


ORIGINAL ARTICLE

Evaluating the message of an ongoing communication campaign to reduce the duration of untreated psychosis in a Latinx community in the United States

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Abstract

Aim: Initiatives aimed at reducing the duration of untreated psychosis (DUP) attempt to increase the community's level of psychosis literacy. Most of these efforts, however, have failed to reduce DUP. One plausible explanation is that the campaigns do not actually increase psychosis literacy. To date, there have been few efforts to assess whether the campaign messaging does indeed increase psychosis literacy prior to or during the campaign. This study evaluated whether the message of the *La CLAVE* DUP reduction program delivered during the campaign increased the psychosis literacy of a U.S. Latinx community.

Methods: The sample consisted of 81 Latinx community residents aged 15–84. Two community health educators of the *La CLAVE* campaign facilitated workshops using a narrative film to initiate a conversation in the community about the signs of psychosis and the importance of professional help-seeking early in the illness course. Psychosis literacy was assessed via questionnaires pertaining to a hypothetical vignette administered before and after the workshops.

Results: The psychosis literacy of participants increased after the workshops in several domains. Participants' knowledge of multiple psychotic symptoms, self-efficacy in their ability to recognize psychosis in others, and correct attributions of a hypothetical vignette's psychotic symptoms significantly increased. No changes were observed in recommendations for professional help-seeking.

Conclusions: These findings provide support for the effectiveness of the *La CLAVE* messaging in increasing psychosis literacy of U.S. Latinx community residents. Evidence-based campaign messaging is needed to increase the success of DUP reduction programs especially among underserved communities.

KEYWORDS

community, Latino, psychosis, schizophrenia, workshops

1 | INTRODUCTION

Initiatives to reduce the duration of untreated psychosis (DUP) typically include a clinical component (e.g., an early detection and intervention team) as well as a community-based campaign to increase

education and awareness (Connor et al., 2016; Melle et al., 2004). Most programs have not reduced DUP (Lloyd-Evans et al., 2011; Oliver et al., 2018). Additionally, evaluations of DUP reduction programs have primarily focused on the outcome—whether or not DUP decreased. Few have reported an assessment of their messaging

prior to launching their program, with the exception of Lester et al. (2005).

Evaluating a program's messaging could potentially improve the poor record of DUP reduction in two ways. First, assessing the messaging prior to the intervention can help identify messages that actually increase specialty care help-seeking thereby improving the likelihood of the program's success. Second, assessing the messaging before and even during the intervention (Johannessen, Larsen, McGlashan, & Vaglum, 2000) can help explain the program's outcomes. For example, if the program is unsuccessful in reducing DUP (e.g., Lester, Birchwood, Freemantle, Michail, & Tait, 2009), a prior or ongoing positive evaluation indicates that the messaging is unlikely responsible for the program's failure.

Given that most DUP reduction campaigns aim to increase knowledge of psychosis, assessments of messaging promoting psychosis literacy are particularly significant. To define psychosis literacy, we draw on the Jorm et al. (1997) definition of mental health literacy as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention," with a focus on psychosis. Data suggests that psychosis literacy tends to be low among community members (Jorm, 2012) as well as individuals with first episode psychosis and their primary caregivers (López et al., 2018).

There is a particular need for research on psychosis literacy and DUP reduction among ethnic and racial minority communities. Meta-analyses have determined that first and second-generation immigrants have a greater risk of developing psychosis (Bourque, van der Ven, & Malla, 2011; Cantor-Graae, Zolkowska, & McNeil, 2005). Additionally, data focusing on Latinx immigrants in the U.S. suggests that they are less likely to use mental health services (Alegría et al., 2007). Although less is known about service use for psychotic illness, rates are likely comparable to other disorders. Effective campaign messaging may be especially important in reducing the DUP in communities that do not typically utilize services.

The present study was part of a communication campaign aimed at decreasing DUP among Latinxs in the U.S., particularly Spanish-speakers. The campaign elaborated on a psychosis literacy program developed by López et al. (2009). The core of the program is a theoretical model that links mental health knowledge, self-efficacy, illness attributions, and help-seeking (Figure 1). Increased mental health knowledge is thought to lead to higher efficacy beliefs that one can identify serious mental illness in others. Both mental health knowledge and efficacy beliefs contribute to greater mental illness attributions and lower attributions to the social world (e.g., stressors in everyday life), which together lead to increased professional help-seeking.

