# Beyond Awareness of Stigma: Moving Public Understanding to the Next Level

## Mapping the Gaps between Expert and Public Understandings of Mental Health in Colorado

A FrameWorks Strategic Report

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# Introduction

In Colorado, public thinking about mental health is fraught with misconceptions. People say they're opposed to stigmatizing mental health issues, yet discussions of severe mental health disorders reflect fear or pity—reactions that position people with mental health disorders as deeply different, apart, and abnormal. It is becoming socially expected to express opposition to the stigmatization of mental health issues, and at the level of explicit belief, the public may truly oppose stigmatization. Yet implicitly, people still rely on assumptions that are profoundly stigmatizing, treating people with mental health issues as abnormal.

In addition, while people understand the basic tenets of therapy and know that medication can be useful for treatment, when thinking about how to deal with mental health issues, they would often rather place their trust in yoga, in Internet chat rooms, or simply in greater willpower. And people frequently place responsibility for mental health not on society, but on individuals alone.

Understanding these unproductive patterns in public thinking is crucial for developing strategies for communicating about mental health. This report presents findings from a set of interviews conducted with members of the Colorado public. These interviews allowed us to see inside the "swamp" of public thinking—the shared assumptions that shape how people think about and understand mental health issues. By comparing these public understandings to mental health experts' understandings, we are able to identify the specific gaps that communicators must target to increase understanding of the issue and to boost support for the policies and programs needed to promote mental health in Colorado. And by understanding the public's existing ways of thinking, we are able to offer strategies for bridging these gaps.

The overarching recommendation that emerges from this research is that messages must go beyond communicating that stigma is wrong or undesirable. Messages must tackle the underlying understandings that continue to perpetuate the stigmatization of mental health issues within our culture even while people avow opposition to stigmatization.

In the first section of the report, before discussing public thinking about mental health, we present findings from a parallel set of interviews with mental health experts: researchers, practitioners, and advocates. Through an analysis of these interviews, we identify the "untranslated story of mental health": the key ideas about mental health that those in the field want to communicate to the public.

We then turn to the cultural models—the deep assumptions and implicit understandings—that underlie how Coloradans think about mental health.1 Working from over 450 pages of interview transcripts, we identify the common ways of thinking that shape how members of the public reason about mental health in Colorado. In describing this swamp of public thinking, we note how Colorado-specific concerns (e.g., healthy living, the great outdoors) and recent events in the state (e.g., the Aurora theater shooting) inform how Coloradans think and talk about mental health. The public's cultural models have critical

implications for communicators. Some of these models facilitate an understanding of target messages, while others impede public engagement with key ideas from the field. Identifying these cultural models reveals a set of strategies for navigating public thinking, avoiding pitfalls and effectively getting messages through the swamp.

In the penultimate section of the report, we conduct a comparative analysis between expert and public perspectives. By identifying points at which these views overlap and diverge, we are able to pinpoint the key challenges in communicating about mental health. We are also able to identify where existing understandings can be leveraged and expanded to enhance Coloradans' understanding of mental health and increase support for solutions.

In the final section of the report, we offer a set of framing recommendations to shift public thinking at a deep level. These recommendations offer communicators in Colorado specific strategies for deactivating unproductive ways of thinking, expanding productive understandings, and boosting public support for needed policies and programs.

A description of the methods used in this research, and participant demographic information, can be found in the Appendix.

# The Untranslated Expert Story of Mental Health in Colorado

This section presents a distillation of the themes that emerged from analysis of 10 interviews with mental health experts. By distilling these expert perspectives, we are able to arrive at a set of evidence-based messages about mental health in Colorado. Taken together, these themes constitute the *untranslated story* of mental health in Colorado: the core set of understandings that those working in mental health fields want to communicate to the public about this issue. The untranslated story is organized around six questions:

- What is mental health?
- What are the barriers to getting mental health care?
- What are the risk and protective factors for mental health issues?
- What are the effects of mental health issues?
- How should mental health issues be treated?
- What needs to happen to improve mental health in Colorado?

## What Is Mental Health?

**Mental health is defined positively as a psychological state of wellbeing.** Experts argue that mental health is more than the absence of illness. They define good mental health as a state of balance in an individual's thoughts, emotions, and behaviors that allows them to feel good about life and that supports their ability to function fully and to accomplish their goals. According to experts, people who have good mental health are able to realize their potential, cope with stress, work productively, foster strong relationships, and contribute to their community.

**A mental health disorder involves significant disruptions in thinking, emotion, and/or behavior that lead to distress and dysfunctions in family, work, and/or social settings**. Experts explain that a mental health issue is considered a disorder when it is persistent enough to affect an individual's ability to function in daily life. While experts distinguish between an individual's *situational* reaction to life stressors (e.g., losing one's job, dealing with an infant) and more severe, *persistent* disorders (e.g., chronic depression, bipolar disorder, schizophrenia), they highlight that these categories are not clear-cut.

**Mental health is best understood as a spectrum of wellbeing that spans the entire population.** Experts note that people who do not have a severe mental health disorder can still experience low levels of wellbeing on a temporary basis. Conversely, with the right treatment options, individuals who have severe mental health disorders can also achieve relatively high levels of wellbeing.

**Mental health issues are treatable and often curable**. Depending on the type and gravity of the issue, recovery can entail eradicating the issue or efficiently managing symptoms. For individuals, recovery

means progressively building back the elements necessary to foster wellbeing in their daily lives, like strong resilience skills, supportive relationships, safe housing, or a stable job.

**Mental health issues are widespread.** Forty-six percent of adults will experience some type of mental health issue in their lifetime—a higher rate than cancer. One in five people every year have a diagnosable mental health disorder.

**Mental health is an inadequate label.** Experts frequently question the validity of the term *mental health*, and feel that it is too restrictive:

- Experts agree that the distinction between physical and mental health, while still generally relied on as a working definition, is artificial because both mental and physical health outcomes are determined by some combination of genetic, psychological, and social factors. In addition, levels of mental health are known to significantly affect physical health, and vice versa.

- Experts suggest that *behavioral health* may be a more accurate label to describe the constellation of issues that practitioners address in their work. This term encompasses wellbeing, mental health disorders, and substance use and addiction issues.

## What Are the Barriers to Getting Mental Health Care?

**Stigma around mental health is a serious obstacle to treatment.** Experts explain that there is significant stigma surrounding mental health issues. They note that this stigma can lead to discrimination at work, at school, and in the community; to bullying or harassment; or to alienation from family, friends, and co-workers. Experts argue that stigma is also enacted by the individuals themselves (i.e., *self stigma*), which makes them less likely to seek diagnosis and treatment. Experts emphasize that stigma around mental health leads to consistent misperceptions. Stigma can lead to the equation of treatment with having a serious mental health disorder, when in reality, persistent disorders make up only 30 percent of Colorado mental health cases. Similarly, stigma can lead to an overestimation of the risk of violence. However, even in acute cases of mental health disorders, examples of violence are rare and not representative of the reality of mental health issues in Colorado.

**Siloed care is a barrier to treatment and reinforces stigma**. The separation between physical and mental health care frequently results in a requirement for external referrals, which creates hurdles that make people less likely to seek treatment. This systemic separation also reinforces the perceived otherness of mental health conditions, which can be stigmatizing for patients. Furthermore, community mental health centers are typically viewed as places for the chronically mentally ill, so people with milder issues may be reluctant to access care in such a facility.

**Current shortage of practitioners and appropriate facilities is a problem.** For example, Colorado has only 15 psychiatrists per 100,000 people, compared with 92 primary-care physicians. For new patients, the

shortage of practitioners means that getting an appointment with a mental health practitioner can take several months. Low-income urban areas and rural areas have virtually no access to care, and there is a state-wide shortage of acute treatment centers and psychiatric hospital beds.

**Current insurance coverage of mental health care is inadequate.** While the Mental Health Parity and Addiction Equity Act has helped with coverage, many Coloradans still either lack health insurance or have insurance that does not provide meaningful access to mental health care. Uninsured people and low-income people on Medicaid have the most difficulty getting access to mental health care services. Medicaid patients cannot see their primary care doctor and a mental health practitioner on the same day because of statewide restrictions, which makes them much less likely to follow up on their appointments. Insurance coverage problems extend to a larger part of the population as well, as many mental health practitioners don't take any form of insurance, to avoid regulations on treatment decisions or time-consuming billing practices. Given the overall shortage of mental health practitioners in the state, this keeps meaningful treatment out of the financial reach of a significant portion of the population, even those who have insurance coverage.

**The system prioritizes acute care over preventative services.** Treatment for mental health issues tends to start only when the issues have already become severe. The prioritization of acute care is reinforced by law, as Colorado emergency services are required to find a psychiatric bed and provide treatment for an individual only if they pose a threat to themselves or others.

## What Are the Risk and Protective Factors for Mental Health Issues?

**Most mental health issues are caused by a combination of genetic, psychological, and social and environmental factors**. Experts explain that it is often impossible to identify a single cause for a given mental health issue, making mental health care a complex process:

- Experts insist that social and environmental factors play an essential role in the development of mental health issues. Risk factors include poor relationships and a poor support system at home, at school, at work, or in the community. Poverty, violence, and discrimination (notably on the basis of race or sexual identity) can also increase the risk of mental health issues because of the high levels of stress and anxiety they generate.

- Experts argue that significant life changes such as the death of a loved one, the birth of a child, or the emergence of a chronic disease can trigger mental health issues.

- Trauma like abuse or neglect (notably in childhood), spousal abuse, violence in the community, or war-related trauma (like in the case of army veterans) can lead or contribute to mental health issues.

- Experts explain that genetics plays a role in the development of mental health issues. Notably, people are at higher risk of mental health issues if their family has a history of severe mental health issues. But experts explain that genetics typically creates only a predisposition for mental health issues and does not predetermine the future life course of an individual.

- Psychological risk factors can include low self-esteem or poor coping skills, which are often the result of the environmental and social factors listed above.

**According to experts, protective factors for mental health issues include resilience, a strong support system, socio-economic factors, and access to care:**

- Experts define resilience as a reservoir of emotional and cognitive skills that allows an individual to adapt well in the face of adversity and to deal with significant levels of stress. These coping skills may be partly inherent to an individual, developed in childhood, or acquired later in life, notably through therapy.

- Experts argue that a strong support system at home, at school, at work, and in the community can act as a protective factor that can contribute to an individual's mental health and wellbeing.

- Experts highlight the importance of socio-economic protective factors for mental health and wellbeing. High quality of life in one's community and neighborhood, high-quality work conditions, and adequate level of income are key factors that increase the chance of good mental health and overall wellbeing. These factors contribute to people's sense of agency over their lives and to a reduction in everyday stressors.

- Access to early intervention and prevention programs in the community contributes to the mental health and wellbeing of individuals.

- Access to insurance coverage and mental health care professionals is essential to overall levels of mental health in Colorado.

## What Are the Effects of Mental Health Issues?

**Mental health conditions frequently affect physical health**. Experts explain that stress or depression are often the underlying causes of physical conditions like cardiovascular problems, high blood pressure, gastro-intestinal issues, or migraines. Physical effects of a mental health problem may also be a sign that the mental health condition is getting worse.

**Mental health issues can result in isolation and marginalization, and can eventually constitute a threat to people's lives.** Mental health issues can affect an individual's interactions with their family, community, and work, notably as an effect of the stigma around mental health. Isolation and

marginalization may result in life-threatening situations like drug misuse and addiction, homelessness, and suicide attempts.

**Mental health issues can affect an individual's short- and long-term success**. Experts explain that as mental health issues can affect an individual's ability to handle daily responsibilities and function effectively, they can lead to absenteeism in school and at work, or even to job loss.

**Mental health issues can lead to involvement in the criminal justice system.** Experts describe a complex relationship between mental health issues and involvement in the criminal justice system; the latter can be either a consequence or a cause of the former. Untreated mental health issues can trigger a chain of events and actions leading to an individual's incarceration. Conversely, living conditions in prison can lead to severe mental health issues. In addition, experts note that prison has become one of the main places where people are diagnosed with mental health issues and get access to care.

