "There were days we didn't know if they'd be dead or alive," said Bates, the founding director of Passages Family Support, a support network for families of mentally ill children in Spokane. Both her daughters have bipolar disorder, which causes extreme shifts in mood, energy and ability to function. ("Walk aims to erase stigma of mental illness; Support organizations are planning rally," *Spokesman Review*, May 8, 2008, p. 3, by Allison Boggs.)

Media coverage about issues related to child mental health typically focused on stories of child mental illness. Instead of mental illness being understood as a part of a continuum of child mental health issues, mental illness became synonymous with child mental health. As will be discussed in a later section, the cueing of readers' models will have definitive impacts on how readers engage with the media materials.

2. Mental illness in children can be managed, but not cured or prevented.

The media coverage represented mental illness as a condition in children that has to be controlled rather than fixed. In the articles, mentally ill individuals were depicted as incapable of taking care of themselves. Rather, mentally ill children must be taken care of by authorities of some sort, and most of the stories in the media had to do with this point. Parents and families were the first level of authority for children, but schools, childcare institutions and especially hospitals (usually run by the government) were also important authorities. The following excerpt highlights how control and management became paramount in media stories of mental illness in children.

Lavennia Coover struggled for a month with whether to leave her 11-year-old son at a hospital under Nebraska's safe haven law. The boy's mental condition hadn't improved since late August, when he spent three days in Immanuel Medical Center's psychiatric ward. Short hospital stays, which her private insurance covered, weren't enough, she said. "It had been three weeks of him tearing the house apart, not going to school, not taking medication, torturing the cat, beating up his brother," Coover, 36, said. So she sought what she thought was the only way to help her son — placing him in the state's care ("Mom saw leaving son as his only hope," *Omaha World-Herald*, October 4, 2008, p. 01A, by Lynn Safranek).

As the above example illustrates, in these articles mental illness was presented as a given; the question was not how these children became ill, but how interested parties should handle the illness. Mrs. Coover's son's illness was presented to readers as too late to prevent and generally

impossible to cure, making the issue one of the present and never the past or the future. In these stories, mentally ill patients were living in an eternal and nightmarish set of circumstances, with the inability to look at causal chains, complexity or long-term effects that such a perspective implies.

Because mental illness was understood as a lifelong problem with no cure, it became a problem of vast proportions, usually requiring more resources than any one family could ever provide. For this reason, and also because individuals who are mentally ill are represented as likely to be a danger to others as well as to themselves if left untreated and unsupervised, the media stories communicated the message that society as a whole and society's institutions in particular have a necessary role to play in the managing of the lives of mentally ill children and adults. The central tension in many of these stories is that such institutions either do not exist or are fundamentally unable to provide these children the care they need.

3. Mentally ill children cannot get the care they need.

The three topics covered most frequently in the articles analyzed were: barriers to treatment access, inadequate insurance coverage for children's mental illness and a dearth of service providers (see *Table 1*). That is, families' difficulties accessing care dominated media coverage of child mental health issues.

More specifically, the media materials included in this analysis highlighted the fact that high rates of untreated child mental health problems disproportionately impact low income communities and/or communities of color. This problem was attributed primarily to discriminatory policies that exacerbate mental health problems of low income children. In this example of this type of media coverage, the focus is on the difficulty of securing Medicaid coverage for children's mental health treatments:

Some troubled children worsen as they wait for treatment or get less intensive, less expensive treatment than recommended by mental health professionals who evaluate them. The public would be alarmed if children with physical ailments were treated this way, said Douglas County Juvenile Court Judge Vernon Daniels. "Look at this as a cancer that is growing, and you're not administering treatment that could slow the growth or stop the growth," he said. "That's what's happening here." ("Gatekeeper to kids' care has eye on bottom line: Nebraska system leaves many frustrated in search for mental health treatment," *Omaha World-Herald*, p. 01A, December 28, 2008.)

As demonstrated in this passage, discriminatory policies, such as gaps in mental health care coverage through Medicaid, were responsible for worsening the problem. Another article discussed the complexities of providing mental health care to families in a community that includes both sizable Asian and Latino populations:

“Across the board, one of the problems we have is the difficulty in securing staff that speak the languages of those populations,” said Navarro of Tri-City Health, a facility that services the Pomona, La Verne and Claremont areas. “It is a need to develop more professionals that have multilingual capabilities.” English speakers have “a clear advantage,” in obtaining services for mental health versus those who are not proficient, according to the report. (“Residents of San Gabriel Valley less likely to seek mental health advice,” *San Gabriel Valley Tribune*, Local, December 20, 2008.)

