How do people think about children's mental health?

Implications for communicators

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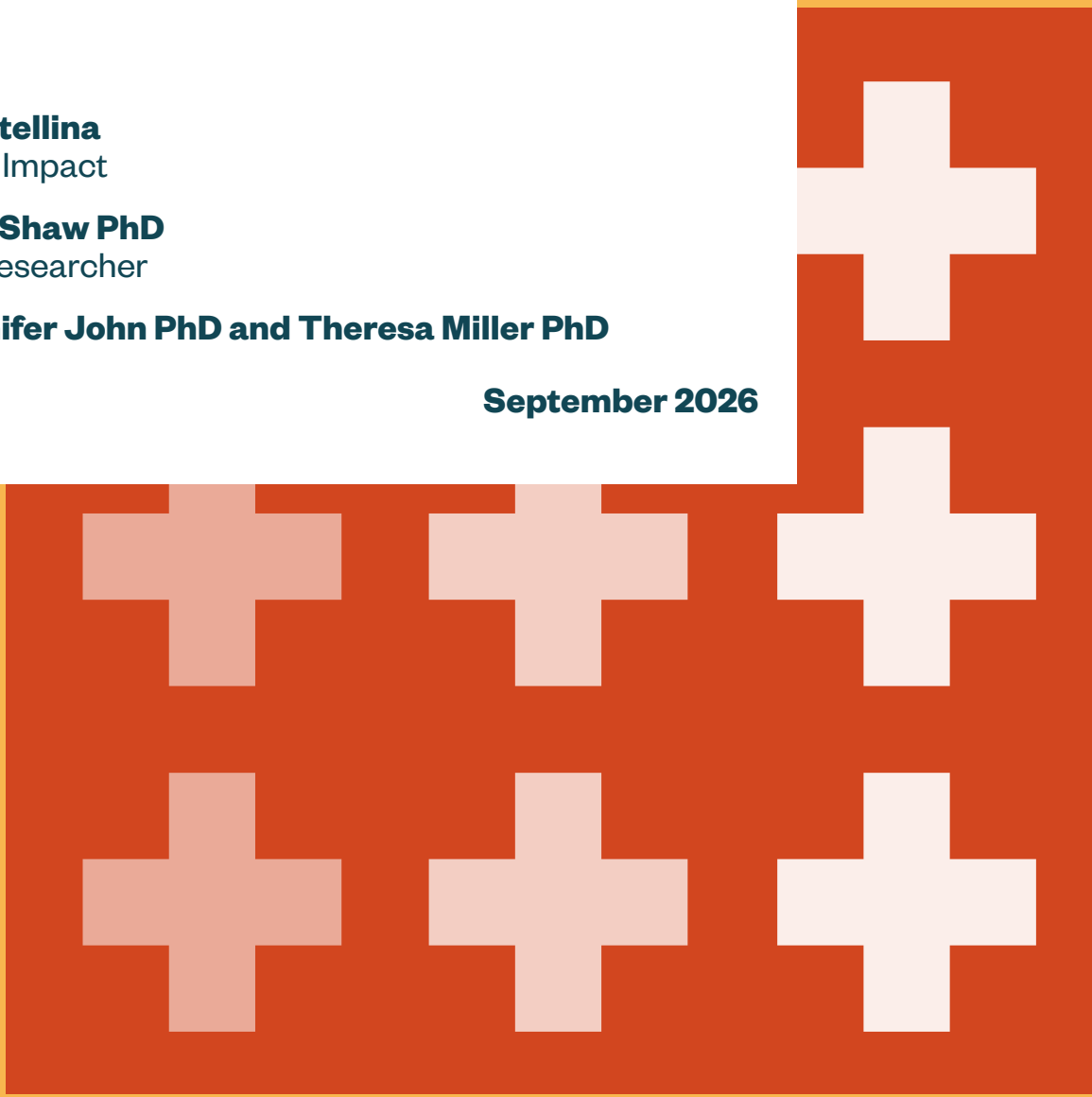
September 2026



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Acknowledgements

This project was funded by Impact on Urban Health. It was supported by an Advisory Group who we'd like to thank for their time and insight. The Advisory Group included representatives from the Anna Freud Centre, Centre for Mental Health, Centre for Young Lives, Children in Need, The Children and Young People's Mental Health Coalition, Mind, The Royal College of Paediatrics and Child Health, and Young Minds.