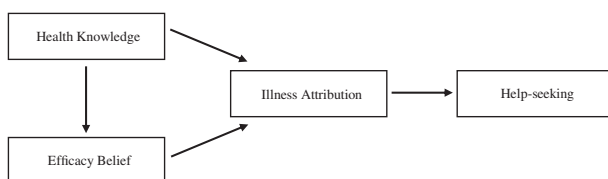


FIGURE 1 Conceptual model of health literacy and help-seeking

La CLAVE, or *The Clue*, is a learning tool that utilizes cultural references (e.g., Spanish language music, art) to enhance the Latinx community's knowledge of psychosis and their confidence in being able to identify the symptoms. Various implementations of the *La CLAVE* tool in different media formats (i.e., expert-based video, interactive workshop) have been found to increase the psychosis literacy of Latinx communities in Mexico and the U.S. (Calderon et al., 2015; Casas et al., 2014; López et al., 2009). The different program versions cater to distinct community needs and available resources.

The present study focused on a narrative film adaptation of the *La CLAVE* program implemented as part of a broader communication campaign. It depicts the story of "Adriana", a young woman going through a divorce and presenting the symptoms of a serious mental illness. The movie demonstrates how Adriana's parents come to realize that she has a serious mental illness and needs professional help. Qualitative data obtained through focus groups indicated that participants who viewed the film were engaged with the storyline, reported gains in different psychosis literacy domains, and shared the film's content with others (Hernandez, Mejia, Mayer, & Lopez, 2016). The present study extends these findings by providing a quantitative assessment of the administration of the *La CLAVE* narrative film during a DUP reduction campaign. We hypothesize that community educators administering the *La CLAVE* narrative film will increase the psychosis literacy of participants, indicating that the messaging of the communication campaign in the community was effective.

2 | METHODS

2.1 | Participants

Community residents participated in one of eight workshops conducted in English or Spanish. Additional workshops without the assessment component were implemented throughout the campaign. Participants were required to be at least 15 years old, reviewed information sheets, and completed the questionnaires in English or Spanish.

Participants reported an average of 38.79 years of age ($SD = 12.55$) and 8.94 ($SD = 3.55$) years of education. The majority of the participants were women (86.4%). Most indicated that they were not employed (66.7%), identified as stay-at-home parents (79%), and were not home owners (86.4%). A majority endorsed being born outside of the U.S. (76.5%), predominantly from Mexico (60.5%). More than half of participants (65.4%) completed the questionnaires in Spanish.

2.2 | Procedure

Participants were recruited by two community health educators and community partners to attend workshops at local churches, community centers, and schools. Workshops ranged from having 6 to 26 participants. Participants completed identical questionnaires assessing

psychosis literacy before and after receiving the campaign message. Before completing the first questionnaire, participants watched a 4-min video entitled “What’s up with Olga?” (“¿Que le pasa a Olga?”). In this video, an actress portrays a neighbor of a family who is caring for their adult daughter named “Olga,” who she describes as experiencing possible psychotic and depressive symptoms in the context of multiple life stressors (e.g., divorce). For a prior application of this video see López et al. (2018). Following the video, participants completed the first questionnaire assessing baseline psychosis literacy.

After collecting the first questionnaire, the community health educators introduced the *La CLAVE* mnemonic device that describes the main symptoms of psychosis (López et al., 2009). Each letter describes a major symptom: *Creencias falsas* (false beliefs), *Lenguaje desorganizado* (disorganized language), and *Alucinaciones—ver y escuchar cosas que no existen* (hallucinations—seeing and hearing things that do not exist). Participants were then shown the “Adriana” narrative film, after which the community educators facilitated a conversation about the *CLAVE* symptoms and their portrayal in the film. Participants then viewed the “What’s up with Olga?” video again and completed a second questionnaire identical to the first. The Institutional Review Board of the University of Southern California approved the study procedures.

2.3 | Measures

Measures of psychosis literacy were similar to those used in prior studies (Calderon et al., 2015; Casas et al., 2014) and drew upon the conceptual model of psychosis literacy (Figure 1). The questionnaires included some rating scales and mostly open-ended questions to minimize priming. Participant responses to open-ended questions were coded by two independent raters. Coding guidelines were consistent with those used in previous studies (Calderon et al., 2015; López et al., 2018).

