

# Bridging the gap: talking about child mental health and wellbeing

## Professionals who work with young children and their families need a way to constructively engage with families about child mental health.

One of the challenges associated with talking about child mental health with families is the strong beliefs that many people hold, whether consciously or unconsciously, about mental health. When it comes to children there is a pervasive idea that children simply 'cannot have' mental health issues (Kendall-Taylor & Mikulak, 2009; Kendall-Taylor, 2010).

An additional challenge is that when the topic of mental health is raised, many people default to thinking of mental illness. When talking about children, this can lead to thinking about medication, which can be frightening for some parents.

## Strategic framing

Strategic framing is a tool that can help health professionals have more constructive conversations with families about complex topics like child mental health.

In our daily conversations there are many different influences at play. The beliefs, assumptions and values developed over a lifetime provide us with a framework for understanding the world. These familiar frames are the sum of our prior experiences, exposures, emotions and other stimuli. They shape the way we interpret new information, and interact to influence the way that we think about an issue or idea.

Research shows that humans are fast and frugal thinkers, but that efficiency can come at a cost because our default models can be wrong or lack sufficient understanding. When you have a conversation about child mental health with families, their familiar frames act to shape and influence the way they understand the information that you share. This interaction can help or hinder families' ability to consider information on early childhood development in a clear and objective way. That is, the evidence-based information that you're sharing could inadvertently activate an unhelpful familiar frame.

By speaking to families in a way that is strategically framed and uses metaphors for complex topics, metaphors that have been demonstrated to build understanding, you can help to avoid tapping into unhelpful frames. You can also activate the sort of thinking that is useful in empowering families to see what they can do to promote their child's mental health.

## Mapping the gaps

To help to learn more about how to communicate effectively about child development and the importance of the early years, the Centre for Community Child Health has worked with the FrameWorks Institute.

FrameWorks is a US organisation that works with non-profits to enhance their communication efforts. Their research contributed to understanding more about what Australians' familiar frames are when it comes to early childhood, and how we can use strategic framing to bridge the gap between what experts in child health and development know, and what the public understands.

When it comes to child mental health, some of the obstacles you may need to overcome include:

### Discussions of mental *health* become discussions of mental *health problems*

The distinction between mental health and mental illness is easily blurred. Research has shown that when child mental health is the conversation topic both child mental health experts and members of the general population readily move the discussion into one about mental health problems (Kendall-Taylor, 2010). This switch to thinking about problems can potentially distract from conversations about mental health promotion.

A parent-led interview style has been shown to be most effective when seeking to engage parents on complex family psycho-social issues in a child and family health setting (Kearney, Cooper, Hallaron et al, 2014). Importantly, this style of interview has been shown to be acceptable for both parents and nurses. In addition to interview style, the language used to discuss child mental health and wellbeing can be a critical factor in discussions with parents and families.

### Poor mental health may be seen as fixed and resistant to influence

Child mental health can be divided into two categories by a general population — positive child mental health is seen as analogous to emotional regulation and a learned behaviour, while mental illness can be seen as fixed and immutable, a product of the child's genetic makeup that cannot be altered (O'Neil, 2010). These binary understandings of child mental health — either fixed, or about emotions — can pose a barrier to understanding and considering strategies to address mental health issues or promote child mental health.

## Ageing up

A challenge of discussions about child mental health is that they are often affected by 'ageing up', where a conversation that the professional has instigated about a 3 year old, becomes one about later childhood or early adolescence. You can see this tendency to age up very quickly in the first couple of minutes of this video, which is asking ordinary Australians about their thoughts on what young children need: <https://vimeo.com/90568444> (FrameWorks Institute, 2014)

The tendency to age up reflects that the early years are often seen as a happy time free of problems and the belief that any stressful episode is not something that children will remember.

## Bridging the gaps

Having identified the familiar frames that can derail attempts to speak constructively with families about promoting their child's mental health, the next step is to apply strategies to keep those discussions on track and build understanding of children's mental health.

The following metaphors are helpful tools for those who work in the early years to use in conversations with families about child development to promote child mental health. The metaphors can allow you to explain complex topics in an accessible way and help families to understand mental health

## Levelness



Levelness acts as a metaphor for child mental health. As we all know, a functional table is a level one, a wobbly table needs to be fixed. Wobbliness in a table can also come from either the floor – external risk factors – or the table itself, internal risk factors. This offers an opportunity to discuss features within the child or within the child's environment that could be cause for concern.

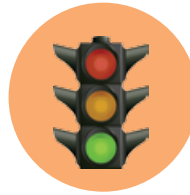
With the Levelness metaphor, child health professionals can avoid the thinking that says that mental health problems are fixed and immovable, and that children will 'grow out of it' – wobbly tables don't fix themselves.

### Levelness

"A child's mental health is like the levelness of a table. The levelness of a table is what makes it usable and able to function, just as the mental health of a child is what enables him or her to do the things that children need to do. Some children's brains develop on floors that are level because they have healthy, supportive relationships and access to things like good nutrition and health care. For other children, their brains develop on more sloped or slanted floors because they're exposed to abuse or violence, have unreliable or unsupportive relationships, and don't have access to key programs and resources. Just as a table can't level itself, children need support and help to establish stable mental health."