About FrameWorks UK

FrameWorks UK is a not-for-profit communications research organisation. We work with mission-driven organisations to communicate about social issues in ways that will create change.

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Executive Summary

The factors that can lead to poor mental health in children – including wider factors like poverty and racism – are not well understood by people in the UK but there are clear openings to change this.

All children should have the things they need to have good mental health, and all children should be able to get the right support – at the right time – if they have mental health challenges.

When people think about children's mental health, they think primarily about mental health *problems*, and what support could be put in place to help children who are struggling. The factors driving poor mental health in our children, and how we could work upstream to prevent them, are too often missing from view.

This is a challenge for communicators because it makes it harder for people to see how good mental health can be created, and harder to build support for the action needed to address the building blocks of mental health – things like decent homes and schools.

This is why we need a new story which increases understanding of the factors that can lead to poor mental health in children (0-18 years) and builds public support for action to address them.

FrameWorks UK conducted research to get to the heart of how people in the UK think about children's mental health and how these ways of thinking help or hinder our goal to build understanding and improve children's mental health. The work involved original qualitative and quantitative research with a broad sample of over 1,000 people to reveal how we think about children's mental health, and how this differs from what experts in the field understand.

Alongside revealing how people think about children's mental health, this briefing makes initial recommendations for a new story – leveraging the opportunities and navigating the challenges in public thinking. One that can build understanding of the factors shaping children's mental health and build support for action that can improve mental health for all children.

This is the briefing from the first stage of research. The next stage will test a set of framing strategies designed to meet the challenges articulated here and to leverage the opportunities.

Findings in brief

Challenges

- **#1 People lack understanding of what children's mental health is and when it starts.** People see mental health as shorthand for mental health problems. This makes it harder for people to see what good mental health is and how it can be

supported. People also reason that mental health is something which develops over time but we are not born with – leading people to think that babies and young children simply don't have mental health.

- **#2 People's focus on relationships obscures the role of wider systems and surroundings in shaping children's mental health.** The importance of children's surroundings is reduced to being about just the people within them, with a particular focus on the immediate family as the main influence on children's mental health. This means wider influences on children's mental health – like homes, neighbourhoods, schools and family income – are missing from view.

- **#3 People struggle to see how racism can cause poor mental health in children.** Racism is seen as one person behaving negatively to another because of skin colour. People struggle to see that racism is built into the institutions, systems and structures that surround children, and that this can affect their mental health. This means that people underestimate the role racism can play in shaping children's mental health and what should be done about it.

- **#4 People struggle to see how we can prevent poor mental health in children and are fatalistic about change.** When asked about ways to prevent or treat poor mental health, people focus on individual-level solutions, like therapy, and sometimes think that mental health challenges in childhood can damage a person for life. This means people struggle to see how good mental health can be created and struggle to understand that – with the right support – children's mental health can be improved.

Opportunities

- **#1 People recognise that childhood is an important period that shapes our lives, including our mental health.** There is an understanding that good mental health is important both for children now, and for their future. This makes it easier for people to see why improving children's mental health matters.

- **#2 People can sometimes see how factors like poverty influence children's mental health.** There is an awareness of how the high cost of living is affecting families, and how this can have an impact on the mental health of children. We can build upon this understanding to show how children's surroundings and opportunities shape their mental health.

- **#3 People can sometimes see the role of environments in shaping children's mental health, albeit in limited ways.** Sometimes people can see that children need the right building blocks of health in place – things like decent homes, schools, and local facilities. This can make it easier for people to support the types of broader solutions necessary to improve children's mental health. This is an opportunity for advocates to deepen and expand this thinking.