2.3.1 | Knowledge of psychosis

Knowledge of psychosis was assessed with the question, “What are the symptoms or signs of a serious mental illness?” Raters coded responses for identification or descriptions of the psychotic symptoms discussed in the workshop (i.e., delusions, disorganized speech, and hallucinations) and depression. Participants received a score of 0–3 reflecting the number of psychotic symptoms identified.

2.3.2 | Self-efficacy

Self-efficacy was assessed by asking “Can you identify a serious mental illness in another person?” to which they indicated yes or no. If they responded affirmatively, they were asked to rate their confidence in being able to do so on a 4-point scale. Responses were

coded as a score from 1 (not able to identify) to 5 (very much able to identify).

2.3.3 | Illness and social world attributions

Attributions were identified in participants’ responses to: “What is happening to Olga? Why do you think so?” Raters coded whether responses represented four attribution types. *Symptom-based attributions* included references to the main psychosis symptoms using either clinical terminology (e.g., hallucinations) or commonplace language (e.g., hearing voices). *Diagnosis-based attributions* were operationalized as stating the term “schizophrenia.” *Other mental health attributions* included mental health problems that were not indicative of psychosis (e.g., anxiety, emotional disorder). *Social world attributions* included mentions of life factors (e.g., divorce). Each attribution type was rated as present or not present.

Participants were also asked “Does Olga have a serious mental illness?” to which they indicated yes or no. Those that responded “yes” were asked to rate their confidence in their response on a 4-point scale. Participants’ responses were then coded as a score from 1 (not at all) to 5 (very much). We refer to this as a *passive illness attribution* because the concept of serious mental illness is provided by the question and not self-generated by participants.

2.3.4 | Recommended help-seeking

Recommended help-seeking was assessed by asking, “What should Olga’s parents do to help her?” Responses were coded as recommendations for professional help-seeking that included a health professional (e.g., doctor, psychologist) or nonhealth professional/social support recommendations (e.g., priests, family members).

2.4 | Interrater reliability across measures

Two raters were trained using responses from a prior study (Casas et al., 2014) and attained very good to excellent reliability with the previous raters ($K_s = .84$ – 1.0). Raters obtained good to excellent reliability with each other ($K_s = .79$ – 1.0) in coding over half of the participants’ responses from the present study together.

3 | RESULTS

We excluded data from participants who arrived late and did not view the film ($n = 12$) and those who did not identify as Latinx/endorse being born in a Latin-American country ($n = 11$) reducing the final sample size to 81. Paired-sample t -tests and McNemar tests were used to assess changes in each of the psychosis literacy domains. Bonferroni corrections were implemented to adjust for multiple comparisons.

3.1 | Knowledge of psychosis

Participants demonstrated a significant increase in the total number of psychotic symptoms they reported in their definition of serious mental illness (pre, $M = 0.69$, $SD = 0.61$; post, $M = 1.23$, $SD = 0.90$, $t(80) = -5.64$, $p < .001$; Cohen's $d = 0.70$). Changes in individual symptom identification were evaluated using the McNemar test; for detailed results see Figure 2. Compared with other symptoms, more participants included hallucinations in their definitions of serious mental illness both before and after the training. This increase following the training was significant. Increases were also observed in identification of false beliefs and disorganized speech. Identification of depression decreased at posttraining, although this was not statistically significant. Considering a Bonferonni correction ($0.05/5$, $p = .01$), all differences remain significant. Additionally, at the end of the training, participants were able to recall an average of nearly half of the CLAVE indicators ($M = 2.26$, $SD = 1.69$).

3.2 | Efficacy beliefs

A paired-samples t -test indicated that participants' reported confidence in their ability to detect a serious mental illness in others significantly increased after the training (pretraining: $M = 2.83$, $SD = 1.31$; post-training: $M = 3.24$, $SD = 1.27$, $t(74) = -2.76$, $p < .05$; Cohen's $d = 0.32$).