**Mental health issues affect society through loss of productivity and high health care costs.** Experts explain that mental health issues are a drag on people's productivity, which limits their contributions to the broader community. Experts point out that the cost of health care for a patient who develops a chronic mental health disorder increases exponentially, both because of the high cost of treating chronic disorders and because of comorbid chronic diseases associated with mental health disorders, like cardiovascular issues, diabetes, or obesity. Experts add that homelessness and involvement in the criminal justice system—which, again, are intertwined with mental health issues—entail significant societal costs through increased demand for shelters, emergency room care, and jail beds.

## How Should Mental Health Issues Be Treated?

**The key goal of mental health treatment is to promote positive mental health and wellbeing.** Experts explain that mental health treatment should not be limited to chronic mental health disorders. Individuals experiencing a temporary drop in levels of wellbeing should also be provided with help and support.

**Medication can be a useful part of treatment, but alone, it is insufficient.** Experts insist that medication is one element within a larger protocol of care. Psychiatric medication can help improve symptoms and make therapy more effective, but medication is not a cure, or a method of symptom management, in and of itself. Mental health issues cannot be treated with a single prescription the way targeted physical issues sometimes are. Importantly, medications can have significant side effects; experts note that some of the physical effects of mental health issues may be due to side effects of psychiatric medication.

**Therapy, which encompasses a range of approaches, is often an important part of treatment.** Different mental health practitioners use different types of therapy, and different approaches work for different patients. Therapy can involve skill building with behavior modifications, stress management and cognitive behavioral techniques, or introspection with a psychodynamic approach.

**Addressing social factors can improve mental health.** Part of effective treatment may involve addressing the social and environmental factors that underlie an individual's mental health issues. This includes finding ways to improve someone's living or financial situation, or helping them access better social services (e.g., childcare, parenting support programs).

**Individual health practices like mindfulness and exercise can complement a course of treatment**. While experts do not consider these practices to be treatment options in and of themselves, they highlight the practices as effective supplements to a wellness-oriented course of treatment.

**Substance use requires specific treatment options**. Experts point out that treatment for substance use can include specific medication, therapeutic processes like twelve-step programs, or time spent in rehabilitation facilities.

## What Needs to Happen to Improve Mental Health in Colorado?

**Break the stigma around mental health.** Experts talk about the need for awareness campaigns that tell positive stories about mental health (e.g., *makeitok.org*). Changing negative perceptions of mental health is vital for the wellbeing of people with mental health issues and to ensure that people get the help they need.

**Prioritize prevention over crisis response**. Currently, Colorado spends almost $900 million on mental health crisis management, while prevention is dramatically underfunded. Experts argue for making prevention a funding priority, and for existing programs taking steps to prioritize prevention. In particular, funding is needed for family support programs and early childhood services that equip parents and children with the skills and knowledge necessary to prevent mental health issues from arising. Funding is also needed for awareness and skill-building programs and programs that focus on and teach self-care. Experts also recommend that schools include the idea of holistic health in health curricula and teach elements of positive psychology.

**Strengthen early-intervention programs.** Experts explain that identifying and treating individuals in the early stages of a mental health issue can prevent them from needing care for longer periods of time or at higher treatment levels. For example, experts argue for nationwide training programs like *Mental Health First Aid*, which aim to give laypeople the ability to identify people in need and to help them find care, to be expanded so that people can get care before serious issues develop. Programs that focus on depression and suicide in the workplace can help identify people who need help before issues become severe. Experts also emphasize the importance of early intervention in schools, as a significant number of chronic mental health disorders (e.g., psychosis, bipolar disorder) appear before adulthood, and signs of depression can occur in children as young as six years old. Experts recommend training teachers in mental health issues and hiring more in-house counselors so that children in need of mental health treatment can be identified early.

**Implement an integrated health system.** Experts recommend better integration of the work of mental health providers, primary care providers, and other health care professionals, so that they share the same sites, goals, and systems. Frequent communication and close collaboration between mental health and primary care providers will ensure that patients can receive holistic care without external referrals, and that there is no missing information in care histories. Integrated care will also enable a stronger focus on social determinants in the treatment of mental health issues and in the promotion of mental health and wellbeing. The system would no longer seek to treat health issues as discrete events, but instead would look at the individual as a whole (i.e., providing a diagnosis informed by physical, mental, and socio-economic and environmental considerations) before selecting the optimal course of treatment. A successful transition toward integrated care requires statewide leadership, strong public advocates, and a strategic allocation of state funds to help practices with this transformation. In particular, legislation is needed to reform billing practices in ways that facilitate the integration of physical and mental health care.

**Expand insurance coverage and address problems with existing coverage in the state of Colorado**. Experts emphasize that patients ought to be able to get access to mental health treatment whenever they need it. They stress that it is necessary to provide insurance to those that don't have it, and to address same-day access issues for patients on Medicaid. A simplification of the billing practices required by private insurance companies and by Medicaid would also encourage more mental health practitioners to accept insurance and to coordinate with other practitioners within an integrated practice.

**Increase the number of mental health practitioners**. Experts insist on the need to produce a greater number of highly skilled practitioners in psychiatry and psychology, by attracting skilled students into the field of mental health. This can be achieved by promoting the field more actively during students' training and education. Reforming and simplifying billing practices can also make mental health professions more attractive to skilled students who currently opt for medical specialties and fields of practice that are better paid or that have simpler and easier administrative practices.

**Increase access to mental health care by training primary care providers and better utilizing technology**. Experts argue that it is essential for patients to be able to access mental health care whenever and wherever they need it. They refer to this as a *no wrong door* policy. There is a need to provide more training in mental health for primary care providers, so that they can effectively screen for mental health issues, adequately care for minor cases, and offer guidance about how to prevent mental health issues, especially during life-changing periods like pregnancy. Experts also note that Telehealth can increase access to care, especially in geographically remote areas.

**Address the social determinants of mental health.** Experts recommend taking steps to address the social determinants of mental health at the community level. They stress the need for more funding and more emphasis on social and environmental factors that contribute to the cohesion and wellbeing of a community as a whole: access to nutritious food, affordable housing, open spaces for children to play, safe spaces to gather as a community, and programs that enhance the voice of marginalized populations (e.g., on immigration issues). Social workers can act as connectors in the community, especially for people who

may not have the social support they need. This typically involves identifying mental health issues that people are experiencing and helping them improve their overall situation, not only through mental health care, but also by addressing housing or other social issues.

# The Untranslated Expert Story of Mental Health in Colorado

## What is mental health?

- Mental health is defined positively as a psychological state of wellbeing. It is more than the absence of disease.
- A mental health disorder involves significant disruptions in thinking, emotion, and/or behavior that lead to distress and dysfunctions in family, work, and/or social settings.
- Mental health is best understood as a spectrum of wellbeing that spans the whole population.
- Mental health issues are treatable and often curable.
- Mental health issues are widespread (46 percent of adults will experience an issue).
- The label of "mental health" is inadequate because it is too restrictive.

## What are the barriers to getting mental health care?

- Stigma is a serious obstacle to treatment.
- Siloed care is barrier to treatment and reinforces stigma.
- Current shortage of practitioners and appropriate facilities is a significant problem.
- Current insurance coverage of mental health care is inadequate.
- The system prioritizes acute care over preventative services.

## What are risk and protective factors for mental health issues?

- Most mental health issues are caused by a combination of genetic, psychological, and social and environmental factors.
- Significant life changes and trauma can trigger or lead to issues.
- Resilience, a strong support system, socio-economic factors, and access to care are important protective factors for mental health issues.

## What are the effects of mental health issues?

- Mental health conditions frequently affect physical health.
- People with mental health issues can experience isolation and marginalization, and can eventually constitute a threat to their lives.
- Mental health issues can affect an individual's short- and long-term success.
- Involvement in the criminal justice system can be a direct consequence of mental health issues, especially when they are left untreated.
- Productivity loss and high health care costs for mental health issues can affect society as a whole.

## How should mental health issues be treated?

- The key goal of mental health treatment is to promote positive mental health and wellbeing.
- Medication can be a useful part of treatment, but alone, it is insufficient.
- Therapy, with its range of approaches, is often an important part of treatment.
- Addressing social factors can improve mental health.
- Individual practices like mindfulness and exercise can complement treatment.
- Substance use requires specific treatment options.

## What needs to happen to improve mental health in Colorado?

- Break the stigma around mental health.
- Prioritize prevention over crisis response and strengthen early-intervention programs.
- Implement an integrated health system.
- Expand insurance coverage and address problems with existing coverage in Colorado.
- Increase the number of mental health practitioners.
- Increase access to mental health care by training primary care providers and better utilizing technology.
- Address the social determinants of mental health.

# Public Understanding of Mental Health in Colorado

In this section, we present the dominant cultural models—the shared but implicit understandings, assumptions, and patterns of reasoning—that shape public thinking about mental health in Colorado. These cultural models are ways of thinking that are *available* to the public, although different models may be activated at different times. It is important to emphasize at the outset that people are able to think about mental health in multiple ways. People toggle between these models, thinking with different models at different times, depending on context and conversational cues. Some models are dominant and more consistently and predictably shape public thinking, while others are more recessive and play a less prominent role in public thinking. Some models are productive, facilitating understanding of mental health and support for the policies and programs that experts recommend, while others are unproductive, impeding understanding and support.

In addition to these cultural models, there are *cognitive holes* around certain issues: areas in which the public simply lacks models or ways of thinking about an issue. These cognitive holes represent areas where public understanding must be filled in. By seeing the models available to the public and the cognitive holes in understanding, communicators can frame their messages to activate productive models, de-emphasize unproductive ones, and fill in understanding where needed.
Here, we first describe relevant patterns in people's understanding of the terminology and prevalence of mental health and mental health issues in Colorado. We then describe the cultural models and cognitive holes that underlie public thinking about these issues, and what can be done to improve mental health in Colorado.

## Thinking about Terminology and Prevalence

### Mental Health as Cognition

A significant number of participants associated the term *mental health* with cognitive abilities. In other words, there was an assumption that mental health equates to being able to reason well.

> **Participant:** I know that there are tests and quizzes that psychiatrists have tried to develop to reveal somebody's emotional quotient as opposed to their IQ, which is more related to mental health, which would be an intelligence quotient.[2]

This association of mental health with cognitive abilities is further reflected in the way that participants categorized cognitive disorders like autism, Down syndrome, Alzheimer's disease, and dementia as mental health issues. People often brought up brain-building or brain-maintaining exercises like Sudoku as ways of strengthening mental health.

> **Researcher:** What comes to mind when you think of mental health?
> **Participant:** Generally, the first thing that jumps to mind is trying to keep your brain active on different levels. […] Your brain is like a muscle, and if you stop using it, it doesn't stay as strong as it could be or perhaps should be. […] So, my mom just turned sixty-eight and she loves to read, loves to do Sudoku and stuff like that, she likes to travel. Whereas for other family members, there just seems to be a general activity level decrease, not only mentally but also physically.

People's associations with the term *mental health* thus diverge from expert definitions. As we discuss below, people do have models of the *concept* of mental health—of the set of issues that experts discuss under the heading of *mental health*—but, importantly, **participants often relied on the term *emotional health* to talk about this set of issues.**

> **Participant:** I believe that processing speed in a computer would be more like "mental health." And "emotional health" would be more like with the background screen on your computer?
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> **Participant:** I feel that health is multifaceted: it is mental, emotional, spiritual, as well as physical. And they're all interconnected. […] I would say mental [health] is like your thought processes. That you can think clearly. That you can focus on things. That you can do logical reasoning. And then I would say emotional [health] is more of a feeling. An intuition that we get when we feel happy or sad. These different emotions that encourage us to behave certain ways.

**Underestimating Prevalence**

When asked about the prevalence of mental health issues, participants said issues are common but struggled to provide precise estimates. When asked to guess, they gave percentage estimations ranging from 20 to 60 percent of the population.

> **Participant:** I think that they are incredibly common.
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> **Participant:** My best guess according to my experience would be that they're pretty common. Yeah. I think that if you looked at that list and compared everybody, all of human kind, I think there would be a pretty large number, a large percentage of people that would be considered to have some of these diseases.