In this article, the problem of disparities in the provision of care was attributed to lack of qualified staff to provide services to specific communities. Another article explicitly referred to the “built-in disparities” in mental health and health care in Utah.

Built-in disparities in Utah’s health-care system — from the thousands of poor and minorities who are continually underserved to a teenager who committed suicide last month because he couldn’t get the help he needed — dominated Wednesday’s discussion of the Legislature’s Health and Human Services Interim Committee. Experts, state agency administrators and a distraught aunt of the boy who killed himself urged lawmakers to do something to address gaps in the system that have reached a crisis stage, particularly in mental health services. Department of Human Services executives told lawmakers that centralizing care or hospitalization of those most in need runs counter to a more community-based approach that would allow families with mentally ill children to have continuing involvement in care. That countered a previous proposal from the department to remodel the state hospital for about 100 mentally ill children. (“Utah urged to fill gaps in health-care system,” *Deseret Morning News*, June 21, 2008.)

These articles highlight the structural barriers that many low-income areas and communities of color must overcome to secure adequate mental health care for children. Specifically, they show how inaccessible mental health services can be to people who are not fluent in English or, because of where they live, cannot travel to facilities. By portraying racial and socioeconomic disparities in mental health outcomes as an issue of access, and attributing responsibility for this lack of access to the systems and policies that provide these treatments, these articles provide a cognitive opportunity for readers to see the role of policies that address these systems as appropriate solutions to issues of child mental health. These articles show that in regards to child mental health, the media generally attributes responsibility for lack of mental health care to systems, rather than individuals, which may provide opportunities for advocates and scientists. This will be discussed in further detail in the final section.

However, it is important to take note of *how* the media portrays the causes of inadequacies in the system of care for children’s mental health issues. As the example cited above reports, the gaps in care have reached a “crisis stage.” The final element of the media script regarding child

mental health is that these gaps are the result of government inefficiencies, which will have serious impacts on the ways that readers understand public solutions to child mental health.

4. Inadequate care is the result of a (government) system in crisis

Journalists described the mental health system as overwhelmed and lacking the resources for the care and treatment of mentally ill children. This narrative is captured in the following excerpt:

Children who get tardy treatment or none at all end up straining the resources of their families, schools, and communities. In 2001, then-Surgeon General David Satcher issued a report saying that “the burden of suffering experienced by children with mental health needs and their families has created a health crisis ...” (“Help for mentally ill children,” *The Boston Globe*, EDITORIAL, p. A8, June 26, 2008.)

This frame was particularly prevalent in coverage of the Nebraska safe haven law:

On the other side, nonprofit leaders, children’s advocates and a group of state senators say the problems exposed by the safe haven cases run to the very core of the HHS system. They say the system needs more funding, more efficiency and more services — shortages that can’t be solved by a 211 phone call. “This crisis is too serious for a Band-Aid,” said Eve Bleyhl, director of the Nebraska Family Support Network. “It runs too deep for something like 211.” (“I don’t know what to tell you; The state’s widely promoted 211 help line gets calls that experts say it isn’t equipped to handle. Help comes in varying degrees,” *Omaha World-Herald*, p. 01A, December 7, 2008.)

While several articles explicitly referred to the situation as a “crisis,” journalists also evoked the crisis frame less explicitly in descriptions of the mental health care system as one that is in “chaos” and “distress,” a system that is “drowning” and “failing” in the face of a “dire” situation.

In the media, parents and advocates were frequent messengers and expressed their dissatisfaction with a child mental health care system that is characterized as fundamentally “broken.” These types of stories tended to frame the “problem” of child mental health as the result of an overly bureaucratic, inefficient and uncoordinated system that includes not only government agencies, but also health care and insurance providers.

Jeffrey Goldhagen, a pediatrician and former head of the Duval County Health Department, described it this way in an e-mail: “We have an inadequate and fractured mental health system in Northeast Florida that cannot respond to the needs of our children. Providers are forced to work in an environment that is grossly underfunded and fragmented by isolated and siloed funding streams. Provider reimbursement by Medicaid is so low that few mental health professionals can care for these children, and virtually none have the resources to

serve uninsured children. (“Mental health: Crumbling system,” *Florida Times-Union*, p. B-6, January 2, 2009.)

