Communicating for Change

How to talk about mental health
to build support for what works

FRAME WORKS

MAMH
Massachusetts Association
for Mental Health

Contents

Introduction

This toolkit provides an effective framework to communicate about mental health and, especially, issues at the intersection of the mental health and criminal legal systems. Our goal is to communicate in ways that promote positive social change, including the strengthening of crisis services and alternatives to coercive responses to behavioral health crises.

People with mental health conditions are at significant risk of having negative police interactions, being arrested for non-violent crimes, and spending time in jail for charges related to homelessness or stigma.[1] As Massachusetts works to build a more robust crisis response system that "decriminalizes" mental health conditions, it is critical to consider how the ways we communicate about people and systems can either amplify or impede these efforts.

Although a broad range of stakeholders may find value in these communications strategies, the toolkit is primarily designed for advocates working at the intersection of behavioral health and the justice system. We hope that it will help you communicate more effectively with the public, policymakers, and other audiences, allowing you to build understanding and increase support for your advocacy goals.

Background and Methodology

This toolkit was developed by the FrameWorks Institute and the Massachusetts Association for Mental Health, with critical financial support provided through a generous grant from the Helen Ladd Brackett Trust. It is designed to help change public thinking about mental health in Massachusetts by reframing the messages reaching everyone in the Commonwealth, from legislators to voters to families.

The toolkit is based on and informed by extensive research and key informant interviews led by the FrameWorks Institute. Supplemental research can be found in the "Additional Resources" section of this toolkit.

How to Use the Toolkit

This toolkit is designed to make it easy for you to incorporate research-tested framing strategies into your communications. Consistency is key, and that comes when advocates speak the same language. If you want to know more about the research behind our recommendations, check out the "Additional Resources" section at the end of this toolkit.

In this toolkit, you will find:

— A Quick Start Guide summarizing our recommended strategies for framing communications.

— Brief overviews of each recommended strategy, including an example and a discussion of the research that supports the recommendation.

— A guide to additional research and resources available from the FrameWorks Institute.

Recommended Framing Strategies

Strategic framing means making informed choices about what to emphasize and what not to. Communications that trigger non-productive mindsets like individualism, otherism, and fatalism - where intentional or not - can actually undermine our efforts to achieve system change. Here's a quick tour of which frames to try and which to avoid.

✓ Try This...	✕ ... Not That
Frame mental health as something for all of us.	DON'T frame mental health conditions as something where "we" need to protect others.
Focus attention on how changing our current system can improve community wellbeing (including safety) for everyone.	DON'T restate harmful misperceptions about mental health conditions and violence, even to debunk them.
Draw attention to promotive factors and show what our communities can do to support everyone's mental health.	DON'T focus solely on preventing negative outcomes.
Point to real-world examples and use words that will convey the idea that solutions are pragmatic.	DON'T frame proposed changes as utopian, perfect-world solutions.
Take the time to give a robust explanation of how a factor or factors lead to specific outcomes.	DON'T simply list a comprehensive set of factors without explaining how any of them operate to produce an outcome.
Pair numbers with explanations to show why and how specific outcomes occur.	DON'T mention prevalence rates, correlations, or risk factors without additional context.
Use a concrete subject and an active verb to explicitly assign responsibility for disparate outcomes to structural factors.	DON'T use passive language when discussing disparate outcomes.
Show how a particular determinant affects health.	DON'T use terms like "social determinants of health" without explaining what the term means.
Emphasize the importance of the decisions and choices people receiving mental health services make for themselves.	DON'T reinforce outdated, paternalistic understandings of health.

Recommended Framing Strategies

Frame mental health as something that deserves our collective attention.

Consistently remind audiences about shared mutuality and interdependence at the community level, and our shared interest in enacting proven solutions, rather than evoking sympathy or protection.