When asked about Colorado specifically, participants suggested that mental health levels are better in the state than in the rest of the country. Similarly, they thought suicide rates in Colorado are lower than elsewhere. (In reality, Colorado has the seventh highest suicide rate in the country.)

> **Researcher:** I'm curious. How common would you say suicide is in Colorado?

> **Participant:** I would say fairly low. I think, again, part of that is where we are […] This is a state with a lot of physical activities. And I think the physical, again, helps the mental. And we get a lot of sunshine, whereas depression and things are, I think, exacerbated with poor weather.

This assessment can, at least in part, be explained by participants' assumptions about the benefits of being close to nature and being outdoors, and more generally by assumptions about Colorado's healthy lifestyle. As previous FrameWorks Institute research has found, people see spending time in nature as good for general wellbeing and mental health in particular.[3] Because participants understood time outdoors and healthy living as core parts of Colorado identity, they assumed that living in Colorado must help promote good mental health, and that prevalence of mental health issues in the state must be lower than in other states.

> **Participant:** Colorado, we might say, is a little bit better because the whole idea in Colorado is, it's more easy-going lifestyle, it's more chill, it's more involved with nature.
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> **Participant:** Colorado we're a lot healthier than most places. So looking at it as a country, I'd have to think that a good 20-some percent, maybe 30 percent, are somehow affected and have a diagnosis. […] But I think people are a little healthier here as far as, like, they get out more.

### *Implications for Communicators*

- **Misunderstanding of the term *mental health* is a serious obstacle to effective messaging.** This confusion could lead to basic misunderstandings of messages. Communicators will need strategies to clarify *what* they are talking about when they talk about mental health and mental health issues. We revisit this issue in the final section of the report.

- **Perceptions of low prevalence of mental health issues in Colorado undermine issue salience and reduce public concern about mental health as a social issue.** Because people assume that mental health in Colorado is reasonably good, taking steps to improve it seems less pressing. Helping the public accurately understand the extent of problems in Colorado, while maintaining the sense that this is a problem that can be addressed, should help boost the salience of the issue and increase support for solutions. To generate a more accurate understanding of the issue, communicators will need to explain why Colorado has a higher prevalence of problems than many other states. Otherwise, people are likely to be skeptical of prevalence claims, which do not fit with their understanding of the state and connections they draw between core state characteristics and mental health.

## Thinking about Mental Health and How It Works

### The *Health Individualism* Cultural Model

Coloradans' thinking about health is grounded in the deep assumption that health outcomes are driven by individual choices and that individuals are responsible for their own health. In past research on a range of health-related issues, FrameWorks has found this model to dominate Americans' thinking about health.[4,5] When asked for their thoughts on what good health involves, Colorado participants consistently focused on individual lifestyle choices like diet and exercise. When conversations shifted to mental, emotional, and spiritual health, participants focused on how individual choices and attitudes shape wellbeing, and how personal practices such as yoga and meditation can improve wellbeing.

> **Participant:** Taking care of yourself. It's a feeling you get—feeling good day to day. Putting the right things in your body, taking care of your body with exercise, and also taking care of your mind, being mindful of things. That's overall generally what I consider healthy.
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> **Participant:** My first thought is, how do I take care of myself, what do I eat, how often do I exercise, me personally. But then, the more that you think about it, it does go to your mental, your spiritual, your emotional healthiness, where you choose to live.

Participants recognized that sometimes people need help to address physical or mental health issues, but when thinking with the *Health Individualism* model, they remained focused at the individual level, assuming that seeking and procuring help is the individual's responsibility. In this way, the model focuses people's attention on the choice to seek or not to seek help and thus obscures the reality that many people do not have access to help in the first place.

> **Participant:** If you need help, you're going to have to make the first move. It's not someone else's job to figure it out. If you think you've got an issue, you've got to come forward and seek some kind of help, seek some kind of plan. So I don't always know that it's the state's responsibility or the country's responsibility. A lot of times, it's the individual's responsibility to take action for themselves. There are plenty of resources out there. There's plenty of people that can help. Like I said, you have to want first. You've got to be willing and commit to it.
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> **Participant:** You can't force somebody to get help if they don't want it. […] You can't force a grown adult to go to the doctor and get help if they don't want it.

### The *Mentalism* Cultural Model

Participants also drew upon another, closely related model. The *Mentalism* model centers on the assumption that good mental health is largely a matter of mindset and willpower and, if people have the will and the right attitude, they can "get over" any challenges they face and simply "decide" to have a healthier outlook on life. Participants argued that the most effective way of dealing with mental health

issues is to change one's perspective on life, actively seek good experiences, and try to have positive emotions.

> **Participant:** I think you can choose your mental health aspects.
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> **Participant:** I just feel like you can't be in the dark forever, it's not going to be terrible forever. Unless you actually choose to be depressed, not depressed but sad, and just wallow in it forever. I don't know if that's a choice of not, but some people just choose to stay upset for a while.

Choice of perspective is sometimes described in terms of willpower, though participants also drew on language that focused on mindfulness and positivity to describe the perspective needed.

> **Participant:** I would say it's like an energy that you feel and it's definitely like an internal thing that probably exudes outwards rather than outwards in. I think you have to have that from within to exude out. And I think there is like a level of positivity, and I think that there is like a law of attraction there in that people who are happy and have a good wellbeing tend to attract more positive things in their life. So I think it just creates like a network of wellbeing if that makes sense.

### *Implications for Communicators*

- **The *Health Individualism* and *Mentalism* models make it difficult to understand mental health in social, contextual, or collective terms.**[6,7] By spotlighting individual choices and mindset, these models obscure the role of social and environmental factors in determining mental health outcomes. In turn, they undermine a sense of collective responsibility for mental health. These ways of thinking blame individuals for their own mental health issues, since problems are assumed to result from people's failure to make the right choices or muster the right attitude or willpower. These models are thus highly unproductive. As we discuss below, finding ways of foregrounding social, contextual, and systemic factors and cultivating collective responsibility for mental health is a key task for communicators.

**The *Spectrum of Normality* Cultural Model**

The concept of *normality* structures people's thinking about mental health at a foundational level. People do, as discussed below, have different ways of thinking about how mental health issues arise and how they can be treated. However, this thinking is consistently anchored by the assumption that having good mental health means being "normal," and having poor mental health means being "abnormal."

> **Participant:** I think there are certain things that nobody can deal with, if you are going to war and seeing really bad stuff. I don't think anybody is coming back completely adjusted and normal.
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> **Participant:** [If you have an untreated mental health issue,] you're going to be a basket case. You're not going to function well. You're not going to interact well with others, because there's something wrong with you.
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> **Participant:** To be a normal person, you want to be healthy mentally and physically. Because mental [health issues] can limit you just as much as a physical limitation. A physical limitation is pretty obvious, but a mental [limitation] can be just as debilitating or more so even than physical.

Participants implicitly placed people on a spectrum of normality with two strong poles: the *normal self*, and the *abnormal other.* People understood distance from normality as a spectrum; everyone, including the participants themselves, is understood to have a place somewhere on the spectrum. Yet the abnormal end of the spectrum was particularly salient—cases of severe mental health issues were top of mind. As long as people are mostly "normal," they remain relatable. But the model *others* people with severe mental health issues as profoundly different.

This model is at the root of stigma. It creates a cognitive and emotional distance from people with mental health issues, particularly severe ones. The abnormality—the *otherness*—of people with mental health issues makes it impossible to truly relate to them. This is reflected in participants' top-of-mind examples of mental health issues, which involved violence and mass shootings as well as homelessness and suicide. Participants struggled to relate to the people involved in these situations, expressing either fear and the need to protect "normal" people from the dangerous other,[8] or pity and the need for "normal" people like themselves to help those unfortunate enough to have a severe mental illness. While the latter reaction may initially seem like a good one, pity is not empathy—it is not grounded in identification with someone as a peer, but rather involves distance and condescension.

> **Participant:** You hear all the time in this country people go shoot up a theater or a mall, or a school. And I would say the vast majority of the time it's someone with [a] mental health issue who goes, gets a gun, a lot of times legally, and then goes and shoots up a school. And as a parent, my daughter is 3 so she's not in school yet, but […] as a parent, that's terrifying.
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> **Participant:** One of [the homeless people my volunteering group was helping] just freaked out and was cussing and saying "I hate the government, fuck the government system," and watching that person just made me wonder, what about all these other people, there are so many of them that just have no clue what's going on, and it's sad. So after we sat and talked to them. And there were some that were intelligent, that can have a conversation. One of them said "I can't get medicine, I can't take care of my health, I can't do anything because I don't have a house." And I thought, "if I could just give all of them a house, that way they can get medical help for their mental illnesses." And a lot of the crime comes from those people, because they go crazy and they don't have medicine or treatment or even just stability.

The concepts of *normality* and *abnormality* not only shaped participants' perception of people with mental health issues, they also structured people's thinking about treatment. Participants consistently assumed that medical treatment involving some combination of therapy, medication, and possibly in-patient treatment is necessary if an individual is too far towards the "abnormal" pole. When people with mental health issues are close to the "normal" pole, participants assumed that the issues would either resolve themselves with time, or, employing the *Mentalism* model discussed above, assumed that the individual could solve the issues through willpower or attitude change and without professional help.

> **Researcher:** You mentioned going to the psychologist or the psychiatrist, and "doing exercises." What did you have in mind when you said "exercising"?
> **Participant:** I mean, if it's a case of depression or anxiety that wouldn't necessarily require medication or treatment, just what a person can do on their own to right that ship. Whether it's just focusing on more positive things—instead of feeling sad and being negative, think about positive things in your life to have that mindset.

Participants assumed that if a person is *abnormal* enough, the problem may be untreatable.

> **Participant:** I know that there [are] institutions for people though. Reading about that, you know, from my mom's side of the family […], people can go crazy at any time. These people weren't necessarily born with it. I never knew them. But something happened in their life to make them say "you're not fit to be in society. We're going to have to put you in this hospital now, you know, forever."

While the *Spectrum of Normality* model is deeply stigmatizing, it is important to note that, in interviews, most participants expressed awareness of the stigma around mental health issues and explicitly rejected it. They suggested that other people hold stigmatizing attitudes, and distanced themselves from these attitudes. Participants explicitly disavowed the idea that people with mental health issues are "weak," and sometimes raised concerns that labels for mental health conditions can be stigmatizing. In short, people seem to have internalized the idea that stigmatizing people with mental health issues is not socially acceptable.

> **Participant:** I think it's just stigma when you think about mental health issues. The stigma associated is that you're gonna act different or just be viewed as the crazy person. Or again, depending on what your mental health issue is, are you going to end up that homeless person on the street? So, I think there's just an overall negative stigma around mental health. In general, society may shun the idea of opening up and embracing people with mental health issues.
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> **Participant:** I think the awareness probably needs to go further, just so people [see] that it's more commonplace—it's not a stigmatized thing, that it's more common, and that's just another thing that people have to deal with, and it's okay. And it'll help people dealing with those people, as well

> as making it aware of where they can go for help, what you can possibly do perhaps if you're dealing with somebody like that.

This expressed concern about stigma is a notable shift from how people spoke about mental health in interviews FrameWorks conducted in 2009. In those interviews, participants sometimes characterized mental health issues in terms of weakness or character flaws. The change observed between 2009 and the more recent interviews is a positive shift, but it should not be taken to mean that stigmatizing assumptions have disappeared.

While participants in the recently conducted interviews in Colorado expressed concern that stigma can be an obstacle to seeking treatment, and explicitly criticized stigma as "not right" or unacceptable, this explicit denunciation of stigma coexisted with a continued reliance on cultural models that stigmatize individuals with mental health issues. As the quotes above illustrate, people can simultaneously disavow stigma and characterize people with mental health issues as "crazy" or "those people." The expressed concern with stigma suggests that awareness campaigns have affected people's thinking at the explicit level—or at least made condemning stigma the socially acceptable thing to do—but the Spectrum of Normality model and other models described in this report perpetuate stigmatizing thinking at the implicit level.