I also can attest to how dysfunctional the so-called “system” of children’s mental health in [Massachusetts] is. It is a hodgepodge of providers, insurers, state agencies, and other institutions, including the police and courts, often with competing agendas, in which care is very difficult to access. Coordination or continuity of care is virtually nonexistent. Agencies and public institutions often find themselves involved in finger pointing, playing the blame game and fighting over financial responsibility, while our children’s needs go unmet. Years are lost while we wait for answers. (“Fix the broken children’s mental-health system,” *Lowell Sun*, Opinions, June 11, 2008, written by Kathy Loughlin, health care and advocacy consultant and former president and CEO of Dental Service of Massachusetts.)

These excerpts explicitly cited problems with systems of mental health care as the reason why so many children fail to receive adequate care. Both the significant lack of funding for, and severe fragmentation of, child mental health services become evidence of a “fractured,” “dysfunctional,” and “crumbling” mental health system. These stories highlight the role of structural factors that prohibit children with mental health issues from accessing care. The tone is overwhelmingly negative and there is no depiction of exactly what mental health care systems look like for the reader, only the sense that they are in complete disarray and lack the capacity to address the mental health care needs of American children.

II. Critical Absences in Media Coverage

1. Nothing on positive conceptions of child mental health

Only one article in the sample covered issues related to a positive sense of mental *health*. Furthermore, very few of the articles discussed policies aimed at promoting good mental health (as opposed to treating mental illness, which was well covered). The following excerpts represent the only discussion of positive definitions of mental health and policies that may promote mental health in children.

The new preschool’s curriculum is based on the work of Lesley Koplow, author of “Unsmiling Faces: How Preschools Can Heal” and “Creating Schools That Heal: Real-Life Solutions.” Koplow’s approach teaches children to understand patterns in their emotional and behavioral reactions to people and events, learn how to regulate their reactions and practice self-regulation until it is internalized, according to Robbins. (“New schools gives (sic.) young children the tools to make it,” *St. Paul Pioneer Press*, August 30, 2008.)

[Akra’s] six workbooks encourage students from third- through eighth-grade to explore the concepts and feelings and develop self-awareness through a step-by-

step process that is fun for children, she said. The goal of the workbooks is to establish healthy emotions when children are young and more susceptible, in order to keep the knowledge with them for a lifetime, Akra said ... “I want to help our children learn that they have the choice to express those feeling in healthy actions,” she said. (“Author focused on improving children’s mental health,” *Florida Times-Union*, p. S-10, December 20, 2008.)

In general, however, the newspaper coverage sampled here lacks any definition and description of child mental health and only implicitly defines child mental health as the absence of child mental illness. This noticeable lack of a positive conception of child mental health corresponds with the vague definition of child mental health in academic and clinical circles. Indeed, the media coverage echoes findings from FrameWorks’ examination of expert materials and interviews, in which experts expressed concern that the public understanding of child mental health may be hindered by the lack of theoretical consensus in the field.¹⁹

2. *No core story of child mental health*

The preponderance of coverage focused on the *system* of mental health treatment for children and sought to explain why so many children with serious mental health issues were left untreated or did not have access to adequate care. The analysis shows that the media’s primary focus in issues of child mental health was to attribute responsibility for the high incidence of untreated child mental illness and disparities in treatment access squarely to a failing system of treatment provision.

By contrast, the media materials did not cover in detail the *causes* of mental health problems in children. Absent from the coverage was any discussion of the reasons that certain groups have higher incidences of child mental illness in the first place. That is, there is no core story of child mental health in the media articles in terms of how children come to experience mental health, poor mental health or mental illness. The following excerpt illustrates this absence.

His mother, who had Joe at 19 and is single, working the overnight shift at a group home for the mentally disabled, spoke through a frequent rattling cough. “He tells me he hates me every day,” she said. “He says he hates himself, and he wants to die. I don’t enjoy being around him. When I’m restraining him, he kicks me, punches me and spits in my face, bites me. Sometimes I don’t ride in the car with him, because I just don’t know what he’s going to do: if he’s gonna open the door, if he’s gonna reach around and punch me, grab the wheel.” (Jennifer Egan, “The bipolar puzzle,” *New York Times*, September 14, 2008.)