Methods

Both qualitative and quantitative methods were used to uncover the cultural mindsets that people across the UK use to reason about children's mental health.

A rapid review of key literature and interviews with experts in the field of children's mental health were used to understand **what** needs to be communicated about children's mental health. This established a clear set of core ideas that we want people to understand about what children's mental health is, why it matters, what drives it and what we can do about it.

In depth **cultural mindsets interviews** (n= 21) were conducted with a broadly representative sample of the public to understand **how** people reason about children's mental health. Cultural mindsets interviews are one-on-one, semi-structured interviews lasting approximately two hours. They were designed to allow researchers to capture the foundational assumptions that participants use to make sense of children's mental health.

A nationally representative **survey** (n= 1,005) was then conducted to measure the strength of different mindsets held by the public and the relationships between mindsets, attitudes and policy preferences.

The gaps were then mapped between what experts think about children's mental health and how people currently think about this issue. From this analysis, the mindsets which are challenging to building greater public understanding of children's mental health and which offer opportunities have been identified.

This report sets out the implications of these challenges and opportunities in public thinking for future communications. Further research is needed to test framing strategies capable of winning hearts and minds for action to strengthen children's mental health.

What are cultural mindsets? And why do they matter?

Cultural mindsets are the mental shortcuts that guide our thinking without us realising it. They are deep, assumed patterns of thinking that shape how we see the world and how we act within it. They are shared across a culture – like the UK – and are activated by the things we see and hear.

Cultural mindsets research explores these deep, underlying patterns of thinking that shape and explain patterns in public opinion. Whereas public opinion research examines *what* people think today, mindsets research examines *how* people think – and so where their thinking could go if we communicate differently.

To successfully reframe an issue, we need to understand and navigate the cultural mindsets people hold. This research then sets the direction needed to win hearts and minds for change.

When we move mindsets, we shift hearts and minds and open the space for lasting cultural change.

Challenges

There is a lack of public understanding about when children's mental health starts, what shapes children's mental health, and what we can do about it.

#1 People lack understanding of what children's mental health is and when it starts

Experts agree that mental health is universal. All children and adults have mental health – just as we all have physical health. Our mental health begins to be shaped before birth and our early years are critical in forming the foundations of our mental health. A child's mental health affects their ability to function, form relationships, and thrive educationally and socially, both during childhood and beyond.

For the public, there is an assumption that when we talk about children's mental health, we are referring to mental health *problems*. Good mental health is understood as simply the absence of mental illness. Mental health is not considered relevant unless a child is already struggling. This mindset, ***mental health = mental illness***, makes communications more difficult because it makes it harder for people to see that good mental health can be built and supported, and that we can, and should, think about mental health before problems occur.

According to experts, mental health encompasses psychological, emotional, and social wellbeing, and affects a child's ability to function, form relationships, build resilience and reach their full potential. In contrast, people often defined mental health in terms of the ability to complete basic day-to-day tasks like eating and washing. If we can continue to function at a basic level, then we cannot have poor mental health.

This assumption sets the bar for children's mental health incredibly low; as surviving, not thriving. This way of thinking also doesn't neatly apply to very young children – who are not yet responsible for tasks like meal prep and washing – and may make it harder for people to see how mental ill-health is possible in young children. Indeed, people often assume that ***babies are blank slates***. When drawing on this mindset, they reason that mental health is something that only develops over time as children grow up, and that children need a certain amount of cognitive ability to experience mental health.

> *"I don't imagine that there's any cognitive ability for mental health in babies. I don't believe so... They haven't developed the things around, you know. They're not aware of the things around them that can cause them to be, for their mental health to be affected, really, you know."*
>
> – Research participant

In this way of thinking, babies and very young children simply do not have mental health. People who held the mindset that ***babies are blank slates*** were less likely to support policies aimed at improving children's mental health, as reasoning in this way makes action to address children's mental health seem unnecessary. To increase support for policy change, it

will be important for communicators to build understanding that babies and toddlers do indeed have mental health.

