ADDING CHILD MENTAL HEALTH TO THE CORE STORY OF EARLY DEVELOPMENT

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Authors

Emilie L'Hôte, PhD, Director of Research
Nicky Hawkins, Director of Impact
Nathaniel Kendall-Taylor, PhD, CEO
Andrew Volmert, PhD, Vice President
of Research

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Recommendations

This brief works alongside *Moving Early Childhood Up the Agenda*, which lays out a Core Story of Early Childhood Development in Australia.

Making early childhood a priority policy issue means bringing all aspects of early childhood into the Core Story. This brief explains how to talk about **child mental health** as a part of the overall story.

RECOMMENDATION #1. LEAD WITH A BRIEF VERSION OF THE CORE STORY OF *HEALTH AND FAIRNESS.*

What to do

Begin your communications with the Core Story of *Health and Fairness* – the common frame that all parts of the early childhood sector can use to shift the conversation around early childhood in Australia. You can tell this Core Story quickly before focusing on child mental health by doing the following:

- Show how supporting early childhood development and learning supports children's **physical and mental health** now and in the future.

- Define the problem – some children don't have what they need to develop well – and appeal to the value of fairness.

Leading with the Core Story helps shift the broader public conversation around early childhood while establishing a clear connection between health and development, laying the groundwork for a discussion of mental health.

Here's an example of a brief statement of the Core Story that could be used to start off communications about child mental health:

> **"When children have what they need to develop well in the early years, they can thrive and be healthy now and throughout their lives. But not every family has what they need for positive development. To create a healthier, fairer Australia for all children, we need to support every child, family and community according to their needs."**

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RECOMMENDATION #2. PIVOT TO CHILD MENTAL HEALTH BY TALKING ABOUT HEALTH AND EARLY DEVELOPMENT AS A VIRTUOUS CIRCLE.

What to do

Explain that positive health and early development are mutually reinforcing: good physical and mental health supports learning and development, just as learning and positive development supports good health. Then quickly zoom in on child mental health.

> **"The positive relationship between health and development works both ways. Just as positive development is critical for health, good health – and especially good mental health and wellbeing – is one of the key things kids need to thrive in the early years."**

RECOMMENDATION #3. FRAME CHILD MENTAL HEALTH AS A MEANS TO HEALTHY DEVELOPMENT, NOT AN END IN ITSELF.

What to do

Position supporting child mental health in the early years as a way of promoting children's development and health more generally. This is the lynchpin of effective framing of children's mental health. Avoid framing child mental health as an end in itself.

BEFORE

"It is natural for children to experience a range of emotions as they grow up. We know that early childhood is a critical time for mental health and that mental health problems early on can lead to issues later in life if not identified and addressed."

> **"Young children need positive mental health to thrive and develop in healthy and positive ways. By supporting the mental health of each and every child, no matter where they live, we support the positive and healthy development of all of Australia's children."**

Why it works

People do not have a clear sense of what child mental health is, how it works, or – importantly – why it matters.[1] When faced with messages that present child mental health as an end in itself, people fall back on their limited understandings, fail to see the issue as important, and reject the message.

- People assume that mental health means mental health "issues" or "problems" that they associate with adults. By comparison, they see the mental lives of young children – especially very young children – as limited and simple. These understandings lead people to the opinion that young children don't have mental health.

- The association between "mental health" and "mental health issues" also makes it hard for people to appreciate the importance of promoting positive mental states rather than just dealing with severe problems. It limits people's ability to make sense of messages about positive mental health and reduces support for policies and programs that aim to support it.

- People associate mental health with medicine. They worry that focusing on mental health in the early years will lead doctors and scientists to regulate and control childhood. Without careful reframing, this way of thinking reduces support for solutions and often results in outright rejection of messages about child mental health.

By showing how child mental health supports development and helps children thrive, we show why it matters and why we should act to support it. Positioning mental health as critical to broader development and health helps people relate it to aspects of childhood they already highly value. It opens people up to the idea that Australia needs to focus on child mental health as early as possible.

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RECOMMENDATION #4. DEFINE CHILD MENTAL HEALTH IN TERMS OF FUNCTIONING AND RESILIENCE.

What to do

Provide a clear definition of what *positive* child mental health is and how it works. Emphasise the role of positive mental health in functioning and resilience. But explain the concepts of functioning and resilience using everyday language: don't assume people already know what they mean.