What this looks like:

Old Framing:		Better Framing:
This Mental Health Month, please support people struggling with mental health conditions and their families.	→	This Mental Health Month, join us to learn how we can all enjoy better mental health.
If you don't think you know someone with a behavioral health condition, there is someone in your family or friend group.	→	Mental health is not for one of us, it's for all of us.*

*Source: NAMI Greater Boston

Why it works:

Communications designed to evoke sympathy can easily slip into charity framing, where "we" are doing something to protect or save others. Although well-intentioned, charity framing maintains distance between "us" and the people experiencing mental health challenges. In other words, it can inadvertently otherize and potentially stigmatize people in mental health crises. Instead, speak to the idea that mental health affects us all, and explain the collective benefits of a society that takes care of those with mental health issues to encourage agency and shared ownership of solutions.

RECOMMENDATION 2

Share your vision.

Show your audience your vision for a mental health system that has been designed with mental health in mind.

What this looks like:

Old Framing:	Better Framing:
Data show that people with mental health conditions are no more violent than anyone else and don't pose a public safety risk.	We are all invested in community wellbeing, which is best achieved when we provide support and resources that people want and need.

Why it works:

Use your communications to help people understand that creating a responsive mental health system, including a robust crisis service system, will support and promote community wellbeing. Even negating the idea that people with mental health conditions threaten public safety puts people in the mindset that less restrictive and less coercive approaches to care are inherently risky—essentially, by myth-busting, you're telling people, "Don't think about elephants," which becomes all they can think about.[2] By first focusing attention on the ways in which offering services that people actually want will improve community wellbeing (which includes safety), you can preempt an initial, more conservative response.

Make your story as much about promoting positive outcomes as preventing negative ones.

What this looks like:

Old Framing:	Better Framing:
In 2020, the United States had one death by suicide about every 11 minutes. In 2021, 1.7 million adults attempted suicide. The facts are clear: There is an urgent need for a complete overhaul of our crisis service and mental health systems in our country.	Suicide is preventable. The facts are clear: When 988 call centers are in place and adequately staffed, 95 percent of calls are resolved without needing additional intervention. By implementing solutions that we know work, people can get connected to the support they need and lives can be saved.

Why it works:

Most people have a deficit model of health, especially when it comes to mental health.[3,4,5] They can think about "mental illness" and may be aware of some treatments, but they don't have a robust understanding of what can be done to promote mental health. Taking time to explain protective and promotive factors will help expand thinking about mental health, while strengthening the case that the shared goal is collective wellbeing—that is, that everyone deserves not just treatment in a crisis but support in building overall mental health and wellbeing.

Include proven solutions and emphasize their efficacy.
Frame proposed changes as pragmatic, not utopian or "perfect world."

What this looks like:

Old Framing:	Better Framing:
We are advancing efforts to reimagine crisis response in our community.	We are learning from the many effective crisis response approaches that have already been successfully implemented in communities across the country.
This opportunity will require extensive planning and preparation.	We can learn from others and consistently improve through ongoing learning and measurement.

How to do it:

— Point to real-world examples; do not rely on people to use their imaginations.

— Use specific words that will convey the idea that solutions are pragmatic:

    — Commonsense

    — Step-by-step

    — Practical

    — Realistic

    — Sensible

    — Feasible

    — Effective

    — Sustainable

— Consistently explain how specific changes to our current system of care, such as 988, the Behavioral Health Help Line, and access to 24/7 behavioral health urgent care, are more effective at addressing behavioral health crises than police intervention.

— Help people understand how a robust, comprehensive crisis services system is a better, more effective use of our resources than police and the criminal legal system.

Why it works:

Many people, including those from historically marginalized communities, believe that more law enforcement improves safety.[6,7] So the task for communicators is to clearly explain the specific factors that characterize high-quality, effective solutions to mental health issues and inspire confidence that a transformed system will lead to better outcomes for all. Talking about a transformed mental health response system as an ideal—rather than a set of practices that have actually been implemented in specific communities—can backfire by reinforcing fatalism and activating "more law enforcement is better" thinking.[8]

RECOMMENDATION 3

Connect cause and consequence to build understanding and support.

Explain more, describe less. Describe how our current responses to mental health crises cause harm.