### *Implications for Communicators*

- **The *Spectrum of Normality* cultural model contributes to people's understanding of mental health as the absence of disease**. While some participants initially referred to happiness and wellbeing in their discussions of mental health, their reliance on the *Spectrum of Normality* cultural model, which focuses on deviations from what is "normal," implies a deeper, more restrictive definition of mental health as the *absence of disease*. This means that for the public, discussions of mental health are mainly discussions of mental health issues, not of mental health as a positive state.

- **The *Spectrum of Normality* cultural model undergirds negative perceptions of mental health issues.** By positioning people with mental health issues as *abnormal others*, the model makes it difficult to identify with "those" people. This model significantly contributes to the stigmatizing orientation toward mental health issues that experts flag as a barrier to effective treatment.

- **The model undermines support for treatment by producing complacency on one end and fatalism on the other.** Towards the "normal" end of the spectrum, the model leads people to conclude that treatment is not necessary (i.e., problems will fix themselves or can be addressed through willpower and decisions to be happier), while those on the "abnormal" end are, at least in the most severe cases, sometimes assumed to be beyond help. The model thus severely constrains people's perception of when and how treatment should be used—both importance of early

preventative care for milder mental health concerns and the ability to meaningfully address the severest mental health issues.

- **Explicit concern about stigma is an opening for communicators.** While people continue to unintentionally stigmatize mental health issues, their recognition that doing so is undesirable indicates openness to a more positive understanding of mental health. Communicators need strategies that go beyond convincing people that stigma is bad and gently exposing how common ways of talking and thinking continue to stigmatize mental health issues. There is also the need for alternative language that allows people to talk about mental health issues in non-stigmatizing, more productive ways.

**The *Chemistry Is Genetic* Cultural Model**

Participants made two interrelated assumptions about severe mental health issues (e.g., bipolar disorder, schizophrenia, antisocial personality disorder): that they are caused by a chemical imbalance in the brain, and that brain chemistry is determined by genetics. While people model less severe issues exclusively as emotional disruptions, severe issues are assumed to involve chemical imbalances. While the exact process through which genes and the brain are connected is not clearly modeled, the assumption is that only people who are genetically predisposed develop the chemical imbalances that result in severe mental illness. Life events can trigger problems, but severe mental health issues occur only if there is a genetic predisposition.[9,10]

> **Participant:** I know some mental health things are where people are bipolar, schizophrenic. Which [on] my understanding are more genetic, a lot of times, passed from another family member. […] Because also, in addition to being genetic, I think a lot of it is chemical imbalances within people.
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> **Participant:** You may carry the gene and never get it or you may carry the gene and maybe something triggers it, [something] environmental, like you go through something big, a death in the family or your marriage breaking up or the loss of a child or whatever it is, and maybe that triggers something and it brings you out.

The assumption that severe mental health issues are caused by chemical imbalances leads, unsurprisingly, to the idea that medication is the best way to manage these conditions. Yet because participants recognized that chemical imbalances can be triggered by life events, they typically recommended therapy or personal lifestyle changes as necessary complements to medication.

> **Participant:** There's […] different diseases, maybe bipolar and schizophrenia, those sort of things. I guess they are like disorders, chemical imbalances in your brain, and people just think different. […] People need to take medication to function with those imbalances.
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> **Researcher:** How do you help a kid with schizophrenia get better? Can they still go to high school?
> Participant: Yeah, absolutely. I think it's a matter of getting them with the right professionals. Whether it's someone to prescribe them the right medication they need to be well balanced, or just getting them talking to the right people so that they can lead a healthy life.

### *Implications for Communicators*

- **The public's understanding of the connections between the brain and mental health must be deepened.** The public has only a thin and fuzzy understanding of these connections, which may contribute to the *othering* of people with mental health issues; if "chemical imbalances" remains an unexplained black box, it functions as a signifier of abnormality. Explaining *how* brain chemistry and mental health are connected should undermine this othering tendency and enable people to understand "brain chemistry" not as a concern only for "those" people but as one of the factors that shapes all of our mental health.

- **The *Chemistry Is Genetic* model supports productive thinking about the interaction of trauma and genetics.** The emergence of this model indicates that there is some level of understanding that genetics do not solely or deterministically shape people's mental health. This brings social and environmental influences into the picture and opens space for people to understand how adjusting environments can potentially shift mental health outcomes. While understanding of the interaction between trauma and genetics is thin, the existence of this model suggests that members of the public may be able, without great difficulty, to process and understand explanations about how shifting environments can help prevent and address mental health disorders.

## Thinking about the Self and Mental Health

Participants drew on three foundational models of the self to reason about mental health. These models offer three different ways of understanding what a *normal* self is and, in conjunction with the *Spectrum of Normality* model, serve to specify what mental health is, how mental health issues come about, how they affect people, and what can be done about them.

### The *Self as Container* Cultural Model

Participants frequently drew upon the metaphorical model of the self as a contained environment.[11,12] The model hinges on the differentiation between interior and exterior. When thinking with this model, people locate the causes of mental health issues solely *outside* of the individual. Participants used this model to think about negative external influences such as stress, trauma, and adverse events, which do not belong within the self and create mental clutter. If this mental clutter is not processed *out* in a timely manner, negative emotions weigh down the self and create strain by disrupting internal balance. The model is reflected in the familiar language that "bottling up" emotions is unhealthy.

> **Participant:** Maybe some people grew up where they are taught not to express emotions or bottle it up to keep it in, and that has an effect later on in their lives, they don't handle it as well. And then there's others that will seek help or talk to people, talk to friends or try to address the issue where other people might hold it in.
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> **Participant:** Your inner environment […] It's an environment. I think of it as like a soil that you can cultivate. And you can water that environment. You can plant seeds in there, water it and let it grow. Or you can totally abandon it. And if you abandon an actual garden, nothing is going to grow, the plants are going to die. And so, I feel like nurturing our inner environment is very important by making sure that regardless of what's going on externally around you, that you have this sort of inner harmony and equilibrium within you.

The model leads to a specific understanding of how mental health issues can be solved: by removing or expelling outside elements like stress, trauma, and adverse events from the contained self. When using this model, participants suggested both lifestyle changes (*Mentalist* solutions) and therapy as ways of removing these negative elements. The following quote focuses on how lifestyle choices can "clear your mind."

> **Participant:** By doing something active you are exercising your body but you are also exercising your mind. You are clearing yourself of work and stress and maybe other worries, financial, maybe even emotional, and even health concerns if you've had those lately, maybe it's a way to clear your mind of all that stuff and just be by yourself with your mind.

People used similar language to explain what therapy can accomplish: By processing events, therapy can help rid the self of the mental clutter and the negative emotions produced by negative external events.

> **Participant:** I think he would be better off going to a one-on-one meeting with a counselor or a therapist [….] I think he keeps a lot of stuff locked inside because he doesn't talk to anybody, so I feel like if he was to talk to somebody he would have the same result as me. We both had rough childhoods [….] I think instead of just popping him up on a bunch of pills, him going and talking to somebody would be better.

The model sidelines thinking about brain chemistry, as biology is modeled as internal to the individual and thus does not fit the profile of external influences invading or cluttering the self. As the above quote illustrates, the model leads people to view medication as the wrong solution, seeing it as masking the problem rather than dealing with the negative emotions that are causing the problem.

### *Implications for Communicators*

- **The *Self as Container* cultural model contributes to people's understanding of mental health as the absence of disease**. Like the *Spectrum of Normality* cultural model, this model of the self

implies a narrow definition of mental health as the absence of disease, as the ideal state of selfhood is one in which the container is entirely free from any "clutter."

- **The *Self as Container* cultural model obscures the role of genetic factors**. Because the self is modeled as an initially empty container, the character of the internal environment is shaped by external influences or self-initiated changes. But the model offers no way of understanding genetic predisposition. When communicating about these different types of risk factors, communicators must be careful not to cue this model with metaphorical language such as "bottling up," "what's inside," or "clearing your mind."

- **The *Self as Container* model makes it difficult to understand the role that medication can play as a part of holistic treatment.** Because the model does not provide a productive way of understanding how chemical imbalances contribute to mental health issues, it makes it hard for people to understand how medication can be part of a broader plan of treatment. On the contrary, when using this model, people question the effectiveness of medication and focus on its potential negative effects. Just as communicators should try to avoid cuing this model when discussing the role of genetics as a risk factor, communicators should avoid cuing this model when discussing holistic treatment that includes medication.

- **The *Self as Container* model must be handled carefully to avoid a "de-professionalization" of therapy**. As discussed above, the public frequently assumes that people can process mental "clutter" on their own or with informal support from a spouse or a friend. To counter the tendency to equate informal and professional support, communicators must engage this model carefully, explaining how professional therapy provides people with specific skills that enable them to process feelings.

- **The *Self as Container* model can potentially be leveraged to expand people's thinking about environmental factors.** Because this model centers on the relationship between internal and external environments, it can potentially be used to focus attention on addressing environmental and community-level factors (e.g., poverty). While participants tended to focus on after-the-fact responses to trauma—expelling negative clutter out of the self—the model could be leveraged to explain how improving people's environments can prevent mental health issues and promote positive mental health. While communicators must be careful about when and how to cue this model, talking about the "external" sources of mental health issues may be an effective way of bringing social determinants into view.

**The *Self as Progress* Cultural Model**

When drawing upon this model, participants reasoned that a "normal" self is defined by planned goals and dreams and performed actions. These goals and actions define a trajectory along which the individual moves. In this model, the healthy self has the energy and ability to move forward in a desired direction.

Mental health problems involve losing the ability to keep moving along this trajectory, either by being derailed onto a different trajectory or by losing momentum.

> **Participant:** I like thinking of depression […] as a state of deep rest.

Within this model, stress, trauma, and adverse events are understood as obstacles that get between the self and its goals. Failure to go through the obstacle means that the self is held back and "stuck." Facing continuing resistance further depletes the self's energy. This was sometimes described as sinking into a more chronic state, notably in the case of depression.

> **Participant:** If you never want to let those things from the past that bogged you down—if you don't let those go—then you're just going to end up being tied to those events. And you're not going to make progress. It's going to be more difficult to make progress.
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> **Participant:** I don't know why people handle it different than others—issues or any kind of problems. Where one person […] can handle it in a way that they work through it and they move on, some people get stuck in that grieving process where they are just stuck.

The language of "working through" or "getting past" problems reflects an understanding of selfhood as progressive movement. A normal self has the ability to surmount obstacles and continue along its intended trajectory. The model is compatible with *Mentalist* thinking (i.e., the individual must have the will to "get past" or "push through" problems), but also leaves room for therapy and provides a specific way of understanding its goals: Therapy provides tools and skills that constitute a systematic way of "working through" an issue, so that individuals can move forward in life.

> **Participant:** I think [in therapy] you learn how to work through issues, like work through anger or work through how to be more patient. I think you learn coping skills, coping mechanisms for your day-to-day life […]. People bring their issue or what they are going through to their therapist, and their therapist listens to them and guides them through ways to cope and get through and gives them ideas on how to get a handle on whatever that issue is.

Just as with the *Self as Container* model, when using the *Self as Progress* model, people did not think of chemical imbalances as a cause of mental health issues, and so did not talk about medication as a valid solution. People understood obstacles to progress as externally imposed, so chemical imbalances were out of mind when people drew upon this model.

### *Implications for Communicators*

- **The *Self as Progress* cultural model must be handled with care.** The model, which relies on a very conventional metaphor of life as a journey, is often applied in unproductive, individualistic ways, as the self is deemed responsible for its own energy and progress. However, the model can

potentially be expanded to illuminate the role of environments and systems in enabling or preventing progress. When using the language of movement and progress, communicators must make a point of explaining how a wide variety of contextual factors can impede people's progress in life, and how these obstacles affect mental health. They must also show the public how a strong mental health care system can pave the way and enable everyone to progress in life and reach their goals.

- **The *Self as Progress* cultural model provides language that can be used to explain the value of professional therapy.** While the model can, as noted above, be used to talk about both individualistic and professional approaches to addressing mental health, the model does open space in which it is possible to discuss the skill-building role of professional therapy. To counter people's tendency to de-professionalize treatment, communicators must explain how therapy gives people specific skills to "work through" issues.

- **The *Self as Progress* cultural model obscures the role of genetic factors and makes it difficult to understand the role that medication can play as a part of holistic treatment.** Just as with the *Self as Container* model, communicators should avoid cuing the *Self as Progress* model when discussing these issues.