The *Levelness* metaphor is one way to explain these concepts:

> "Children's mental health enables them to develop well and have positive health throughout their lives. It's like the levelness of a table – it's what makes the table usable and able to function."

For more on this metaphor, see **our earlier framing guide on communicating the science of development**.[2]

BEFORE

"More and more children are experiencing mental health issues, including very young children. This is an important issue that must be tackled as a priority."

AFTER

> **"When young children have positive mental health and wellbeing, they can do the things they need to do to develop well. And positive mental health is what gives them the ability to cope with big and small challenges in healthy ways."**

Why it works

People are familiar with the term and concept of resilience. When prompted, they can see that a child's ability to be resilient depends on having supported experiences dealing with and meeting challenges. And they can see the value of helping children acquire skills to cope with adversity.

By defining child mental health in terms of functioning and resilience, we build a more accurate view of the issue. We help people understand what mental health is and why it matters. And we help people see how supporting child mental health supports positive development in the early years.

When we use the *Levelness* metaphor, we provide people with an effective comparison that makes the role of child mental health and how it supports development concrete and understandable. By highlighting that children

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need to stand on "level ground" in the early years, we bring their environments into view. We allow people to see that circumstances beyond the immediate family shape children's ability to be resilient and, as a result, their mental health.

Why only talking about "emotions" backfires

Messages narrowly focused on children's "emotions" in the early years keep people stuck in inaccurate and partial understandings of this issue.

- When people think about very young children, they understand the term "emotions" to mean physical sensations. This misconception can reinforce the idea that infants do not have mental health, but only have "primal" sensations and instincts like hunger or tiredness.

- Only focusing on "feeling" and "expressing" emotions makes it hard for people to see the role that skills like self-regulation, self-soothing and resilience play in children's mental health.

- Focusing on young children's "emotions" only reinforces people's inaccurate belief that young children mirror and absorb emotions from their direct environment before they can independently feel emotions of their own. This leads people to determine that negative "absorbed emotions" become "embedded" in children, causing mental health issues in the future.

This doesn't mean that communicators shouldn't talk about emotions. However, *only* talking about emotions is likely to backfire.

RECOMMENDATION #5. EXPLAIN HOW ENVIRONMENTS, EXPERIENCES, GENETICS AND SKILLS ALL SHAPE MENTAL HEALTH IN THE EARLY YEARS.

What to do

Explain that young children's mental health is shaped by a wide range of factors. Show that this is not just about genetics by talking about the importance of the contexts that children develop in and, specifically, the presence or absence of support.

Whenever possible, lead with environments, experiences, and skills before mentioning genetics.

The "Outcomes Scales" metaphor is one way of explaining how these different factors work together. Use the phrase "set of scales" or "see-saw" to avoid people assuming that this is about measurement or assessment.

> "Think of children's development and mental health as a see-saw. Positive experiences like stable relationships and supportive communities get stacked on one side. Negative experiences like poverty and family stress stack on the other side. When we tip kids' scales towards the positive side, it builds healthy brains and bodies – and makes them more resilient and able to deal with challenges in the future."

For more on this metaphor, see **our earlier framing guide on communicating the science of development**.[3]

BEFORE

"A child's mental and emotional health is shaped by the genetic characteristics they are born with and the relationships and experiences they have as they develop. While there are some things we can't change, such as our biological makeup, there are many things we can change."

AFTER

> **"Positive mental health helps children thrive. Circumstances and experiences influence children's mental health in the early years – as well as skills and genetics. We need quality support services for all families and children across Australia to help all children to grow in positive and healthy ways."**

Why it works

When we show how children's mental health is shaped by interactions between skills, contexts, experiences and genetics, we foster understanding that there are many ways in which we can support children to thrive. Clearly identifying positive factors and risks at the community level helps people see how programs and policies can help.

RECOMMENDATION #6. EMPHASISE *POSITIVE* CHILD MENTAL HEALTH – DON'T JUST FOCUS ON "ISSUES".

What to do

Use positive terms like "mental and emotional health and wellbeing." Talk about mental and emotional "levelness". Don't talk exclusively about mental health "issues" or "problems" and avoid leading with these negatives in messages.

Emphasise that positive child mental health supports healthy early childhood development. Don't only focus on how mental health issues can "get in the way" of early childhood development.