The experts are clear that neurodevelopmental disorders, such as autism and ADHD, are not mental health conditions, though they can interact with environmental factors to shape children's experiences of mental wellbeing. For the public, there is confusion around neurodivergence and mental health, with many incorrectly describing conditions like autism and Aspergers as mental health conditions themselves, drawing on the mindset ***mental health = neurodivergence***.

These foundational assumptions about what children's mental health is and when it begins, present a challenge to communicators. They make it harder for people to see what good mental health is, why it matters, and how the conditions for good mental health can be created. They also make it harder to make the case for action designed to support mental health during pregnancy and in a child's first five years.

How to address this challenge

1. **Provide a clear definition of what *good* mental health is for children and what it enables them to do.** FrameWorks' research in Australia[i] found it was helpful to provide a definition which emphasised the role of good mental health for children's development, day-to-day lives and their ability to withstand life's shocks and challenges.

Before	After
"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."	"When toddlers and young children have good mental health, it means they are able to learn and develop, build strong relationships, and cope with life's challenges, big and small."

2. **Explain how good mental health is created from pregnancy and beyond.** Describe how we can support children's mental health from a baby's earliest moments.

   For example: *"The experiences children have as babies and toddlers lay the foundations for their future learning, health, and wellbeing – this is why access to good maternity support and high-quality childcare is so important."*

3. **Talk explicitly about the mental health of babies and toddlers.** When we talk about 'children', people 'age up' and think about older children. To help people understand the need to support good mental health for babies and toddlers, specifically use these words or reference the age of the children, e.g. 'children under three'.

#2 People's focus on relationships obscures the role of wider systems and surroundings in shaping children's mental health

Experts agree that children's mental health is influenced by a range of factors, including biological, social, economic, and environmental drivers. However, the wider public focuses on the people and relationships in a child's life, above – and often to the exclusion of – everything else.

While the public sometimes recognise that biology can play a role in shaping children's mental health, overwhelmingly the public assume that ***quality of relationships = quality of mental health.*** In this way of thinking, good social connections are the cornerstone of good wellbeing. This was a dominant mindset which people used to explain why some children have good mental health, and others poor mental health. When reasoning with this mindset, a child's wider environment was missing from view.

When asked explicitly about the role of the environment in shaping children's mental health, the environment was often boiled down to the people within it and the quality of those relationships. A mindset we have termed ***environments = people***.

When questioned about the impact of neighbourhoods, schools or homes on children's mental health, participants immediately talked about the *people* in those spaces.

This extended to the way people thought about green spaces and digital spaces. Green spaces were seen as positive because they provide opportunities for quality social interactions and play between children. Whereas digital spaces were viewed as harmful because of the people children encounter and the types of social interaction they could have.

The quality of relationships – especially family relationships – was seen as the main driver of children's mental health. When this ***family bubble*** mindset is active people reason that the relationships between family members – particularly parents – are the critical factor shaping children's mental health. Parents arguing or family breakdown were often cited as examples of what is driving mental ill-health in children.

> *"The main thing that comes to my mind is like the relationship between their parents. Like, whether their parents are together or separated, and if their parents are together, do they get on well, or are they arguing?"*
>
> – Research participant

Coupled with this thinking was an assumption that to be mentally healthy, ***all children need is love***. Using this way of thinking participants would reason that children didn't need money, or material things, if they had parents who loved them, love would overcome any difficulties.

This focus on relationships, the role of the family and the assumption that ***all children need is love*** obscures the role of children's wider environment in shaping their mental health. These mindsets make it harder for people to see the wider factors that shape poor children's mental health such as poverty or racism. Unsurprisingly, the mindsets ***family bubble*** and ***all children need is love*** were not correlated with support for policies to support children's mental health. This suggests that the overwhelming focus on relationships makes it harder

for people to see – or even consider – how government policies could support children's mental health.

The mindsets ***family bubble***, ***environments = people***, and ***all children need is love*** are all aspects of the dominant way of thinking that ***quality of relationships = quality of mental health***. This suggests that shifting thinking away from a narrow focus on relationships to also include the role of wider surroundings and context in shaping children's mental health will be particularly important for building support for change.