3.3 | Illness and social attributions

Few participants included the three psychotic symptoms in their definition of serious mental illness prior to the program. McNemar tests indicated significant increases for disorganized speech and hallucinations but not false beliefs after the presentation. For diagnosis-based

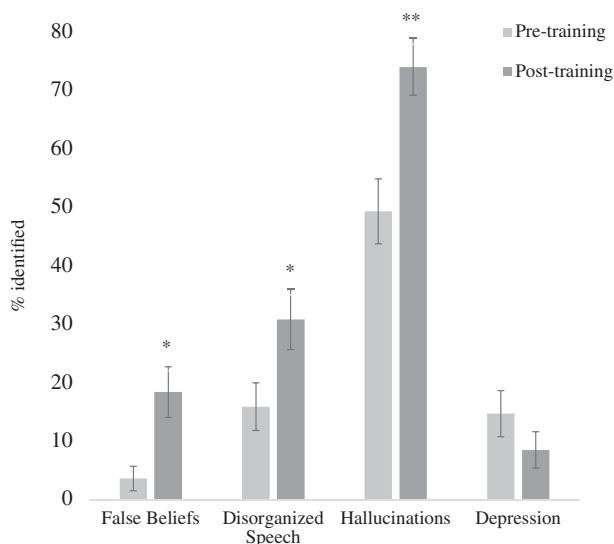


FIGURE 2 Knowledge of psychosis. * $p < .05$, ** $p < .001$

attributions, only one person ascribed the case to schizophrenia both before and after the program.

Increases were observed in attributions to general mental health concerns whereas there was a decrease in attributions to depression. There was a significant increase in the endorsement of mental illness for the passive illness recognition question and increased confidence (pretraining: $M = 2.41$, $SD = 1.50$; posttraining: $M = 3.40$, $SD = 1.38$, $t(69) = -5.27$, $p < .001$; Cohen's $d = 0.69$). Participants' attributions to the social world significantly decreased. Applying Bonferonni corrections ($.05/8$, $p = .006$) all attribution differences remain significant except for disorganized language and hallucinations. For detailed results see Figure 3.

3.4 | Recommended help-seeking

A substantial proportion of participants recommended professional help prior to the training (64.2%) which did not significantly increase posttraining (72.8%, $N = 81$, $p = .25$). In contrast, there was a significant decrease in participants' recommendations for nonprofessional help-seeking (pre: 49.4%, post: 25.9%, $N = 81$, $p = .001$). This difference remained significant with a Bonferonni correction ($.05/2$, $p = .025$).

4 | DISCUSSION

Our findings indicate that the administration of the *La CLAVE* narrative film during a DUP reduction campaign increased the psychosis literacy of a U.S. Latinx community in several domains. Participants' general knowledge of psychotic symptoms increased for most of the key symptoms covered in the workshop. Additionally, participants

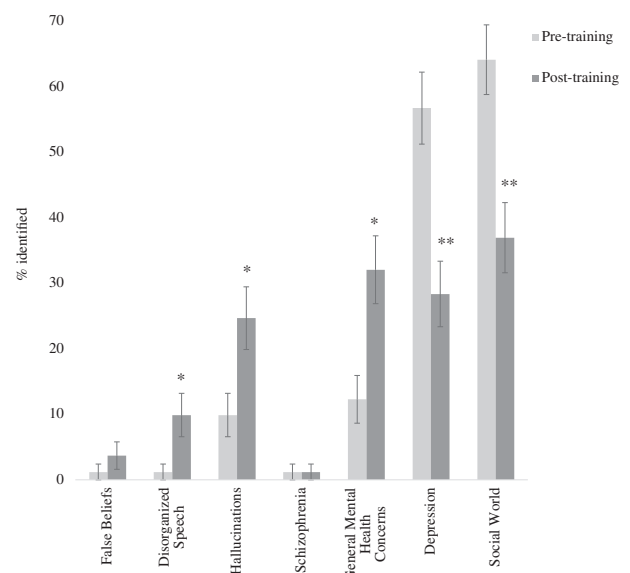


FIGURE 3 Participant attributions to a hypothetical vignette. * $p < .05$, ** $p < .001$

demonstrated greater self-efficacy in their ability to recognize psychosis in others. They were also more likely to correctly endorse the presence of a serious mental illness and less likely to attribute the hypothetical vignette's symptomatic behavior to merely being the result of life stressors. The observed increases in knowledge of psychosis are particularly important given that these predicted recommended professional help-seeking in a prior study (López et al., 2018). Additionally, limited knowledge of psychosis contributes to the “cloud of uncertainty” that has been implicated in the pathways to care for first-episode psychosis (Cabassa et al., 2018). As such, increasing knowledge of psychosis may be a malleable and impactful target for DUP reduction initiatives.