As this example illustrates, how children become “troubled” mentally is not addressed and remains a mysterious process. As a result, while the article focuses the reader’s attention on

¹⁹ See: Kendall-Taylor, N. and Mikulak, A. (2009). *Child mental health: A review of the scientific discourse*. Washington, DC: FrameWorks Institute.

addressing problems that this distressed mother faces, the possibility of policies or programs that could *prevent* mental health problems in children or *promote* good mental health remain unimaginable.

3. *No scientists as messengers*

Related to the above point, the examined media sources almost always discussed problems within the mental health care system (individuals and especially institutions and the government) that manage the lives of mentally ill individuals. However, very few articles covered mental illness itself or described in detail the current state of knowledge regarding the causes of mental health problems. In fact, as illustrated in Table 2, parents and advocates voicing frustration with systems of care were the most frequent messengers in these articles. Researchers and scientists who study children’s mental health infrequently served as the primary messenger or source of information about the science of children’s mental health.

Table 2: Child Mental Health Messengers

Messenger	Number of articles
<i>Advocate or non-profit representative</i>	36
<i>Parent, guardian or family member</i>	34
<i>Government agency</i>	26
<i>Physician/psychiatrist/treatment provider</i>	18
<i>Policymaker</i>	17
<i>Researcher or scientist</i>	6
<i>Teacher/educator/principal</i>	5
<i>Lawyer/judge</i>	3
<i>Insurance company representative</i>	1

4. *Very little personal or familial responsibility*

Very few articles in the sample held individuals responsible for children’s mental illness. Typically, media coverage of youth issues in the media activates a family bubble cultural model, or a dominant assumption about parenting that supports patterns of thinking that child rearing occurs primarily, if not solely, in the family while things that occur outside that family are irrelevant. There were some examples of this frame in the media materials analyzed in this analysis. For example, the articles that focused on Nebraska’s safe haven law activated the family bubble model. This is not surprising given that parents, some of whom traveled long distances, took advantage of the law’s lack of age limitation in order to leave their children in the custody of the state. Such cases were powerful in creating a strong sense of the importance of parental responsibility above all else.

The safe haven cases, like all child welfare cases, involve challenging and complex family and societal issues that many people don’t discuss, [Judge] Crnkovich said. “The big issue isn’t ‘Do we have a safe haven law or not?’” she

said. “It’s ‘What’s happened with our children in our community and why?’ The behaviors are very concerning, but they are not unusual.” ... Crnkovich thinks the problems — and solutions — extend beyond the individual families. Parents have gotten too busy and distracted to spend time with their children. Adults in the community need to take responsibility for all children, not just their own, she said. She worries that too much focus has been put on the adolescents’ behaviors rather than the reason it exists. (“Two judges weigh in on fixing safe haven law; They urge lawmakers to use the upcoming special session to find out why troubled adolescents aren’t getting the help they need,” *Omaha World-Herald*, p. 01A, November 2, 2008.)

Other articles frequently referred to parents “abandoning” their children or “bailing” on their children; words that carry negative connotations about abdication of responsibility and in so doing serve as powerful cues for the activation of the family bubble model where people see individual outcomes shaped exclusively by the quality of parenting and “family life.”

In the articles analyzed, there were very few cases in which the individual children affected *were* blamed for their mental illness. One article discussed the case of a boy who has extensive experience with the mental health system in Nebraska:

Hawkins got kicked out of that program for refusing to participate. Moore said that means Hawkins might have needed a different program. Instead, his court case was closed soon after. By then, Hawkins had received services and evaluations costing \$265,000, said Jodi Fenner, HHS administrator of legal and regulatory services. “We do our very best to get the juvenile in a place where he can succeed,” she said. “Every human has to make a commitment to do the right thing.” (“Gatekeeper to kids’ care has eye on bottom line: Nebraska system leaves many frustrated in search for mental health treatment,” *Omaha World-Herald*, NEWS, p. 01A, December 28, 2008.)

This article states that, ultimately, the boy’s outcome is a matter of his desire to be helped, implying that mental health problems can be solved if only one were motivated to “do the right thing.” This “personal choice” frame implies an understanding that the boy’s mental health problems are the result of both his own motivational and moral failings — a dominant cultural model that FrameWorks refers to as “mentalist thinking.”²⁰

²⁰ According to the mentalist model, Americans assume that outcomes and social problems are individual concerns that reflect a lack of motivation and personal discipline. As such, the use of mentalist models by the public on issues related to early childhood development has a narrowing effect — it boils complex interactions between individuals, contextual determinants, systems and physiologies down to either the presence or absence of individual motivation and internal fortitude.