How to address this challenge

1. **Explain how children's surroundings shape their mental health.** Make clear links between cause and effect by using words like **this means**, **this leads to**, **this results in**.

   For example, if we're talking about the role of the home, explain how having a secure home means a child has a safe space to put down roots, and doesn't have to constantly worry about where they're going to sleep and that this leads to less stress and improved mental health.

2. **Don't just talk about 'environments' or 'systems'.** Be explicit about naming the environment you're talking about: nurseries, schools, homes, neighbourhoods, towns, and so on and *how* that environment shapes children's mental health.

3. **Try using the metaphor of the building blocks of mental health to build understanding of the wider factors that shape children's mental health.** Describe how a warm home, access to good education, and family income that covers the bills, are some of the building blocks *all* children need to be mentally healthy. And that when any of these blocks are missing, children's mental health can suffer.

   This metaphor builds understanding of the wider determinants of health[ii] and further testing will show if it is as effective when talking about children's mental health specifically.

4. **Consider talking about homes as a route into explaining the factors that affect poor mental health in children.** Our research on the wider determinants of health found that it was better to go deep into explaining one determinant of health, rather than trying to explain all of them at once. One of the most powerful routes in was to use housing as an example. Doing this builds greater understanding across the board that systems and surroundings shape our health.

   Further research will show which examples are most effective at shifting thinking on the drivers of children's mental health, but homes are likely to be a helpful place to start.

#3 People struggle to see how racism can cause poor mental health in children

Experts recognise that racism can be a cause of poor mental health in children and can lead to trauma, particularly when compounded by a lack of culturally competent mental health services.

Among the wider public, racism is often defined as ***interpersonal racism*** – one person acting negatively towards another because of the colour of their skin. The idea that our systems, structures and institutions are racist because of the way they have been designed or work, and how this impacts children's lives, is not well understood. People also sometimes reason that racism is not a significant problem in the UK anymore, drawing on a mindset called ***racism progress***.

When asked about the causes of poor mental health in children, no research participants brought up the role of racism. When asked directly about the impact of racism on children's mental health, participants would talk about it in terms of one child bullying another for being different.

> *"It could be you've got somewhere full of white English people. Then you've got one, maybe Muslim someone, or maybe an Asian person, and then they might make the Asian person in the school a joke, that they might say, you know, give him sarcastic remarks... because he's different. [They] might be a different colour. This might have an impact on that child as well."*
>
> – Research participant

Structural racism is not a dominant way of thinking across the British public. But for those who did reason in this way, this thinking correlated with support for policies to address child mental health. This suggests that if we can build greater understanding of ***structural racism*** and how it affects children's lives, we can build greater support for change.

The public's focus on ***interpersonal racism***, rather than ***structural racism***, is a challenge for communicators. It makes it harder for people to see the different ways children experience racism and how the cumulative stress and trauma of these experiences can lead to poorer mental health. When people struggle to see how racism can be embedded into things like our school systems, housing systems and policing, they are less likely to understand the need for the kind of solutions which would reduce racism and improve children's mental health.

How to address this challenge

1. **Don't rely on technical terms like institutional, structural or systemic racism. Instead, explain what they mean.** Technical terms that are not well understood can make people less likely to engage. So we need to *explain* what these terms mean and how they work with real-life examples.

   Reframing Race[iii] provide the following suggestion of how to explain these terms:

"Underlying racism is a system of ideas, laws and customary ways of doing things. These systems have been designed in ways which shut out Black and Minoritised people, limiting key opportunities and freedoms.

"For example, studies have shown biases in hiring mean that equally qualified Black and Minoritised candidates are less likely to be invited to interviews than their white peers."

2. **Give concrete examples of how racism shows up in our children's lives.** Use examples which point to how systems, structures and institutions can be racist in how they work and how this affects children exposed to them.