**The *Self as Control* Cultural Model**

Participants assumed that selfhood is defined by the capacity to control emotions and behavior. The healthy, "normal" self is in control. Poor mental health involves the loss of this control. Participants suggested that some instincts and emotions are inherent to the self, while others are triggered by events. Thus, depletion of control can arise from chemical imbalances in the brain, traumatic events, or a combination of both.

> **Participant:** I think a lot of the mental health thing is gaining control as early as you can over a situation.

Language about emotional "rollercoasters" reflects this model: The self is on an out-of-control emotional ride.

> **Participant:** For somebody who [is] unhealthy, it's like the full rollercoaster, they have these extreme highs, life is great but it's too great. And then they have these huge crashes when they are going down on the rollercoaster and they just totally bottom out.
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> **Participant:** Mental health causes you to be up and down like a rollercoaster, one minute you're happy, one minute you're sad.

According to this way of thinking, if self-control is not regained in a timely manner, individuals can become a danger to themselves or to others, because instincts, emotions, or illness will eventually take over the self. At the extreme, this loss of control results in a loss of self—the mentally ill person is no longer truly him or herself.

> **Participant:** And it was interesting because she was going to med school to become a doctor, and as she was going through, her illness became very dominant and it kind of took over control of her life.
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> **Participant:** My brother is not even my brother, he is, when I try to have a conversation with him, he can't even look, he'll look at me for a second and then he'll look away and he can't keep eye contact, he gets very shaky and jittery so he is going through physical parts of it that are sad, and there's just nothing I can do except give him one of his pills and then the shakiness will stop.

When thinking with this model, participants often associated severe mental illness with violence to oneself or others, with the Aurora theater shooting being top of mind for many participants. Being "out of control" was frequently equated with being dangerous and violent.

> **Participant:** People that are living on the streets, they go crazy and then they kill people. They need to get that under control because that's why the world is so screwed up […] There are so many people with untreated mental health that are going crazy, that are losing their minds.

When relying on the *Self as Control* model, participants argued that therapy could equip the self with strategies and skills for future control, if these were not successfully acquired earlier in life. Therapy can help the individual get control of his or her instincts and emotions. Unlike the *Container* and *Progress* models of selfhood, this model also creates space for medication, which is seen as a way of addressing the causes of lack of control, whether these are emotional or chemical. Within this model, medication is understood not as a cure for mental health issues, but as a way to give individuals control over themselves.

> **Participant:** I don't know how they work, but I'm assuming that you may have certain conditions where you will have outbursts or things that you can't control, perhaps. So, maybe these drugs aren't curing you of whatever this condition is, but they'll make it so that you can either go longer without the condition or a noticeable consequence of the condition or to lessen the effects of whatever this is—depression, anxiety those types of things.
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> **Participant:** I would say that emotional distress and turmoil are definitely unhealthy, so trying to take control of that, maybe getting help medication-wise, seeing a therapist, that can turn it around so you can be healthy in that area as well.

### *Implications for Communicators*

- **The *Self as Control* model stigmatizes people with mental health issues and places mental health care in the background.** The characterization of people with mental health issues as "out of control" is both pejorative and de-emphasizes the role of environmental and systemic supports in maintaining good mental health. Because control is understood as an attribute of the self, gaining or regaining control is assumed to be something that must be accomplished by the individual. The model of selfhood as mastery or sovereignty is deeply engrained within Western culture and thus cannot be easily displaced, so communicators are unlikely to avoid this model completely. However, communicators should generally avoid language that emphasizes control and, when control comes up, should emphasize the role of systemic supports and good mental health care in enabling us to realize control in our lives.

## Thinking about the Effects of Mental Health Issues

**The *Isolation Loophole* Cultural Model**

Participants recognized that those experiencing mental health issues frequently are and feel isolated and that this isolation creates a vicious cycle in which isolation worsens mental health issues. When thinking about isolation, participants relied on a specific assumption about how to deal with mental health issues: that the goal should be to directly address isolation, rather than to fix the underlying issues that are generating the mental health issue. This way of thinking is notable because it departs from the general tendency, supported by the previous models, for people to see the goal of mental health treatment as addressing underlying causes, whether grounded in experience or brain chemistry. This model thus creates a cognitive loophole, leading people to ignore root causes and focus instead on treating the symptom of isolation directly by building networks of support from family, friends, and others experiencing the issue.

The model provides a particular way of understanding these networks: Their goal is simply to enable people with mental health issues to feel like they belong to a group and are not alone. Participants described this goal as equally achievable through group therapy, Internet chat rooms and Facebook groups, or open discussions about mental health issues with friends and acquaintances.

> **Participant:** Groups with others in there may help for certain things where they realize they're not the only ones that have the issue. I'm not alone, that type of thing.
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> **Participant:** Even without actually physically going somewhere, you could always go online and look at a support group and read blogs or chatrooms of other people. And sometimes that could fix it. If you just feel alone and you read stories of other people going through something similar to that, it could help.
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> **Participant:** When you're around other people that are having similar issues like you are, it's more like, "Phew I thought I was the only one experiencing this. […] These people are going through this too." So it's made them not feel so alone.

### *Implications for Communicators*

- **The *Isolation Loophole* cultural model provides a narrow understanding of support.** While the model helps people recognize the value of support networks, it leads to a limited understanding of the purpose of these networks as being to help the individual feel less alone. This makes it difficult to understand that different types of support have different purposes. In particular, it makes it hard to understand why professional support is necessary, and it leads people to equate professional forms of support (e.g., group therapy) with forms of group support (e.g., Internet chat rooms) that are not facilitated by mental health professionals. To avoid cuing these narrow understandings, communicators must be sure to emphasize the ways in which different types of support serve different purposes and how therapy addresses underlying causes of mental health issues. Communicators should also be careful to explain how professionals draw on specific skills and training to treat underlying causes.

**Cognitive Hole: Effects on the Community**

Participants readily recognized that mental health affects individuals' relationships and their ability to function in day-to-day life, and thus also affects their immediate family and friends.

> **Participant:** If someone is suffering from anxiety or depression, or any other kind of mental health issue, it's gonna be hard for personal relationships, family, friends, intimate relationships, or even professional relationships.

Effects on the community, however, are almost completely absent from Coloradans' thinking. A lost job, for instance, is understood as a loss for the individual, not a loss for the company or for society as a whole.

> **Participant:** Something in his brain is not working right to go to work today, [so] he can't go because he thinks he is going to have an issue at work. So that's why he has lost so many jobs.

Societal consequences for untreated mental health issues were discussed only in the context of the episodes of violence that are top of mind for the public, as discussed earlier. Even in these unproductive discussions, the focus is not on the broader societal consequences that experts discuss, but on how people in the immediate proximity of the individuals with mental illness are affected.

### *Implications for Communicators*

- **The failure to recognize community-level effects undermines collective concern about mental health.** Mental health issues are clearly and powerfully thought of as individual problems.

Bringing community- and societal-level effects into the picture is necessary to help people see mental health as a topic of collective concern.

## Thinking about Solutions to Mental Health Issues

When participants were asked to think about how mental health could be improved in Colorado, they drew on two dominant cultural models.

### The *Education and Awareness* Cultural Model

Participants frequently suggested that educating individuals and creating greater public awareness about mental health is an important way to address mental health issues in Colorado. Participants focused on creating general awareness of prevalence as a way to reduce stigma, and suggested that educating people about the signs of mental health issues and about the help that people can get could help ensure that people get help if they need it.

> **Participant:** I think the awareness still needs to get out there more for people that this is an issue. […] The Internet and the availability of information on the Internet I think is beneficial overall for both potential patients or patients and people as far as awareness and those types of things too. […] I think the awareness probably needs to go further just so people [see] that it's more commonplace. It's not a stigmatized thing, that it's more common and "oh yeah, that's just another thing that people have to deal with, and it's okay." And it'll help people dealing with those [issues] as well as making [people] aware of where they can go for help, what you can possibly do if you're dealing with somebody like that. When it becomes something that you need help with, I think the awareness and information perhaps needs to get out there more.
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>
> **Researcher:** What kind of information would you want out there?
> **Participant:** I think people need [education] so they are not afraid to go in and get help or fearful, because it's out there. It's not like "hey, you know let's sweep it under the rug," it's out there. I think the more information that's out there is better for people. When it's out there you'll go and you'll want to get help because there's resources.

The *Education and Awareness* model is grounded in the *Health Individualism* model. Education is a way to encourage better choices—most importantly, to seek health when needed, although participants sometimes also noted the value of educating people in different kinds of self-help (e.g., meditation practices). Participants suggested different ways of educating the public—in schools, in public awareness campaigns, and even in jails—but in each case, education was understood as a way of encouraging people to practice self-help or to get help when needed.

***Implications for Communicators***

- **The *Education and Awareness* model points attention toward individual-level solutions and away from systemic solutions.** While education and increased awareness about mental health is

undoubtedly important, the public's orientation toward education is highly individualistic. Existing understandings of education are not integrated into a broader vision of systemic reforms, but rather are rooted in individualistic thinking. Communicators must focus their efforts on highlighting these systemic measures. And because education is an easily accessible solution for Coloradans, the public is likely to focus its attention here if the idea is introduced. Communicators should, therefore, avoid over-emphasizing the need for public education when communicating with the public.

**The *Broken System* Cultural Model**

FrameWorks research on health and health care has consistently found that the public is highly fatalistic about the possibility of improving health care. Health care problems, such as high costs and gaps in coverage, are perceived as endemic to the US system.[13] While the health care system has undergone significant changes due to the Affordable Care Act, interviews with Coloradans' indicate this *Broken System* cultural model endures and continues to shape people's thinking about health care generally and mental health care specifically.

> **Participant:** It's all about money. I believe that there are cures for certain cancers that the pharmaceutical companies and doctors aren't giving because they want to keep feeding people all this medicine because they don't want to get them better because they are going to lose out on their money. So I think it's a money trap in my opinion. I think the health care system is a money trap.
>
> —
>
> **Participant:** Even gaining access to mental health services, such as therapists, or whatever might be needed, can be challenging. Because, as we know, going to therapy can be quite costly.

Health care is assumed to be expensive, and this is even more true for mental health care. High costs are lamented but taken for granted—they are understood as just part of our health care system.

### *Implications for Communicators*

- **The *Broken System* cultural model undermines support for systemic change.** Because people are fatalistic and assume the status quo of high costs and barriers to access is unchangeable, proposals to improve the system are likely to be received as "politics as usual": promises that won't yield meaningful changes for the average person. Communicators need strategies to generate a sense of collective efficacy and help people understand how solutions could effectively change the system to lower costs and remove barriers to access.

**Missing Solutions: Integrated Care, Preventative Services, and Social Solutions**

The concept of **integrated care** was not on people's radars, except for a few outliers in the data. The lack of discussion of integrated care is likely due to a combination of unfamiliarity—people have simply not

heard about this solution—and fatalism about the possibility of making major changes to the health care system.

The value of **preventative services** is not well understood by the public either. Participants recognized the value of early intervention—in the form of therapy to address mental "clutter" (*Self as Container* model) or addressing obstacles that need to be "worked through" (*Self as Progress* model). However, participants spoke little about the types of preventative services that experts emphasize—services like family support and early childhood services that can help people deal with stress and prevent the types of adverse experiences that can lead to mental health issues. This can be explained by the tendency to think of mental health as the absence of a problem rather than a *positive* state of wellbeing, which leads people to ignore the ways in which mental health can be promoted through preventative services.

Furthermore, the public largely ignores the **social solutions** that address the social determinants of mental health. This can be traced to the pervasiveness and depth of people's *Mentalism* and *Individualism*. Because mental health issues are understood as problems that result from individual choices and circumstances and as problems for individuals to solve by changing their lifestyle or seeking care, the steps that *society* can take to create environments that promote mental health are simply off of people's radars.