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BEFORE

"Mental health problems in childhood can have lifelong ramifications. Although early identification and treatment are critically important, many Australian children with mental health disorders aren't getting professional help. Left unaddressed, mental health problems can become more entrenched and harder to treat."

AFTER

"Positive mental and emotional wellbeing keeps children level and thriving. To look after all kids' health, we need a wide range of supports and help to keep families on stable ground. For example, community programs help spot possible mental health issues early – this helps make sure that all children get the support they need to develop healthily."

Why it works

By defining child mental health as a positive, we redirect public thinking away from unhelpful assumptions and towards a more helpful view of child mental health.

People tend to define mental health negatively, associating it with mental health "*issues*".[4] Groups like "R U OK"[5] and "Beyond Blue"[6] have helped to raise awareness of adult mental health issues. But people still struggle to see these issues as affecting children – especially very young children. A pure focus on mental health "issues" makes it hard for people to think about all of the ways that positive mental health supports positive development – especially for very young children.

Also, when we create messages that invite people to consider mental health "issues" in children, we allow them to stigmatise the children experiencing problems. Framing children's mental health positively establishes that this concerns everyone in Australia – everyone has mental *health* – not just "those" people "over there" who have mental health problems.

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> **Why scientific and expert language about child mental health backfires**
>
> When people hear scientific or expert language, they retreat into their default ways of thinking. They push back on the grounds that childhood should be a time of happiness and purity, and shouldn't be medicalised and studied.[7] This is true, not only of ultra-specialised terms and phrases, but also of more widely used vocabulary like "diagnosis" or "condition", or even terms like "control" or "regulate". These are subtle but powerful cues, especially when used to talk about infants and babies.
>
> Using straightforward, down-to-earth words is the best way to avoid this type of reaction and pushback. When talking about emotional regulation, for instance:
>
> - Clarify that you mean "self-regulation" and explain what this means, to prevent people from thinking that adults are meant to regulate children's emotions.
>
> - Whenever possible, rely on less scientific-sounding terms and talk about children's ability to "soothe themselves", or "cope with emotions".

RECOMMENDATION #7. SHOW HOW BACK-AND-FORTH INTERACTIONS BUILD SKILLS AND POSITIVE MENTAL HEALTH FROM BIRTH.

What to do

Show how back-and-forth interactions with caregivers help infants and babies build skills that are essential to positive mental health throughout life. Talk about the benefits of these interactions at least as often as the risks incurred when they don't happen.

Using the *Serve-and-Return* metaphor is one way of achieving this:

> "When caregivers respond to babies, it's like they're batting back a ball in a game of ping pong. This back and forth is how infants and very young children start building skills to cope with emotions and stress, now and in the future."

For more on this metaphor, see **our earlier framing guide on communicating the science of development**.[8]

BEFORE

"Mental health is important, even for infants. Babies need lots of love, cuddles and chat to feel safe and secure. Without this attuned care, children can develop emotional problems that have lasting repercussions for them."

AFTER

> **"Babies start developing good mental health and wellbeing from birth. When adults respond to, chat to and interact with babies, they help them develop important skills like the ability to cope with emotions and stress now and in the future."**

Why it works

By focusing on back-and-forth interactions between caregivers and infants, we give people a tangible example of how infants start building good mental health from birth.

By helping people see what they cannot easily imagine, we redirect thinking away from the idea that infants and young children don't actually have mental health. We open up space for conversations about how child mental health can be supported from birth.

By assigning a clear, active role to caregivers in this process, we help people think concretely about the need to support parents so they can support their children's mental health.

RECOMMENDATION #8. TALK ABOUT A RANGE OF PUBLIC POLICIES AND PROGRAMS TO PREVENT PEOPLE FROM FALLING BACK ON VERY LIMITED IDEAS ABOUT WHAT TO DO.

What to do

Consistently discuss a range of concrete collective actions that are necessary to support child mental health.

Strike a balance between programs and policies that help children, parents and medical professionals to support positive mental health and more systemic solutions. Talk about the need to improve circumstances for families by reducing inequalities, creating parent support networks and improving services to treat adult mental health and substance use disorders.

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Explain how systemic solutions can help. These solutions are typically not on people's radar when it comes to children's issues. Because of this, we need to connect the dots to help people see *how* doing things to reduce poverty, provide housing support and improve job training programs makes for better experiences and development for children.