Although these examples will likely have powerful impacts on the ways that readers understand the issue, it is important to note the *infrequency* of the family and individual responsibility frames. The media narrative largely avoids attributing responsibility for mental health problems to a person and generally does not include an individual “villain.” As will be discussed in further detail below, the absence of the family bubble frame is a promising aspect of the news coverage of child mental health if this absence is filled with the core story of child mental health issues.

III. Likely Impacts on How Readers “Think” Child Mental Health

1. Default to mental illness

Several elements of the media coverage will likely cue the public’s models of mental illness, rather than mental health. FrameWorks research has demonstrated that the public generally thinks of *mental illness*, as opposed to *mental health*, as being caused by chemicals, that those chemicals are the result of genes or a person’s genetic makeup, and that genes are set in stone. When this model of mental illness is activated, the public tends to think that a child’s problems are not preventable, and believe that there is nothing that can be done to affect the course of the condition once it has developed.

This cultural model of mental illness is likely to be activated by several aspects of the media coverage. First, the anecdotal examples of extreme behavior in the media “fit” with the public’s cultural model of mental illness and are thus likely to cue or activate this existing pattern. The result is that, over time, the mental illness model becomes highly and firmly attached to thinking about *all* issues related to the mental states of children, as readers become accustomed to applying a cultural model of mental illness to think about all issues of mental health.

The public’s cultural model of mental illness encompasses the understanding that mental illness has to be *controlled* rather than fixed. This fatalism also characterized media coverage of child mental health issues. Because mental illness is often conceptualized as without a cure, *treatment* systems rather than prevention or promotion services are the only imaginable solutions. This treatment is sometimes understood as under the control of authorities outside the family (institutions and especially organizations, including the government and insurance companies) and is often conceptualized as controlling drug treatments. Given this framing, it is likely that people would support continued funding for the management of the mentally ill, since that management results in keeping them from endangering anyone. In this way, the media coverage and public’s models align and powerfully support the idea that mental illness in children is not preventable or treatable.

The crisis frame used to describe families’ difficulties accessing care and the inadequacies of government systems will likely deepen the public’s understanding that poor mental health outcomes in some children are inevitable because it is simply part of their genetic destiny. Prevention programs will be seen as futile at best because mental illness will afflict some people regardless of any type of intervention. Put another way, in activating the cultural model of

mental illness, the issue of child mental health more generally becomes a very unfortunate, but ultimately intractable and unsolvable, problem and therefore one that does not warrant public engagement.

The stories analyzed contain no explanation as to the *causes* of high rates of child mental illness, especially in communities of color and low income areas. This absence will likely strengthen the mental illness cultural model. That is, there is *no core story of children's mental health in the media materials*. Research and scientists, the likely messengers of such a core story, are largely left out of journalistic accounts of children's mental health. This lack of information is a gaping hole that readers must and will fill in to make meaning and achieve coherence from these stories. Because the elements of the media script point them to models of mental illness, this will be the model they use to make sense of *why* children can become mentally ill in the first place.

Finally, the lack of the family bubble frame and absence of individual blame that characterize media coverage are likely to *support* people's models of mental illness. The narratives in the media are illustrated with individual cases but generally do not allocate individual responsibility for aberrant behavior. In the cultural model of mental illness, neither individuals nor their parents are responsible for their condition. Brain biochemistry (through genetics or trauma) is responsible. The lack of individual responsibility in the media frame is therefore likely to reinforce the public's application of mental illness, which similarly does not accord responsibility to individuals.

III. Default to mental health

While media coverage overwhelmingly cues the public's models of mental illness, there are some aspects that support the cultural model of mental health. FrameWorks' earlier cultural models interviews revealed that the public has a well-developed definition of good mental health and how it can be achieved. According to this research, good mental health involves choosing to control and take responsibility for one's emotional response to stressful events. Cultural models interviewees also tended to talk about positive conceptions of mental health in highly individualist terms. That is, interviewees tended to conceptualize mental health as something that individuals have the responsibility to control. In the *absence* of positive or any sort of definition of child mental health in the media, the public will likely default to understanding that good mental health, even among children, is a personal choice to be healthy and to respond to difficult life circumstances in a resilient and acceptable manner. Failure to do so is typically conceptualized as an individual and moral failing. The lack of any definition of child mental health in the media may result in the public filling in its own definition of the issue; one in which individuals, and not policies or programs, are ultimately responsible for child mental health outcomes.