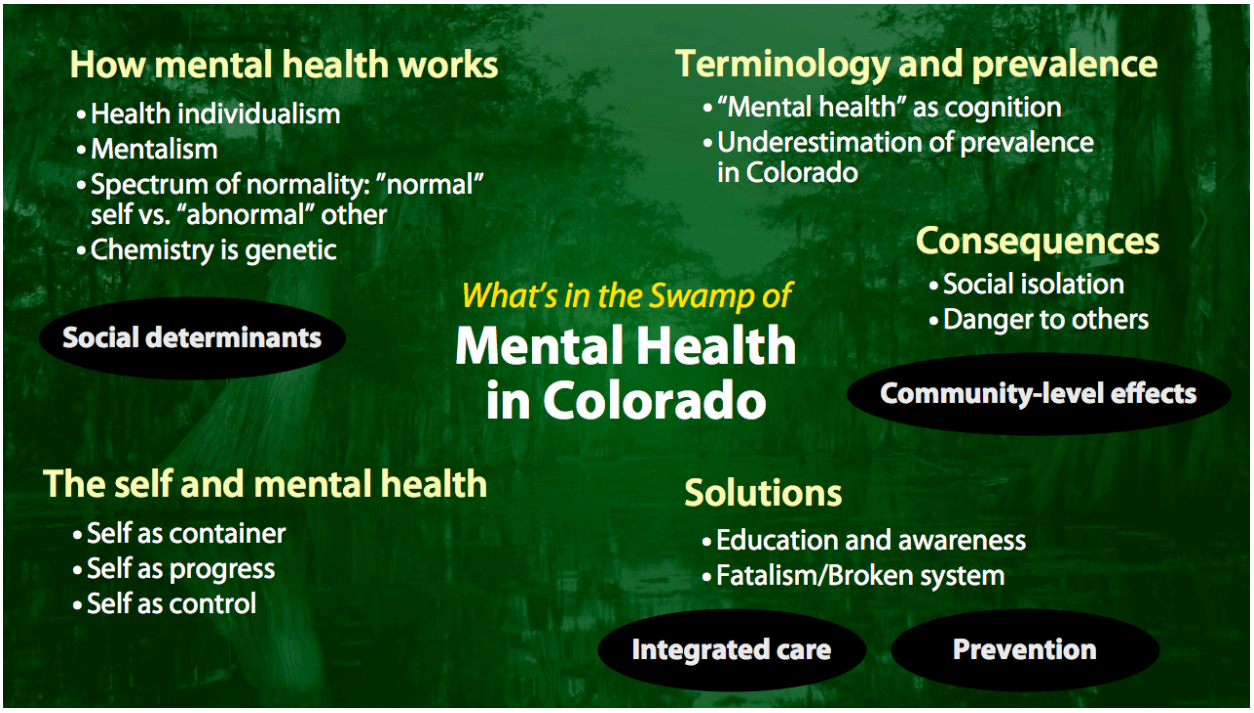
When we consider together the absence of these particular solutions from public thinking, we see a more general pattern—a broad cognitive hole around systemic solutions. The various ways in which systems can be designed or reformed to better promote mental health are simply not part of public thinking.

### *Implications for Communicators*

- **To cultivate support for integrated care and preventative services, communicators need to frame mental health as a collective responsibility with systemic solutions.** As we discuss in the final section, communicators can adopt a set of interrelated strategies to help people think of mental health as a matter of collective concern, to explain how systemic solutions can help, and to cultivate the sense that these solutions *can* be adopted and that doing so will make a difference.

## The Swamp of Mental Health in Colorado

Taken together, the cultural models and cognitive holes presented above comprise the swamp of public thinking about mental health in Colorado—a set of implicit understandings and assumptions that exist just under the surface and become active when people are asked to think about mental health and mental health issues. The following graphic depicts this swamp of public understandings of mental health in Colorado.


How mental health works
• Health individualism
• Mentalism
• Spectrum of normality: "normal" self vs. "abnormal" other
• Chemistry is genetic
Social determinants
Terminology and prevalence
• "Mental health" as cognition
• Underestimation of prevalence in Colorado
What's in the Swamp of
Mental Health in Colorado
Consequences
• Social isolation
• Danger to others
Community-level effects
The self and mental health
• Self as container
• Self as progress
• Self as control
Solutions
• Education and awareness
• Fatalism/Broken system
Integrated care
Prevention

# Mapping the Gaps: Key Communications Challenges

In this report, we have reviewed how experts explain mental health and described the patterns of thinking that shape how Coloradans understand the topic. In this section, we identify the overlaps between these expert and public perspectives, and we map the gaps between them to reveal important communications challenges and opportunities.

## Overlaps between Expert and Public Understandings

There are important points of overlap between expert and public understandings of mental health. These overlaps represent common ground that communicators can build on to communicate key ideas about mental health and increase support for programs and policies.

Experts and the public share the following understandings:

- They agree that **mental health issues are common among the American population.** While experts and the public have different understandings of prevalence in Colorado, both groups recognize that mental health issues are common nationwide.

- They know that **mental health issues can escalate** and have serious consequences, including suicide.

- They recognize that **mental health issues are stigmatized in our society.** They see stigma as a major obstacle to getting treatment and believe mental health must be de-stigmatized.

- They understand that **genetic factors can predispose people to developing mental health issues**, but that genetic predisposition interacts with people's experiences; life events and traumas can trigger or activate a predisposition.

- They understand that **there are serious obstacles to getting mental health care in Colorado**. They know that limits in mental health coverage and the high cost of mental health care, as well as stigmatization of the issue, can prevent people from getting or seeking help.

- They recognize **the value of one-on-one therapy**, though the public lacks a clear understanding of the different therapeutic approaches available.

- They understand that mental health and physical health are connected. While the public lacks a clear understanding of exactly *how* mental and physical health are linked, they, like experts, recognize that **stress affects the body**.

- They know that **medication can be an effective part of treatment**, although experts have a deeper understanding of how medication and therapy can be used to complement each other.

- They see **education and awareness** as an important step in improving the state of mental health in Colorado.

- They agree that **the current health care system cannot adequately address mental health issues in Colorado**. While experts and the public have different views of solutions, both groups recognize the existence of systemic problems.

These are areas where expert ideas are productively aligned with public thinking. Communicators can build on this common ground to communicate key ideas from the field of mental health and move public thinking in positive directions.

## Gaps between Expert and Public Understandings

In addition to these overlaps, there is a set of significant gaps between expert and public understandings of mental health. Reframing strategies are important in addressing these gaps and in so doing, shifting and expanding the public discussion around mental health.

1. **Mental Health: Psychological Wellbeing vs. Cognitive Function.** While experts use the term *mental health* to refer to a psychological state of wellbeing, the public frequently understands the term to refer to cognitive abilities. As a result, the term brings to mind disorders like autism or Down syndrome, rather than the set of issues that experts have in mind. This terminological gap can easily be overcome, but it must be addressed, or communicators' efforts are likely to misfire.

2. **Prevalence of Mental Health Issues in Colorado: High vs. Low.** Experts emphasize that Colorado, as a state, has high levels of mental health issues, most notably a high suicide rate. While the public recognizes that mental health issues in our society are fairly common, the public estimates that Coloradans generally experience good mental health compared to other states, due to proximity to the great outdoors and healthy lifestyles. This gap undermines the public's sense of urgency about the need to address mental health in the state.

3. **Stigma: Rejection vs. Implicit Perpetuation.** At first glance, experts and the public seem to agree that stigma around mental health issues must be rejected. Yet underneath the public's explicit disavowal of the stigmatization of mental health lie attitudes and assumptions that perpetuate stigma. The endurance of stigma is centrally related to several foundational cultural models described in this report, including the *Spectrum of Normality* and *Mentalism* models. Any attempt to effectively address stigma about mental health issues needs to find ways of backgrounding these models and providing alternate ways of thinking that prevent stigmatization. Professionals and advocates in Colorado have clearly made strides in convincing people to disavow stigma, but

that is only part of the solution. Communications now need to work on pushing back against some of the deeper cultural models that continue to prop up stereotypes of and misconceptions about people facing mental health issues.

4. **Causes: Multiple vs. Limited.** Experts explain that mental health issues are usually caused by multiple, intersecting factors—social and environmental influences, significant life changes, trauma, genetics, and psychological factors—which interact to cause mental health issues. The public focuses primarily on stress and genetics, with little awareness of the social determinants of mental health. In particular, the lack of understanding of the role of environmental factors contributes to the public's limited support for preventative mental health services and policies that create a social context conducive to mental health.

5. **Violence: Outlier vs. Likely Consequence.** Experts argue that even with acute mental health disorders, extreme violence (e.g., mass shootings) are uncommon and not representative. For the public, on the other hand, violence and mass shootings are top of mind in public thinking about mental health. While this is likely due in part to the history of mass shootings in Colorado, the idea that violence is a likely consequence of mental health issues is also an outgrowth of people's *othering* assumptions and their understanding of people with severe mental health issues as "out of control."

6. **Effects: Individual, Family, and Collective vs. Individual.** Experts explain that mental health issues not only affect individuals and their immediate family, but also society as a whole, through loss of productivity at work as well as higher spending on health care and the criminal justice system. These collective effects are out of mind for members of the public, who focus almost solely on individual-level effects. This gap contributes to the public's sense of mental health as a personal issue rather than a matter of collective concern and saps support for prioritizing mental health as a social and public policy issue.

7. **Addressing Mental Health Issues: Treatment vs. Lifestyle Changes.** Experts identify professional treatment as the central way of addressing mental health issues and indicate that care may include medication, therapy, and changes to socio-economic conditions, along with recommended practices or lifestyle changes that individuals could adopt. The public, on the other hand, tends to downplay the importance of professional treatment, viewing personal practices such as attitude change, yoga, meditation, and use of Internet chat rooms as sufficient ways of addressing most mental health issues.

8. **Professional Care: Widely Appropriate vs. Only in Severe Cases.** Experts argue that mental health care is appropriate across all levels of wellbeing. The public, by contrast, views professional help as necessary and appropriate only for severe cases. This gap results in a highly constrained understanding of how mental health care can be used.

9. **Purpose of Services: Prevention and Treatment vs. Crisis Intervention.** Experts argue that preventative services—including family support programs, childhood services, and programs to address the social determinants of mental health—must be a priority. The public, by contrast, assumes that mental health issues can be addressed only when they arise, and prioritizes support for crisis intervention.

10. **Integrated Care: Goal of Reform vs. Not on the Map.** Experts see the implementation of an integrated health care system as the goal of mental health care reform in Colorado. The public, on the other hand, is largely unfamiliar with the concept of integrated care. While members of the public recognize that the current system is not working, they lack a clear vision of an alternative.

11. **Systemic Reform: Possible vs. Impossible.** Experts view reforming the mental health care system as an achievable goal, while the public is fatalistic and treats the failures of the existing system as an unchangeable fact of life. This fatalism is a major challenge: If members of the public think that effective reform is unrealistic or impossible, they will be unlikely to support or advocate for reform.

# Initial Recommendations

Communicators face serious challenges in fostering deeper public understanding of mental health and cultivating broad public support for the policies and programs needed to improve mental health in Colorado. Despite explicitly denouncing the stigmatization of people with mental health issues, members of the public continue to rely on cultural models that stigmatize mental illness and undermine the idea that mental health care is important for everyone. The public tends to think about mental health as an *individual* problem that has *individual* effects and *individual* solutions. These individualistic ways of thinking undermine a sense of collective responsibility for ensuring positive mental health for everyone. They also prevent people from seeing public policy change as a powerful and important part of improving mental health in Colorado. Finally, the public's fatalism and skepticism about the health care system and its reform make it difficult for advocates to gather support for proposed reforms.

While these challenges are serious, our research suggests that with the right frames, Coloradans can think about mental health in more productive ways over time. While more work is needed to design and test specific frames that can best address the challenges outlined above, the following recommendations offer the field of mental health practice and advocacy in Colorado an initial reframing strategy.