What this looks like:

Old Framing:		Better Framing:
Too often, people with mental illness do not receive a mental health response when experiencing a mental health crisis. Instead, they come into contact with law enforcement rather than a mental health professional. People in crisis, their families, and our whole community deserve better.	→	People experiencing a mental health crisis often come into contact with police, whose practices such as the use of restraints, loud voices, and bright lights can lead to sensory overload and worsen the situation. People in crisis, their families, and our whole community deserve better.
Too often, police interactions with people with mental health conditions end in arrest or someone getting hurt.	→	Many people with mental health conditions have had negative experiences with police and are afraid when they show up unexpectedly at their door. This fear may cause a "fight or flight" reaction or make it difficult for them to respond to police commands.

How to do it:

— Avoid list-making. Rattling off a comprehensive set of factors doesn't help people grasp how a problem works. In most cases, it's more effective to explain a single factor effectively than it is to complicate the issue with the many factors that contribute to the problem.

— Always pair numbers with brief explanations of what drives the outcome. Don't mention prevalence rates, correlations, or risk factors and then simply leave the audience to interpret what they mean.

— Provide signposts for cause-and-effect relationships. For example, make liberal use of causal transition words and phrases like "because" or "as a result." To avoid overstating what a study showed, consider phrases like "this helps to explain why" or "this is one reason why."

— Boost the explanatory power of your messages through tightly linked clauses. Explain how a leads to b, how b leads to c, and how c leads to d. That way, you won't leave space for people to stop following your message or fill in blanks with unproductive assumptions. Use linking language such as "because of this" or "that's why." For example:

> When police are the only people available, they are relied on to respond to mental health crises. **This leads to** police handling a mental health situation that could have been handled by mental health professionals. Police are trained to respond to situations in specific ways. **This** response **tends to mean** stopping a situation and arresting those involved. **When that happens**, people with mental health conditions are often unnecessarily arrested and caught up in the criminal legal system. **That is why** it is so important to have mental health professionals respond to mental health crises.

Why it works:

People may not have access to information or have the lived expertise it takes to draw the links between what you're talking about—a law enforcement response and worsened mental health outcomes, for example. Once people can understand how every aspect of a law enforcement encounter has the potential for harm, they can then engage with better options, such as a robust crisis response system.[9,10]

Don't let data speak for itself. Always explain why the data look the way they do when storytelling with data—especially when those data point to outcome disparities.

What this looks like:

Old Framing:		Better Framing:
An estimated 44 percent of people incarcerated in jail and 37 percent of people incarcerated in prison have a mental health condition—and two million people with mental illness are booked into the nation's jails every year.	→	Because many communities lack a well-functioning mental health response system, people in crisis are more likely to interact with law enforcement than a mental health professional. As a result, two million people are booked into the nation's jails every year.
In 2021, 47,000 people died by suicide. In 2020, the United States had one death by suicide every 11 minutes. The data is clear: Our crisis response system is broken.	→	We know that access to effective community crisis resources such as peer respite saves lives, yet these are not universally available. That helps to explain why, in 2021, 47,00 people died by suicide.
LGBTQ youth are at higher risk for serious mental health problems, including suicidality, compared to their heterosexual, cisgender peers. In 2017, LGBTQ high school students in Massachusetts were more than three times more likely to have seriously considered suicide in the past year than heterosexual cisgender students.	→	LGBTQ youth often experience discrimination, harassment, and violence in their families, schools, and communities. This helps to explain why, in 2017, LGBTQ high school students in Massachusetts were more than three times more likely to have seriously considered suicide in the past year than heterosexual, cisgender students.

How to do it:

— Make sure your communications can answer the "why" and "how" questions—why people in crisis are more likely to be incarcerated, for example, and how certain strategies can improve access to mental health support.

— Leave no space for people to place blame on the impacted group (e.g., those who experience mental health issues).

Why it works:

Presenting data without explanation leaves room for audiences to fill in the story themselves. For example, people inaccurately associate mental health issues with a higher propensity to commit violence. If you speak to the number of people in jails and prisons who have mental health conditions without the relevant context, it will likely reinforce the false understanding that people with mental health conditions are in jail because they are more violent.[11]

Clearly stating the reasons why the data look the way they do, and explicitly naming the conclusions people should draw from it, leaves less room for inaccurate interpretations.

Build support for upstream interventions that address racism and the structural causes of poverty. Explicitly assign responsibility for disparate outcomes to structural factors.