   For example, how young Black boys are more likely to be stopped and searched by the police than their white peers due to racist practices. This surveillance, suspicion, stigmatisation, and the negative experience of being stopped and searched, can lead to increased stress and anxiety and higher rates of self-harm.

   Further research could show if there are particular topics or examples that significantly increase understanding of systemic racism and how it impacts children's mental health.

#4 People struggle to see how we can prevent poor mental health in children, and are fatalistic about change

For experts, addressing children's mental health involves strategies at multiple levels, from early prevention to accessible support systems. It is never too early, or too late, to support a child's mental health.

For the public, solutions are largely lacking from how they currently think about children's mental health. Unprompted, people focus on the role of parents and the need to provide a happy home. Or fall back onto other individual level solutions such as awareness-raising or talking therapies. How we can prevent poor mental health in the first place is missing from view.

In addition, there was an underlying assumption that ***mental health solutions require language***. That children need to be able to fully articulate their problems and talk about their feelings in order to get support. This way of thinking assumes that children need to have developed a certain level of language before mental health problems can be identified or helped. Perhaps unsurprisingly, this way of thinking was most strongly endorsed by those who also thought that ***babies are blank slates*** and that mental health develops over time.

Connected to a lack of understanding of how we can improve children's mental health, there is also a mindset of ***determinism***, that damage done is damage done. This way of thinking assumes that harm to mental health in childhood will have lasting effects that cannot ever be undone and a person who experiences mental health challenges in childhood is damaged for life.

When people struggle to see how to improve children's mental health and are both deterministic and fatalistic about the possibility of things getting better, it makes them less

likely to support the kind of action needed to improve child mental health.

How to address this challenge

1. **Talk about how to improve children's mental health early and often.** Talk about upstream systems-level solutions at least as often as we talk about individual support.

   For example, we can explain how a secure home means that children can feel safe knowing where they are going to sleep each night, leading to reduced stress and anxiety.

2. **Explain *how* solutions can create good children's mental health.** Don't assume people will know how a solution would improve children's mental health. Explain step-by-step the difference things like a secure tenancy or predictable family income would make on improving child mental health. Use words that clearly link cause and effect.

3. **Balance urgency (we need to act) with efficacy (we can fix this).** Avoid talking about mental health crises or damage, to prevent triggering fatalistic thinking. Instead, talk about what can and should be done to improve children's mental health in concrete ways.

Opportunities

People recognise that childhood is a critical period for shaping our future selves and there is some recognition of the role poverty plays in influencing children's mental health.

#1 People recognise that childhood is a critical period shaping our lives, including our mental health

Experts agree that good mental health is important for the sake of good childhoods, and children's mental health also has long-term implications. They point out the ways in which poor mental health in childhood negatively impacts development. It is associated with increased risks of anxiety, depression, and other mental health conditions in adulthood. It can also affect physical health, educational and employment outcomes. Likewise, good mental health in childhood sets us up well for a healthy adult life.

The public widely draw on a mindset that echoed the expert view that childhood is a ***critical period*** for developing who we are *and* who we become. When people reason in this way they see that children's mental health is important because it lays the foundations for children's future lives, both in terms of their future mental health, and broader life outcomes and happiness.

> **Facilitator:** "*And how important, if at all, is having good mental health during childhood, do you think?*"
> **Participant:** "*Very, very important, because it gives them the stepping stones for the future of life... And if you lose out on different things like that, it can, you know, it will affect your mental health later on.*"

People sometimes described a chain of events starting with poor mental health in childhood and leading to poorer life outcomes in adulthood. For example, when asked about education, people would start with how poor mental health might affect attendance, and then school grades, and how this might go on to affect job prospects and employment in later life.

These causal chains of reasoning may provide a helpful opening to expand upon and build further understanding of why children's mental health matters, and the need for action to address it.

While this mindset could help people think in productive ways about the need to actively support children's mental health, it can also lead people to be deterministic: to think that what happens to us in childhood determines (rather than shapes) the adults we become. This deterministic thinking does not leave space for the role of support to improve children's mental health so that it gets back on track and averts any lifelong effects. This mindset is correlated with the assumption that damage done is childhood cannot ever be undone. When people reason in this way, it may make people less likely to support activities to help

children who have experienced mental health difficulties, because this way of reasoning suggests it is already too late.