## Recommendation #1: Define *mental health* and reframe it in positive terms.

Given the general misunderstanding of the term *mental health* in Colorado, communicators should provide a clear definition of mental health at the beginning of their message. This should be done with as much frequency and repetition as possible, as establishing an accurate sense of what mental health means is a prerequisite for the other strategies outlined below. Communicators must not only clarify the term, but should focus on establishing a sense of mental health as a desirable, positive state, using inclusive language that defines mental health in terms that apply to everyone. By doing so, communicators can not only clarify what their communications are about, they can begin to counter the negative understandings that underlie stigma and the *othering* of people with mental health issues. In short, communicators must define mental health and reframe the focus of messages from mental health *problems* to mental health as a *positive* state. This definitional work and positive framing could be established through language such as the following:

> Good mental health is a state of balance in our thoughts, emotions, and behaviors. Good mental health allows us to feel good about life, and that supports our ability to participate in life and accomplish our goals.

## Recommendation #2: Use values to help people see mental health as a collective issue.

To counter the public's powerfully individualistic orientation toward mental health issues, we recommend communicators use values to explain why mental health matters to society as a whole.[14] The right values can help people see mental health as a matter of collective concern and increase support for public solutions. While it is important to empirically test values to determine which are most effective for reframing mental health in Colorado, prior research suggests two values that may have strong potential:

- ***Collective Prosperity.*** Previous FrameWorks research suggests that the value of *Collective Prosperity*—the idea that promoting mental health will advance our country's prosperity—is likely to help people understand mental health as a priority public issue that requires our collective attention and warrants policy changes.[15,16]

  This is an example of how Collective Prosperity could be used to talk about mental health in Colorado:

  > To promote the prosperity of all Coloradans, we need to invest in our state's mental health. When we improve programs and services that help all Coloradans establish stable mental health and wellbeing, we contribute to everyone's prosperity—both now and in the future. Increasing our investments in mental health prevention and early intervention now will help ensure that we establish the foundation of a strong future for our state and everyone in it.

- ***Ingenuity.*** FrameWorks research has found the value of *Ingenuity*—the idea that complex social issues can be addressed through innovative problem solving—is effective in combatting fatalism across a range of social issues.[17] This value is likely to be productive in helping the public see that there are things that Colorado can, and should, do to promote good mental health.

  This is an example of how *Ingenuity* could be used to talk about mental health in Colorado:

> In Colorado, we value innovation and have a long history of using our ingenuity to solve difficult problems. We need to use this same ingenuity to strengthen the mental health of all Coloradans. We can improve our mental health system by using proven solutions, and we need to have the courage to try new ideas and make changes needed to fix the problems with our current system. If we can harness our state's innovation potential, we can create a system that supports the mental health of all Coloradans and drives our state forward.

- ***Responsible Management.*** In previous work on health care, the value of *Responsible Management*, which highlights the importance of careful planning, proved helpful in cultivating an understanding that thoughtful reform of the health care system can effectively address health care costs.[18] This suggests that the value may provide a useful way of introducing integrated care.

  This is an example of how *Responsible Management* could be used to talk about solutions like integrated care:

> It's time that we take responsible steps to manage our mental health care system. Creating integrated care is one way of making sure that we are managing our state's resources wisely and getting the best outcomes for our investments. Integrating mental health care into other forms of health care is a well-thought-through approach that would result in a mental health care system that makes sense for everyone and creates the best possible results.

## Recommendation #3: Avoid crisis messaging.

Colorado's high rates of mental health issues, and suicide in particular, tend to be framed as a "mental health crisis." Crisis language is common among advocates across social issues. This framing strategy is prevalent because it captures advocates' own sense of the scope of the problem and because they believe this language will increase people's sense of urgency and produce more support for solutions, increased motivation to engage, and greater political will. However, research in communications science, including multiple FrameWorks research projects, has found that crisis messages typically backfire by reinforcing people's sense of fatalism, resulting in lower support for solutions and rapid disengagement with the issue.[19] Communicators should avoid characterizing Colorado's problems as a crisis, as this type of framing is likely to convince people that mental health problems are intractable and therefore not wise ways to spend limited state resources.

## Recommendation #4: Use social math to increase understanding of the scope of the problem.

While crisis messages should be avoided, advocates do need strategies to explain the scope of mental health problems in Colorado. Communicators can use social math to generate a better understanding of prevalence.[20] Social math works by analogy, providing comparisons between the statistics or numbers communicators are presenting and more familiar things.[21] Social math helps people understand numbers' meaning and see the point that advocates are using those numbers to make.

The following statement offers an example of social math:

> Good mental health allows people to feel good about life. It helps people accomplish their goals and participate in their communities. Unfortunately, too many people in Colorado cannot currently enjoy good levels of mental health and wellbeing in our state. In 2014, almost 1 in 5 adult Coloradans reported having poor mental health. That's almost twice as many people as have diabetes in the state. In 2015, adults were more likely to die from suicide in Colorado than they were to die from diabetes. We need to take this issue seriously and put programs and policies in place that will support the mental health of everyone in Colorado.

## Recommendation #5: Use inclusive, positive language to overcome stigma.

Overcoming stigmatizing assumptions is perhaps the deepest challenge that mental health communicators face in Colorado. Meeting this challenge requires deliberate attention to the frames and language that are used to discuss mental health. Communicators must provide the public with positive language for talking about mental health—frames that enable the public to think and talk about mental health without falling back into cultural models like *Mentalism* and the *Spectrum of Normality.*
The public already recognizes, at an explicit level, the problem with stigmatizing mental health issues: They readily comment on and discuss stigma as a bad thing and recognize that it generates negative outcomes. The next step—the more important step at this point—is to change people's underlying cultural models of mental health. This means spending less message real estate on the ills of stigma and more on advancing new ways of thinking about mental health that combat the sources of stigma. Messages must go beyond attaching a negative connotation to stigma and instead address the underlying assumptions that continue to perpetuate stigma at an implicit level.

Several specific strategies can begin to address the cultural models that continue to prop up and perpetuate mental health stigma:

- **Use inclusive language.** As noted above, communicators should be intentional about their use of pronouns. When possible, communicators should use "we" language, talk about "our mental health," and emphasize that good mental health is something that is important for all of us. This may sound like a minor shift, but using pronouns to combat the strong propensity to *other* those with mental health issues is likely to have significant effects in advancing public thinking.

- **Emphasize mental health promotion.** Communicators should emphasize that Colorado needs to take steps to promote mental health for all of its residents. Emphasizing health promotion will not only help counter the public's default focus on crisis intervention, but can help people reconceptualize mental health as something that applies to and concerns all of us, rather than being an issue for "those" people with serious mental health issues.

- **Avoid language that cues cultural models that lead to stigmatization.** Communicators should, in particular, avoid assertions regarding the "commonness" and "normality" of mental health issues (e.g., "It's OK to have a mental illness. Many of us do. In fact, one in four Coloradans will experience a mental illness in their lifetime.").[22] The attempt to counter the assumption that people with mental health issues are *not* normal by asserting that they *are* normal establishes an unproductive frame. The concept of *normal* presupposes its opposite—that there is something that is abnormal. This is likely to reinforce precisely the assumption that communicators are trying to counter: that people with serious mental health issues are not normal. The idea of "normal" should be avoided because of the strong potential for it to backfire by inviting people to classify what is and is not normal.

- **Don't appeal to the value of *Empathy*.** Empathy is an essential component of genuine personal interactions. However, appealing to people's empathy *as a framing choice* may reinforce thinking about people with mental health issues as *other*. In interviews, when people tried to relate to people with serious mental health issues, empathy quickly morphed into pity. Participants resisted truly relating to "those people," whom they modeled as fundamentally different from themselves. The call to show empathy toward people with mental health issues is likely to highlight for people the assumed difference between themselves and people dealing with serious mental health issues, as this is the default perspective that people take when comparing themselves to people with mental health issues. While an *Empathy* frame might evoke pity, it is likely to reinforce the othering and stigmatization of people with mental health issues. Prior FrameWorks research[23] has also shown that empathy can reinforce individualistic interpretation of an issue, which in the case of mental health is likely to cue the understanding that we are each responsible for our own mental health through the choices that we make and the will that we do or do not exert.

## Recommendation #6: Tell stories with a wide-angle lens.

To counter individualistic thinking about causes and solutions, communicators must tell stories that pan out and take a community and societal perspective on mental health. It is common for stories about mental health to narrowly focus on one individual's circumstances—even more so when it comes to mental health disorders.[24,25] While there is an important role within stories for individuals and their emotions, agency, and trajectories, it is vital that stories are also framed to include the systems, programs, and social factors that contribute to—or challenge—positive mental health outcomes in Colorado. Social science research has found that stories that are narrowly and exclusively about individuals reinforce individualistic thinking and lead people to explain poor outcomes as the product of individuals' "character flaws."[26] On mental health, such takeaways are highly problematic. Stories that use a narrow lens are likely to reinforce individualistic assumptions about mental health, encouraging stigmatization and making it difficult for people to see social impacts and the need for collective action. Instead, communicators should tell multi-dimensional stories that include systems and contextual factors as key characters alongside individuals. This new way of telling stories will help counter the public's tendency to focus on individual willpower and choice to the exclusion of the social determinants of mental health outcomes and the importance of access to high-quality care and supports.

## Recommendation #7: Use explanatory chains to generate understanding of the role of environmental factors in threatening and supporting mental health.

To bring environmental factors into view and help the public see how they shape people's mental health, we recommend that communicators use explanatory chains. Explanatory chains can be used to illuminate the causal connections between people's environments and their mental health. Explaining these connections will make the idea of prevention of mental health issues more accessible by clarifying how improvements to environments and targeted services that address environmental risk factors can prevent mental health issues from emerging in the first place.

An explanatory chain is a clear, concise, well-framed explanation of the causes and consequences of a problem, including the mechanism by which the problem is created. By making elements of the expert perspective more accessible, explanatory chains can empower people to think through an issue and more productively assess the value and importance of solutions. To create an effective explanatory chain, communicators can use the following formula:

- **Initial factor.** What is the original cause of the problem? Effective explanatory chains provide appropriate background information on the initial challenge.

- **Mediating factors.** What does the initial factor cause? The mediating factors link the initial factor to the final consequence, through explanation. This helps people see that circumstances are not inevitable—that problems have causes and solutions.

- **Final consequence.** What are the effects? The final consequence is the effect, result, or impact.

- **Solutions.** What can we do? An effective explanatory chain sets up communications about solutions.

This is an example of an explanatory chain about the social determinants of mental health:

- **Initial factor.** Mental health issues are the result of multiple interacting factors. We know that living in poverty is one of these factors and drastically increases the chances that an individual will experience mental health issues at some point in their life.

- **Mediating factors.** Poverty is a mental health risk factor for many reasons. For example, people living in poverty have experiences that generate a lot of stress. They may have financial anxiety, be exposed to community violence, or deal with unstable housing. This kind of stress not only increases the risk of high blood pressure and heart attacks, it also contributes to mental health issues like chronic depression and bipolar disorder. People experiencing poverty also tend not to have reliable or easy access to the kinds of services that can provide support and help them cope with their stress and other important risk factors like past and present traumas.

- **Final consequence.** All these poverty-related challenges can come together to make mental health issues much more likely.

- **Solutions.** To promote better mental health in Colorado, we need to take steps to improve the conditions of people statewide and provide quality social and mental health care services for all.

## Recommendation #8: Provide examples across a wide range of treatment options.

The public thinks about therapy in productive ways, but tends to assume that treatment is only appropriate when people are experiencing serious mental health issues. To broaden people's understanding of when therapy and other forms of professional treatment are appropriate, communicators should make a concerted effort to discuss the wide range of treatment options available, and leverage productive models of mental health to explain how treatment works:

- **Leverage and expand the *Self as Progress* model.** Communicators can use the conventional metaphor of LIFE AS A JOURNEY, which is embedded in the *Self as Progress* model, to explain how treatment can help all of us:

When we embark on a journey, it's important to be well equipped to deal with the obstacles we're going to encounter along the way. This is why we can all benefit from the help of mental health professionals: They can help us acquire the tools and skills we need before obstacles arise, and when we get stuck, they can help guide us back onto our path and move forward in life.

- **Use examples of different kinds of treatment to help the public recognize that treatment can help everyone achieve better mental health and wellbeing.** While the public has some understanding of the benefits of therapy, people lack a clear understanding of different approaches to therapy and how they can be integrated with different elements of a broader protocol of care. By providing concrete examples of different types of treatment—including treatment for less severe mental health issues—and being clear about what these treatments do and how they work, communicators can help the public see that mental health care is appropriate for a wide range of cases.