What this looks like:

Old Framing:		Better Framing:
Studies suggest that people of color are more likely than white people to experience these negative outcomes. They are more likely to enter mental health care through coercive channels, are more likely to have police involved in a mental health crisis, and are more likely to be killed by police.	→	In the context of structural racism, the burden of these negative outcomes is disproportionately experienced by people of color. For example, studies show that many people, including those in law enforcement, are likely to perceive Black people as more violent or threatening when compared to other groups. This is one reason why Black people are more likely to enter mental health care through coercive channels, are more likely to have police involved in a mental health crisis, and are more likely to be killed by police.
Social determinants of health affect both physical and mental health. One of the most important social determinants of health is poverty. For example, people who cannot access affordable, quality housing are more likely to experience worse mental health outcomes than people who can. To reduce health risks, we must prioritize addressing poverty and other social determinants of health.	→	Ensuring that all residents have access to high-quality, affordable housing is one effective strategy for making meaningful progress on mental health. Currently, there is not nearly enough affordable housing available—and that affects people's health. The shortage forces people to live in substandard housing that may be in damp, moldy, or cold conditions that put people at greater risk for anxiety and depression.

How to do it:

— It's better to "show, not tell." Members of the public are unfamiliar with terms like "social determinant," so it's more powerful to show how a particular determinant affects health than to simply say something is a determinant.

— Use a concrete subject and active verb—rather than passive language—to make the attribution of responsibility clear when discussing disparate outcomes. To increase support for appropriately comprehensive interventions and solutions, make systems, structures, processes, practices, policies, and/or ideological factors responsible for them.

— Explain implicit bias. FrameWorks research has found that a robust explanation of implicit bias is immensely helpful in moving people beyond the understanding that racism is about individuals with bad intentions.[12]

Why it works:

Decades of research into how people in America think about health—even at the height of the COVID-19 pandemic—has found that members of the public believe health outcomes are mostly due to individual choices.[13] FrameWorks has also consistently found that people believe involvement in the criminal legal system is essentially the result of poor choices and/or poor parenting.[14] Taking the time to actually explain social determinants will help to push back against racist understandings, destigmatize people with mental health conditions, and build support for the sort of systemic and structural interventions we need.[15,16,17]

RECOMMENDATION 4

Emphasize choice.

Underscore the importance of providing people receiving mental health services with choices so they can decide which services are most helpful for them.

What this looks like:

Old Framing:		Better Framing:
We need to make sure people are sent to treatment, not to jail, when they are experiencing a crisis.	→	We need to make sure our policies and health services give people a full range of choices to make around their own mental health.
Public health has a moral imperative to treat people compassionately for mental and behavioral health issues, including substance use disorder.	→	Public health is most effective when it provides people with information and choices so they can decide what will be most effective for them.

Why it works:

While person-centered care is recognized as an important public health approach and is increasingly incorporated into healthcare practices, communications are lagging behind and continue to reinforce outdated, paternalistic understandings of mental health.

Additional Resources

Want more? Check out these links to FrameWorks research and communication guidance on framing community safety, public health, and related issues.

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

This report compares expert and public views of issues related to mental health, outlines the differences between them, and offers recommendations that advocates can use to destigmatize mental health conditions and shift public thinking in more productive directions.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2020/03/TCHD_MentalHealth_MTG_FINAL.pdf

Explaining the Social Determinants of Health

This quick-start resource offers guidance for explaining why some demographic groups experience better or worse health outcomes than others.

Access it here: https://www.frameworksinstitute.org/publication/explaining-the-social-determinants-of-health/

Communicating about Intergenerational Urban Poverty and Race in America: Challenges, Opportunities, and Emerging Recommendations

This brief summarizes key findings from research on public perceptions of intergenerational urban poverty and race in America and offers initial recommendations for advocates to communicate about urban poverty in ways that build support for racial equity and place-based solutions to end intergenerational poverty.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2021/05/purpose-built-communities_strategic-brief_2021.pdf

Talking about Racism in Child and Family Advocacy

This brief offers guidance for leaders in child welfare, family wellbeing, or child/youth development to communicate more effectively on issues like structural racism, racial and ethnic disparities, racial equity, and a vision for an anti-racist future.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2023/02/talking_about_racism_in_child_and_family_advocacy_Jan2023.pdf

Combating Misinformation: How to Talk about Science

New research is showing that when trust in science is low, we are more susceptible to misinformation. This one-page resource for communicators offers insights into how better framing can more effectively counter misinformation.