(Nall Bales & Kendall-Taylor, 2014)

## Three Types of Stress



The Three Types of Stress – positive, tolerable and toxic – can help in a discussion of risk factors. Short periods of low-level stress, or positive stress, are normal and healthy parts of children's development. Tolerable stress may be more severe and longer-lasting, but with support from stable and responsive

adults, children are able to manage. The third type of stress, toxic stress, is ongoing and children generally do not have stable and responsive adult relationships to buffer the effect.

The Three Types of Stress metaphor allows discussion about the role that responsive parenting plays in helping children to manage tough times, and to suppress the idea that child mental health is fixed.

### Toxic stress

"There are three main kinds of stress that children can experience – there's positive stress, tolerable stress and toxic stress. Positive stress is the types of challenges that can actually help children develop – like facing a challenging social situation or preparing for a difficult test. Tolerable stress is things that could damage development, but that are buffered by having positive relationships – like having strong family support when a loved one dies. And then there is Toxic stress. Toxic stress happens when a child experiences severe and ongoing stress – like extreme poverty, abuse or community violence – without having the benefit of consistent supportive relationships. Toxic stress affects the way that the brain and body develop, and can lead to lifelong problems in learning, behaviour, and both physical and mental health."

(Nall Bales & Kendall-Taylor, 2014)

## The Outcomes Scale



The metaphor of the Outcomes Scale has been developed especially for an Australian audience. Talking with parents about loading up the positive side of the scale offers an opportunity to introduce the high levels of brain plasticity that are a feature of the early years and the opportunity for children to lay the foundation for a lifetime of wellbeing.

With the Outcomes Scale metaphor, child health professionals can introduce a range of factors that promote mental health for children – healthy food, physical activity, reading and storytelling – and offer families concrete ideas for supporting their child's early development and loading up the positive side of the scale. The metaphor also offers an opportunity to address the need to reduce the number of factors on the negative side of the scale.

## Outcomes scale

"Think of a child's development as a scale. The way the scale is tipping is like the outcome of the child's development. Positive things like supportive relationships get loaded on one side, and negative things like abuse, neglect or community violence and lack of resources get stacked on the other. The goal of every community is to have as many children as possible tipped towards the positive side. To do this, we can offload as much weight as possible from the negative side and we can stack as many factors on the positive side as we can. This is called stacking the scale. We also know that we can give kids support early to help them develop coping skills — these skills push the rocking point over to one side and make the scale harder to tip negative, and able to bear more negative weight and still tip positive. This is what resilience is."

(Nall Bales & Kendall-Taylor, 2014)

With an awareness of Australians' familiar frames about child development and child mental health, and a set of powerful and tested metaphors to help explain the science, child health professionals can work with families to help all children achieve the best possible start in life.

## References

- FrameWorks Institute.** (2014). *Australia – OTS – Defaults – Combined*. [Video]. Retrieved from: <https://vimeo.com/90568444>
- Kearney, S., Cooper, J., Halloran, D., Symes, L., West, S., & Moore, T.** (2014). *A National Study of the Parent Engagement Resource: Final Report*. Parkville, Victoria: The Royal Children's Hospital's Centre for Community Child Health and the Murdoch Childrens Research Institute.
- Kendall-Taylor, N. & Mikulak, A.** (2009). *Child Mental Health: A Review of the Scientific Discourse – A FrameWorks Research Report*. FrameWorks Institute. Retrieved from [http://www.frameworksinstitute.org/assets/files/PDF\\_childmentalhealth/childmentalhealthreview.pdf](http://www.frameworksinstitute.org/assets/files/PDF_childmentalhealth/childmentalhealthreview.pdf)
- Kendall-Taylor, N.** (2010). *"Kids Must Have Mental Health ... But They Can't, Can They?": How Albertans Think About Child Mental Health – A FrameWorks Research Report*. FrameWorks Institute. Retrieved from: [http://frameworksinstitute.org/assets/files/alberta/Kids\\_Must\\_Have\\_Mental\\_Health.pdf](http://frameworksinstitute.org/assets/files/alberta/Kids_Must_Have_Mental_Health.pdf)
- Nall Bales, S. & Kendall-Taylor, N.** (2014). *Finding the Southern Cross: A FrameWorks MessageMemo for the Centre for Community Child Health*. FrameWorks Institute. Retrieved from: [http://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH\\_FrameWorks\\_MessageMemo\\_March-2014\\_2.pdf](http://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_FrameWorks_MessageMemo_March-2014_2.pdf)
- O'Neil, M.** (2010). *Between Cowboys and Barn Raisers: The Challenges of Explaining Child Mental Health and Development in Alberta – A FrameWorks Research Report*. FrameWorks Institute. Retrieved from: [http://www.frameworksinstitute.org/assets/files/alberta/Between\\_Cowboys\\_and\\_Barnraisers.pdf](http://www.frameworksinstitute.org/assets/files/alberta/Between_Cowboys_and_Barnraisers.pdf)

## About the Centre for Community Child Health

The Royal Children's Hospital Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood development and behaviour since 1994.

The CCCH conducts research into the many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early.

## Community Paediatric Review

Community Paediatric Review supports health professionals in caring for children and their families through the provision of evidence-based information on current health issues.

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