When people reason that childhood is a ***critical period*** they also tend to support policies to address children's mental health. Building on and expanding this thinking, without triggering the assumption that damage done is damage done, could further build support for action to create good mental health for children.

How to leverage this opportunity

1. **Continue to talk about childhood as a critical period to help people see why action on child mental health matters.** Talk about how important this period is for children now, and for their future.

   For example: *"When children have what they need to develop, grow and thrive, it supports their mental health now and throughout their lives."*

2. **Describe how, together, we can create the conditions for good mental health which enable children to thrive.** Explain the role that government and wider society can play in ensuring that all children have a safe home, spaces to run and play, access to quality education, and a family income that means parents are able to pay the heating bill and put healthy food on the table.

3. **Be clear that it is never too early, or too late, to support a child's mental health**. This helps people to see that providing good support can build good mental health, no matter a child's age or circumstances, and helps to overcome deterministic and fatalistic thinking.

#2 People can sometimes see how factors like poverty influence children's mental health

Experts recognise that poverty is one of the most significant factors affecting children's mental health; children from low-income backgrounds face higher stress levels, insecure or inappropriate housing conditions, food insecurity, and limited access to mental health support. Financial instability affects parental wellbeing too, which in turn impacts children's mental health.

Sometimes people can see that experiencing poverty prevents parents from parenting in the way they want to, and that this has an impact on children's mental health. In this way of thinking, people reasoned that the high cost of living forces many parents to work long hours and focus on earning enough money to get by. This economic necessity gives them less time, and head space, to be physically and emotionally present for their children.

> *"You might have the two parents working around the clock, because that's the society we live in today. And it's just one of those hamster wheels, isn't it? And then the parents are too tired. We've all been there. But if that's prolonged... and that child isn't getting the proper care and attention, not necessarily through the poor parents' fault, you know,*

because this is what they're having to do... Successive governments have eroded family life, just made life more and more... difficult for people to basically just exist financially..."

– Research participant

This mindset – ***material resources, parental constraints*** – provides an important opening for communicators as it shows that people understand that there are wider factors at play in shaping child mental health and is correlated with support for policies to promote children's mental health. This is an opening to build a deeper understanding of the role poverty plays in children's lives and how it shapes their mental health.

To make the most of this opportunity, it will be important to expand this thinking beyond parents. There is a risk that this recognition of ***material resources, parental constraints*** could lead to individualistic thinking – that parents need to make more money – rather than systemic, that our economy needs to work differently.

How to leverage this opportunity

1. **Explain *how* financial constraints can affect children's mental health.**
   Without explanation, people will sometimes downplay the role of financial hardship on children's lives, suggesting that it just means they won't have the "cool" trainers. Instead explain how when parents are struggling to make ends meet, this can create stress and anxiety for children and restrict parents' ability to give their children the lives they'd like to.

2. **Consider using the *overloaded* metaphor to further build understanding of what happens when parents are weighed down by financial stress[iv].**

   For example: "*When parents are **weighed down** with stresses like money worries, these problems can **overload** their mental and emotional capacity to take care of their children's needs. Over time, carrying and managing heavy **loads** puts a strain on families, weakening parents' abilities to support their children, and increasing stress and anxiety for kids.*

   *We can **lighten the load** for families by providing more financial support like increasing child benefit payments and ensuring that child-related benefits go up with inflation."*

   This metaphor builds understanding of how parents being overloaded by stressors like money worries can impact children.

3. **Connect parents' struggles to broader economic problems and solutions.**
   Draw links to the wider cost-of-living crisis, to show that these aren't the struggles of one family alone.