Access it here: https://www.frameworksinstitute.org/publication/combating-misinformation-how-to-talk-about-science/

Framing Community Safety: Guidance for Effective Communication

This brief provides guidance on how to reframe safety when using the terms "community safety," "public health approach," and "social determinants of health and safety" to have more productive conversations about safety and violence prevention.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2023/03/AECF-Community-Safety-messaging-guide.pdf

Framing and Facts: Necessary Synergies in Communicating about Public Safety and Criminal Justice

This report presents the results of an experimental survey that assesses the effect of data points and values on people's attitudes toward criminal justice reform.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2020/03/pscj_values_and_facts.pdf

Strengthen Communities, Educate Children, and Prevent Crime: A Communications Analysis of Peer Discourse Sessions on Public Safety and Criminal Justice Reform.

This communications analysis reports on small group discussions about the criminal legal system and offers recommendations for advocates to shift public conversations around those issues.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2020/06/publicsafety_strengthencommunitiesedchildren.pdf

Caning, Context and Class: Mapping the Gaps Between Expert and Public Understandings of Public Safety

This report compares data from interviews with experts and members of the American public to locate and examine gaps in understanding about the criminal legal system, public safety, and related issues.

Access it here: https://www.frameworksinstitute.org/wp-content/uploads/2020/03/public_safety_mapthegaps.pdf

Culture Change Project

The Culture Change Project is an ongoing investigation designed to uncover whether and how social and political upheaval is leading to shifts in the ways Americans think and make sense of the world—and what opportunities and challenges those shifts might create for those working for progressive change. This resource hub contains the latest research and resources from the Culture Change Project, updated regularly as new findings emerge.

Access it here: https://www.frameworksinstitute.org/culturechange/

Endnotes

1. See for example Compton, M. T., Zern, A., Pope, L. G., Gesser, N., Stagoff-Belfort, A., Tan de Bibiana, J., Watson, A. C., Wood, J., & Smith, T. E. (2023). Misdemeanor charges among individuals with serious mental illnesses: A statewide analysis of more than two million arrests. *Psychiatric Services*, 74(1), 31-37.

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3. L'Hôte, E., Fond, M., & Volmert, A. (2017). *Beyond awareness of stigma: Moving public understanding to the next level: Mapping the gaps between expert and public understandings of mental health in Colorado*. FrameWorks Institute.

4. L'Hôte, E., Volmert, A., Davis, C., & Down, L. (2019). *Public health reaching across sectors: Mapping the gaps between how public health experts and leaders in other sectors view public health and cross-sector collaborations*. FrameWorks Institute.

5. Research conducted in partnership with the National Network of Public Health Institutes, report forthcoming 2023.

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9. Sweetland, J., Gibbons, C., & Busso, D. (2018). *Framing the case for fines and fees reform*. FrameWorks Institute.

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13. FrameWorks Institute. (2022). *How is culture changing in this time of social upheaval? Findings from the culture change project*. FrameWorks Institute.

14. Bunten, A., Kendall-Taylor, N., & Lindland, E. (2011). *Caning, context and class: Mapping the gaps between expert and public understandings of public safety*. FrameWorks Institute.

15. Moyer, J., L'Hôte, E., & Levay, K. (2019). *Public health reaching across sectors: Strategies for communicating effectively about public health and cross-sector collaboration with professionals from other sectors.* FrameWorks Institute.

16. Lyew, D., Vierra, K., Hestres, L. E., John, J. E., & Volmert, A. (2023). *Where we thrive: Research methods and data*. FrameWorks Institute.

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About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org

About MAMH

For more than a century, MAMH has worked to promote the mental health and well being for residents of the Commonwealth of Massachusetts. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship because of their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities, disseminating emerging knowledge, and providing subject matter expertise to inform public policy and improve the effectiveness of mental health services.

Learn more at www.mamh.org

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