II. Default to crisis of government

As noted, media coverage of child mental health was dominated by discussions of the crisis of mental health care provision for children. While the deficiencies in the system do deserve serious

media attention and are cause for public concern, previous FrameWorks research has found that framing a problem as a crisis is counterproductive and leads readers to believe that a problem is insurmountable. Ultimately, insurmountable problems are not ones that can be solved, which leads to powerful disengagement from these issues. Despite the conceptualization of the child mental health “problem” as a fundamentally systemic one, the evocation of a strong crisis frame is likely to work against and inhibit an understanding of the importance, effectiveness and feasibility of systemic, structural solutions. If the problem of child mental health is one built into complex and unworkable systems, solutions are unrealistic at best, impossible at worst, and the public’s reaction will be to disengage from the issue.

The “system in crisis” was both explicitly and implicitly blamed on ineffective government programs or government inaction. Ongoing FrameWorks research on budget and tax issues has shown that discussions of corrupt, manipulative, wasteful or dysfunctional systems are powerful in cuing up cultural models of government. When activated, these highly dominant cultural models hijack thinking on an issue and sidetrack more productive perspectives about the possibility of changing or reforming systems.²¹ Similarly, government intervention in regards to children’s mental health was described as inept at best and inherently discriminatory at worst.

This type of coverage invites another important opportunity to default to the highly available cultural models that people use to think about government. These models typically render government or policy-based solutions ineffective — if it is government that has caused the problem, why should the public trust that public policies will produce solutions? A few articles in the sample proposed the privatization of services for mentally challenged children that are currently provided by the government. These types of solutions will make sense to the reader, because public policies are typically presented as the problem and not the solution in this issue domain.

Conclusion and Implications

Scientists and advocates can glean several lessons from the state of media coverage on children’s mental health that they can use to begin constructing more productive ways to communicate with the public about these issues. The most significant finding of this report is that currently there is no discussion of the science of children’s mental health in the media coverage of the topic. The public may be very aware of the challenges that families must undergo if their child is suffering from a mental health issue and may understand the inadequacies of the system of mental health provision. However, they have little access to the core scientific principles related to child mental health, such as the risk and protective factors that can shape a child’s mental health or how

²¹ Kendall-Taylor, N. and Bales, S. (2009). *Like Mars to Venus: The separate and sketchy worlds of budgets and taxes*. Washington, DC: FrameWorks Institute.

environments of experience determine child mental health outcomes. This core story could overcome much of the fatalism that currently characterizes the public's thinking about children's mental health (especially mental illness).

Researchers and scientists are absent from journalistic accounts of child mental health. Previous FrameWorks research on climate change has shown that the public perceives and accepts scientists and researchers as credible messengers to explain processes and principles of climate change. Although FrameWorks will be conducting further research to explore the role of messenger in the domain of child mental health, we suspect that scientists will similarly be viewed as a source of credible information about the core scientific principles of children's mental health. It will be critical for the voices of scientists and researchers to become part of the public discourse on children's mental health.

There are several promising features of the media coverage of child mental health. Unlike most of the research that FrameWorks has done on child development and youth issues, there is very little attribution of parental responsibility for poor child mental health outcomes. Furthermore, there is little media coverage that presents these issues as individual, moral failings. The lack of frames that activate the family bubble cultural model is accompanied by relatively sophisticated analysis about systemic failures in the provision of mental health services to young children, particularly children of color and children living in poverty. As these two aspects of media coverage present the opportunity to frame child mental health as a systemic issue, best addressed by whole communities through policies, these features of the media frame should be built upon and employed by scientists and advocates working on these issues.

The bad news is that the lack of individualist framing in the media coverage is likely the result of the way that poor mental health among children is presented to and understood by the public. The materials reviewed were riddled with anecdotes of extreme behavioral issues in children, which are likely to evoke the public's models of mental illness. Because they are about the system, they lend themselves to systemic solutions — but, once again, the problems and solutions are about *managing* of the lives of mentally ill individuals — not about systemic solutions for reducing the incidence of poor mental health. We conclude that people would support continued funding for the management of the mentally ill, since that management results in keeping them from endangering anyone. However, it is not likely that there is any carryover to funding for mental health, since people believe that mental health is an individual internal issue of emotions and motivation, not one of biochemistry as is mental illness. Furthermore, “mental health” is taught and modeled, primarily by parents, and, while poor mental health is unpleasant, it is not dangerous to society.