The present study is one of few to evaluate the messaging of a DUP reduction communication campaign. By evaluating efforts during the campaign, we have demonstrated that community health educators effectively carried out the campaign messaging, which led to increased psychosis literacy among community residents. Although we do not report data on DUP (those data are forthcoming) our findings will provide context with which to interpret the results of the campaign's ability to reduce DUP. If the campaign successfully reduces DUP then the implementation of the film may be one factor contributing to its success. On the other hand, if the campaign does not reduce DUP, we can conclude that the campaign messaging is not likely a significant factor in failing to lower DUP. If that is the case, additional studies on other important components (e.g., messaging reach) would help to explain the overall results of the campaign. Such an investigation is critical as it will help to further understand the campaign's impact and can inform future modifications. Multi-faceted campaigns are expensive and identifying the components that contribute to the program's success can be cost-effective.

The findings of the present study extend the *La CLAVE* program. Our results build on prior qualitative findings that the film was engaging and stimulated dialogue (Hernandez et al., 2016) and further confirms the narrative film's effectiveness in increasing psychosis literacy among community residents. The narrative film administered by community health educators adds to the other formats of the *La CLAVE* messages developed and evaluated in the U.S. and Mexico (Calderon et al., 2015; Casas et al., 2014; López et al., 2009). Efforts to augment psychosis literacy and increase usage of mental health services by the U.S. Latinx community, especially Spanish-speaking immigrants, is crucial given their low psychosis literacy (Calderon et al., 2015; Casas et al., 2014; López et al., 2018) and low rates of mental health service use (Alegria et al., 2007). In fact, in our sample only one participant ascribed the depicted case to “schizophrenia.” Efforts to develop and test coordinated specialty care are vital to improving treatment for early psychosis (e.g., Kane et al., 2016). Careful evaluation of campaign messaging is also important, especially in reaching underserved communities with low literacy.

We observed a handful of anomalies in the findings. Although there is no discussion in the campaign message of reducing social support, we found decreases in participants' recommendations for social support. Future iterations of the campaign message should emphasize the value of maintaining social support while seeking professional

care. Additionally, we did not find an increase in professional help-seeking recommendations for the hypothetical vignette. It is worth noting that participants already endorsed relatively high levels of professional help-seeking at the pre-assessment (61%), which were higher than pre-training levels observed in community residents using a similar assessment in Mexico (52%) and the U.S. (44%) (Calderon et al., 2015; Casas et al., 2014). This discrepancy may be because participants in the current study were told that they were attending a workshop about mental health, whereas participants in prior studies were invited to workshops about health more generally. Participants in the present study may have been predisposed to consider mental health issues in our assessment and/or may have had greater familiarity and interest in the topic, which prompted them to attend the workshops.

4.1 | Limitations

Due to the single-group design it is possible that increases in psychosis literacy were caused by familiarity with the stimuli and repeated questionnaires instead of enhanced knowledge. This limitation has been addressed in previous iterations of the program. In a controlled study using an experimental design with an expert-based video, psychosis literacy gains were only observed in the *La CLAVE* condition and not in the control group (Casas et al., 2014). As such, it seems reasonable to conclude that the increased literacy is attributable to the *La CLAVE* program beyond the effect of repeated measures.

Additionally, because of the cross-sectional design it is unclear whether the gains in knowledge were sustained beyond the postassessment. Future studies should include a follow-up assessment of psychosis literacy to determine whether the information was retained over time.

4.2 | Conclusion

Communication campaigns have attempted to increase psychosis literacy and decrease DUP, however few have assessed the effectiveness of their message before or during the campaign. We evaluated the effectiveness of the broader communication campaign's message during the campaign implementation and found that it contributed to increases in the psychosis literacy of primarily Spanish-speaking Latinx residents. Evidence-based campaign messaging is needed to increase the success of DUP reduction programs especially among underserved communities.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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