   For example: *"Right now, our economy isn't designed for families to succeed. The rising cost of housing, food, heating, and high childcare costs means too many of us are struggling to make ends meet. This is leading to increased worry, stress, and poor mental health for both parents and children. It's time to redesign our economy, starting with increasing the amount of affordable housing."*

#3 People can sometimes see the role of environments in shaping children's mental health, albeit in limited ways

When directly asked, people can see that governments and local authorities play a role in providing facilities and services that can improve young people's mental health, including through funding.

Some participants talked about facilities such as play parks and libraries as being important spaces for young people to go to. Others mentioned things like free school lunches and wider issues such as housing. They spoke about these as both drivers of, and solutions to, children's mental health challenges. Although this way of thinking is not widely held, it does present an opportunity to build further understanding of how children's surroundings shape their mental health.

People would sometimes mention the role of the environment but then fall back onto more dominant ways of thinking which focus on the *people* children interact with in these environments to explain what is shaping their mental health. Expanding this thinking to help people see context, rather than only individuals and relationships, will be key to building greater understanding of the wider drivers of children's mental health and support for change.

How to leverage this opportunity

1. **Focus on context first.** Talk about how children's surroundings shape their mental health before talking about individuals or relationships.

   The first thing we say in our communications is important as it can either trigger helpful ways of thinking or tap into unproductive ones. When we start with context, we help people to zoom out rather than defaulting to thinking only about the role of individuals and family relationships.

2. **If telling stories about individual children, place them in context[v].** Talk about the support that was, or should have been, in place to make things easier. Avoid telling stories about children which suggest they overcame mental health challenges through willpower alone.

Conclusions

Although public understanding of the wider factors that shape children's mental health is limited, there are clear openings to build on. And clear indications that where we increase understanding, we increase support for policy change.

There are three key shifts in thinking that our communications should look to influence to increase understanding of the drivers of poor children's mental health and build support for policies to address them.

Firstly, we need to build an accurate understanding of what mental health is, when it starts and why it matters. Shifting thinking away from ***mental health = mental health problems*** to an understanding of what good mental health is and what it enables children to do.

Secondly, we need to move thinking about solutions from a simple focus on treatment when a child is already struggling, to understanding how poor mental health can be prevented in the first place. And move people away from the fatalistic assumption that damage done is damage done. To do this, we need to show that good mental health can be created, and that we don't need to wait for mental health challenges to occur before we act. By putting in place the foundations for good mental health, we can help all children to live healthier, happier lives.

Thirdly, and most importantly, we need to shift thinking on the causes of poor children's mental health from an exclusive focus on the ***quality of relationships = quality of mental health*** to understanding the role of the context and environment around them.

When people start to see that a child's surroundings play a significant role in shaping their mental health, it makes them more likely to support the kinds of policy changes needed to improve children's mental health. Building this understanding must be a core component of all future communications. In particular, building understanding of how both poverty and racism are shaping children's mental health.

This report begins to set out some of the ways we can do this, and further research will show which framing strategies – including things like explanation, examples, metaphors, and values – best move the dial.

Endnotes

[i] L'Hote, E, Hawkins, N, Kendall-Taylor, N, Volmert, A. (2020) *Adding Child Mental Health to the Core Story of Early Development*, FrameWorks Institute.

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[iii] Lingayah, S. and Kelly, N. (2023) *Contains Strong Language: A guide to talking about racism* London: Reframing Race.

[iv] NSPCC (2021) Sharing the Brain Story: Using Metaphors to Explain Child Development https://learning.nspcc.org.uk/media/2547/sharing-the-brain-story-metaphors-summary-booklet.pdf

[v] O'Neil, M, Pineau, M.G, Hyatt, T. (2020). *Each and every child: How to talk about care experience in Scotland*, FrameWorks Institute.

About FrameWorks UK

FrameWorks UK is a not-for-profit, mission-driven organisation, specialising in evidence-based communication strategies that shift hearts and minds. We help charities and other organisations communicate about social issues in ways that create progress, through practical guidance underpinned by our framing research.

We're the sister organisation of the FrameWorks Institute in the US, which has been conducting framing research for more than 25 years. FrameWorks started working in the UK in 2012. And we established FrameWorks UK in 2021.

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