Neither the media nor the viewing public assigns responsibility for mental illness to those affected because mental illness is understood as determined solely by genes, which are perceived to be set in stone. Mental illness is considered largely out of the control of any policy intervention, save the further regulation and control of the lives of the mentally ill. While

individuals are not to blame, there is an overwhelming sense of the intractability of children's mental health issues. In sum, the lack of the family bubble frame presents an important opportunity. However, the core scientific principles of child mental health must be incorporated into public understanding of these issues so that the public can envision policies that promote child mental health and prevent some of the mental health challenges that children face.

Finally, there are counterproductive aspects of the media coverage of the systemic inequalities in children's mental health services. The sources of the problems within the mental health services for children were primarily described as inept, disorganized and dysfunctional public institutions — part of the cultural model that Americans use to think about government. Rather than the source of potential solutions, public policies were represented as discriminatory, hopeless and ultimately futile. While readers will have no problem envisioning systemic problems, it will be decidedly more difficult for them to envision are systemic solutions. The current media frames present significant obstacles. However, they are also ripe with possibilities to begin more productive conversations about child mental health.

Appendix A: Summary of Findings of Public Understandings of Child Mental Health (by Nathaniel Kendall-Taylor)

1. The most important finding from this research is that the public's understandings of, and approaches to, mental health and illness in general and child mental health more specifically are dramatically different from the scientific explanations of these same issues. For example, unlike the scientists, who defaulted to mental *illness* when asked about mental *health*, lay informants discussed mental health when asked about it and relied on a very different set of assumptions and understandings when asked more specifically about mental illness. Differences between expert and public understandings have science translation and communication implications, as they "set up" very different ways of understanding appropriate approaches treatments. Communications must not only be cognizant that different assumptions structure different perceptions of appropriate and effective treatment, but also must try to shift these assumptions so that the public can think about the new types of treatments, policies and programs — for example those that focus on prevention rather than treatment or on the larger context into which children are embedded rather than just parents.
2. This analysis shows that Americans bring very different sets of assumptions to understanding mental *health* versus mental *illness*. During interviews, informants implicitly applied these concepts to adults, and when asked more specifically about *child* mental health and illness, there was a tendency to "age-up" the concept — informants tended to talk about older children and adolescents despite specific probing about these concepts in very young children. In addition, research suggests that, while Americans have conceptualizations of mental *illness* in children that are similar to their ways of understanding this concept in adults, thinking on child mental *health* is more complex than in adults; there are two seemingly contradictory sets of implicit assumptions used to understand the issue. Using the first set of assumptions, informants reasoned that children don't have mental health, because their minds work in such fundamentally differently ways than those of adults. Employing a second and distinct set of assumptions, informants explained that, because children are "really just little adults," they too *must* experience states of mental health.
3. The interviews revealed a cultural model of mental health in which mental health *is* emotional health *caused* by deeply embedded negative experiences *for which* the individual is responsible. A very different cultural model mental of illness emerged from these interviews. Informants' discussions and explanation of mental illness can be understood by applying the following assumptions: that mental illness is caused by chemicals, that chemicals are the result of genes and that genes are set in stone. Together, these assumptions constitute a cultural model of mental illness.
4. The interviews with the general public revealed two different and conflicting dominant cultural models through which informants reasoned and understood child mental health:

- 1) that children simply cannot experience mental health because of their limited emotional capacities, but at the same time, 2) that they *must* have states of mental health because they are “really just little grown-ups,” but that because a child’s reality has “fewer variables” than an adult’s, states of mental health exist but are simpler.
5. Four less pervasive patterns of assumptions and understandings — what we call “recessive models” — also emerged from the cultural models interviews: 1) *environments are important determinants of child mental health*; 2) *prolonged stress affects mental health*; 3) *poor foundations cause poor child mental health*; and 4) *functioning is the key to child mental health*. These models represent more promising directions to explore in subsequent communications research.
6. Six gaps — or cognitive holes — emerged between expert and public understandings. These areas represent promising locations for the development of simplifying models: 1) concepts and causes; 2) connections and boundaries; 3) appropriate treatment; 4) the reality of child mental health; 5) contexts/environments of importance; and 6) the impact of genes.