Don't focus solely on educating parents about child mental health and training professionals.

BEFORE

"To deliver better outcomes for children's mental health issues, we need to invest in early intervention services and make sure that all parents have good information about this issue. Investment in high-quality care will benefit children and families now and will prevent problems worsening into adulthood."

AFTER

> **"Good mental health in the early years helps children to thrive – now and in the future. Valuing our kids' health means providing better community support services for families. And we need to make sure we are addressing the roots of these problems by finding ways to tackle poverty and inequality."**

Why it works

By highlighting the different types of policies and programs needed to better support child mental health – including systemic solutions – we build a sense that society and government have an important role to play. We push back the idea that parents are the only ones responsible.

We prevent people from thinking that all that is needed is "basic parenting skills" or more information leaflets on child mental health for new parents.

We make it clear that teaching children coping skills – or teaching parents about child mental health – is not enough to address situations of severe adversity.

Putting It All Together

This brief provides recommendations on how advocates can effectively communicate about child mental health in the early years. This begins with raising the salience of early childhood as a whole – and that means starting with the Core Story of *Health and Fairness*. It is critical that, along with other parts of the early childhood sector, those focused on child mental health turn up the volume on the Core Story and make sure that it gets stuck on repeat.

For this reason, we recommend that communicators always start with the Core Story and then turn to specific strategies outlined above for messaging about child mental health.

Figure 1: How to communicate about child mental health within the Core Story of *Health and Fairness*

STEP 1

Lead with the Core Story of *Health and Fairness*

STEP 2

Pivot to Child Mental Health
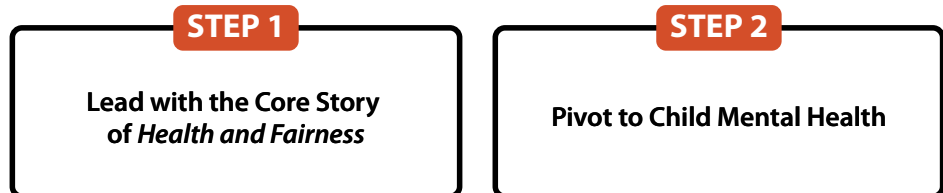
Here is one example of how to pivot from the Core Story of *Health and Fairness* to child mental health:

"When children have what they need to develop well in the early years, it sets them up for good physical and mental health now and throughout their lives. But not every family has these resources. This is why we need to support every child, family and community according to their needs to create a healthier, fairer Australia for all children.

"And just as positive development is important for health, good health is vital for early development. In particular, good mental health and wellbeing are one of the keys to thriving kids in the early years."

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Endnotes

1. For a detailed account of public thinking about child mental health in Australia, see L'Hôte, E., Hendricks, R., Volmert, A., & Kendall-Taylor, N. (2019). *Cultivating Nature: Mapping the Gaps Between Expert and Public Understandings of Early Development in Australia*. Washington, DC: FrameWorks Institute.

2. Bales, S.N. & Kendall-Taylor, N. (2014). *Finding the Southern Cross: A FrameWorks MessageMemo for the Centre for Community Child Health*. Washington, DC: FrameWorks Institute.

3. Bales, S.N., & Kendall-Taylor, N. (2014). *Finding the Southern Cross: A FrameWorks MessageMemo for the Centre for Community Child Health*. Washington, DC: FrameWorks Institute.

4. For a detailed explanation, see L'Hôte, E., Hendricks, R., Volmert, A., & Kendall-Taylor, N. (2019). *Cultivating Nature: Mapping the Gaps Between Expert and Public Understandings of Early Development in Australia*. Washington, DC: FrameWorks Institute.

5. See www.ruok.org.au

6. See www.beyondblue.org.au

7. For a similar recommendation to avoid overmedicalising discourse on child mental health in Australia, see Bales, S.N. & Kendall-Taylor, N. (2014). *Finding the Southern Cross: A FrameWorks MessageMemo for the Centre for Community Child Health*. Washington, DC: FrameWorks Institute.

8. Bales, S.N. & Kendall-Taylor, N. (2014). *Finding the Southern Cross: A FrameWorks MessageMemo for the Centre for Community Child Health*. Washington, DC: FrameWorks Institute.

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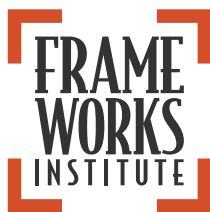
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