## Recommendation #9: Fight fatalism by explaining solutions.

Helping the public overcome fatalism about the possibility of improving the mental health care system is one of the key challenges that emerges from this work. In addition to using the values recommended above to cultivate a sense of collective efficacy, we recommend that communicators reinforce the idea that positive change *is* possible. This can be achieved by explaining in concrete terms how specific programs and policies lead to better outcomes. Effective solution messages will have the following three characteristics:

- **The solution fits the scope of the problem.** In other words, the sense of the problem does not outweigh the proposed solution. A problem that seems inadequately addressed by a proposed solution will cue fatalistic thinking.
- **The solution provides a sense of efficacy.** It demonstrates that a larger issue can be fixed and shows how public systems are empowered to fix these issues.
- **The solution is presented with sufficient explanation.** It is clear exactly how the solution was achieved and how it positively affects outcomes.

For example, communicators must explain how integrated care can help address the problems that the public views as endemic to the health care system. Given the public's deep fatalism about the system, communicators must provide detailed explanations—not just lists or assertions—of what integrated care looks like and *how* it could lower costs, enhance quality, and improve access. These explanations, coupled with values (e.g., *Ingenuity*) that cultivate a sense of efficacy, can help overcome the *Broken Systems* cultural model.

To improve the mental health and wellbeing of everyone in Colorado, we need an integrated health care system to enhance quality and improve access to care.

In an integrated care system, different types of health care providers collaborate closely. For instance, the same office might include a primary care physician, a social worker, a nutritionist, and a psychiatrist who work together as a team. This makes it much easier for them to know their patients' medical histories, to get their colleagues' advice when diagnosing or treating a health issue, and to join forces to prevent health problems before they occur or treat them before they become too serious. And in an integrated care system, it's much easier for patients to see a specialist like a therapist or a psychiatrist, because they work just down the hall from one another.

In integrated care systems, health care providers are paid fixed salaries which don't depend on how many patients they see. Because of this, they can spend quality time with each patient and provide them with the care they need.

Implementing an integrated health care system in Colorado would lead to higher quality mental health care and make it easier for people to see the providers they need. By making this important change, we can improve the mental health and wellbeing of Coloradans.

By adopting these strategies and using the research findings presented in this report to strategically anticipate public thinking, communicators can begin to change the conversation in Colorado and shift public thinking about mental health.

# Conclusion

The findings presented in this report indicate that mental health professionals and advocates in Colorado face significant, durable challenges in communicating with the public at large. Effective communication requires careful attention to the swamp of cultural models that shape public understandings of mental health and mental health issues in Colorado. The central finding of this report is that while people say that stigma around mental health issues is unacceptable, they still discuss mental health disorders as a problem affecting "those people," whom they understand as abnormal and from whom they distance themselves. In other words, while people explicitly reject stigma, they continue to think in ways that are deeply stigmatizing. This finding leads to a critical, overarching recommendation: Communicators must go beyond explicit statements about stigma being harmful and unacceptable, and adopt strategies that can shift the underlying ways of thinking that reinforce and perpetuate stigma around mental health.
This report offers an initial set of communications recommendations that can help to undermine stigmatizing ways of thinking, yield a more collective and ecological understanding of mental health, and increase support for the kinds of programs and policies that experts recommend. While further research is needed to identify an optimally effective reframing strategy, the findings and recommendations presented in this report provide the foundation for developing a strategy capable of changing the conversation around mental health in Colorado.

# Appendix: Research Methods and Demographics

## Expert Interviews

To explore experts' knowledge about the core principles of mental health, FrameWorks conducted 10 one-on-one, one-hour phone interviews with participants whose expertise included research, practice, and policy. Interviews were conducted in February 2017 and, with participants' permission, were recorded and transcribed for analysis. FrameWorks compiled the list of interviewees, who reflected a diversity of perspectives and areas of expertise, in collaboration with the Tri-County Health Department.

Expert interviews consisted of a series of probing questions designed to capture expert understandings about what mental health is, what causes mental health issues, who is responsible for mental health, and what needs to happen for mental health to improve (in Colorado, specifically). In each conversation, the researcher used a series of prompts and hypothetical scenarios to challenge experts to explain their research, experience, and perspectives; break down complicated relationships; and simplify complex concepts. Interviews were semi-structured in the sense that, in addition to pre-set questions, researchers repeatedly asked for elaboration and clarification and encouraged experts to expand upon concepts they identified as particularly important.

Analysis employed a basic grounded theory approach.[27,28] Researchers categorized common themes from each interview. They also incorporated negative cases into the overall findings within each category. This procedure resulted in a refined set of themes, which researchers supplemented with a review of materials from relevant literature.

## Cultural Models Interviews

The cultural models findings presented in this report are based on a set of interviews with members of the public, supplemented by a review of FrameWorks' past work on health and mental health. To understand the Colorado public's current thinking, FrameWorks conducted 10 in-person, in-depth interviews with members of the public in March 2017 in the Denver, Colorado area; participants were drawn from Arapahoe, Douglas, and Adams counties.

Cultural models interviews—one-on-one, semi-structured interviews lasting approximately two hours—allow researchers to capture the broad sets of assumptions, or cultural models, which participants use to make sense of a concept or topic area. These interviews are designed to elicit ways of thinking and talking about issues—in this case, issues related to mental health. Interviews covered thinking about health in broad terms before turning to a discussion of mental and behavioral health issues specifically. The interviews touched on prevalence, causes, and effects; responsibility for the issue; and solutions to the issue.

The goal of these interviews was to examine the cultural models that participants use to make sense of mental health. Therefore, researchers gave participants the freedom to follow topics in the directions they deemed relevant. Researchers approached each interview with a set of topics to cover but left the order in which these topics were addressed largely to participants. All interviews were recorded and transcribed with participants' written consent.

By including a range of people, researchers could identify cultural models that represent shared patterns of thinking among members of the public. These participants were recruited by a professional marketing firm and were selected to represent variation along the domains of ethnicity, gender, age, residential location, educational background (as a proxy for socio-economic status), political views (as self-reported during the screening process), religious involvement, and family situation (e.g., married, single, with children, without children, age of children). The sample included five women and five men. Of the 10 participants, four self-identified as "white" or "Caucasian," two as "Black" or "African American," three as "Hispanic," and one as another race or ethnicity. Three participants described their political views as "liberal," three as "conservative," and four as "middle of the road." Nine participants reported living in a suburban or rural area, and one in an urban area. The mean age of the sample was 36 years old, with an age range of 25 to 56. Three participants had finished high school, one had completed some college, four had graduated from college, and two had graduate degrees. Four were married, and six were parents of at least one child.

Findings are based on an analysis of these 10 interviews and of relevant excerpts from interviews FrameWorks has conducted on related topics in the past, focusing especially on excerpts from interviews on child mental health. To analyze the interviews, researchers used analytical techniques from cognitive and linguistic anthropology to examine how participants understood issues related to mental health.[29] First, researchers identified common ways of talking across the sample to reveal assumptions, relationships, logical steps, and connections that were commonly made, but taken for granted, throughout an individual's talk and across the set of interviews. In short, the analysis involved patterns discerned from both what was said (i.e., how things were related, explained, and understood) and what was not said (i.e., assumptions and implied relationships). In many cases, analysis revealed conflicting models that people brought to bear on the same issue. In such cases, one of the conflicting ways of understanding was typically found to be dominant over the other, in the sense that it more consistently and deeply shaped participants' thinking. In our analysis, we prioritized the new, Colorado-specific interviews; older interview excerpts were used primarily to confirm or contextualize findings.

Analysis centered on ways of understanding that were shared across participants. Cultural models research is designed to identify common ways of thinking that can be identified across a sample. It is not designed to identify differences in the understandings of various demographic, ideological, or regional groups (which would be an inappropriate use of this method and its sampling frame).

## About the FrameWorks Institute

The FrameWorks Institute is a think tank that advances the nonprofit sector's communications capacity by framing the public discourse about social problems. Its work is based on Strategic Frame Analysis®, a multi-method, multidisciplinary approach to empirical research. FrameWorks designs, conducts, publishes, explains and applies communications research to prepare nonprofit organizations to expand their constituency base, build public will, and further public understanding of specific social issues—the environment, government, race, children's issues and health care, among others. Its work is unique in its breadth, ranging from qualitative, quantitative and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks® and in-depth study engagements. In 2015, it was named one of nine organizations worldwide to receive the MacArthur Foundation's Award for Creative & Effective Institutions. Learn more at www.frameworksinstitute.org.



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# Endnotes

[1] Quinn, N. & Holland, D. (1987). Culture and Cognition. In D. Holland & N. Quinn (Eds.), *Cultural Models in Language and Thought* (pp. 3–40). Cambridge: Cambridge University Press.

[2] All participant interview excerpts have been edited to remove any personally identifying information and improve readability. To conduct the analysis, researchers worked from verbatim transcripts of the interviews.

[3] Lindland, E., Fond, M., Haydon, A., & Kendall-Taylor, N. (2015). "Nature doesn't pay my bills": Mapping the gaps between expert and public understandings of urban nature and health: A FrameWorks research report on behalf of the TKF Foundation. Washington, DC: FrameWorks Institute.

[4] O'Neil, M., Sweetland, J., & Fond, M. (2017). Unlocking the door to new thinking: Frames for advancing oral health reform: *A FrameWorks MessageMemo.* Washington, DC: FrameWorks Institute.

[5] Lindland, E., Fond, M., Haydon, A., & Kendall-Taylor, N. (2015). "Nature doesn't pay my bills": Mapping the gaps between expert and public understandings of urban nature and health: A FrameWorks research report on behalf of the TKF Foundation. Washington, DC: FrameWorks Institute.

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[7] O'Neil, M., & Baran, M. (2011). Too many outlets and too many cabinets: The challenge of talking about the future of health care: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

[8] Vicaro, M.P., & Seitz, D.W. (2015). Guns, Crime, and Dangerous Minds: Assessing the Mental Health Turn in Gun Policy. *Discourse in Cultural Studies - Critical Methodologies,* 17(2), 147–151.

[9] This understanding of genetics as creating a predisposition to—but not inevitably leading to—mental illness seems to represent a shift in public thinking, compared to the more deterministic model of genetics identified in FrameWorks' earlier research on child mental health.

[10] 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™: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

[11] This model is similar to the *Container* cultural model that FrameWorks has identified in research on childhood development and learning.

[12] Kendall-Taylor, N., & Haydon, A. (2013). Plasticity's promise: Moving public thinking beyond the container and other unproductive models: Mapping the gaps on developmental plasticity. Washington, DC: FrameWorks Institute.

[13] O'Neil, M., & Baran, M. (2011). Too many outlets and too many cabinets: The challenge of talking about the future of health care: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

[14] Research by the FrameWorks Institute and others strongly suggests that values are fundamental organizing principles by which people evaluate social issues and reach decisions. A communications strategy that does not prominently rely on values will see people struggle to understand the point of engaging with an issue in the first place.

[15] Simon, A. (2011). Can redirecting values increase support for addiction policies and related issues?: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

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[17] O'Neil, M., Kendall-Taylor, N., & Bales, S. N. (Eds.) (2015). Using frames to increase understanding and support for the social and behavioral sciences: *A FrameWorks Strategic Messaging Report.* Unpublished manuscript.

[18] O'Neil, M., & Baran, M. (2011). Too many outlets and too many cabinets: The challenge of talking about the future of health care: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

[19] Simon, A., Volmert, A., Bunten, A., & Kendall-Taylor, N. (2014). The value of explanation: Using values and causal explanations to reframe climate and ocean change: *A FrameWorks Research Report.* Washington, DC: FrameWorks Institute.

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[22] This example was slightly adapted from https://makeitok.org/take-the-pledge and http://letstalkco.org/toolkit/. For an example touching on drug and alcohol addiction, see also the "Stop the Shame" campaign from First Call (Kansas City): http://www.adweek.com/brand-marketing/if-cancer-patients-were-treated-like-addicts-hard-hitting-psas-aim-to-stop-the-shame/

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