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Using a Narrative Film to Increase Knowledge and Interpersonal Communication About Psychosis Among Latinos

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Narrative communication is effective in increasing public awareness while generating dialogue about varied health topics. The current study utilized narrative communication in the form of a 15-minute motivational film titled *La CLave* to help Latinos recognize symptoms of psychosis and begin a discussion about serious mental illness. The study aimed to explore the participants' response to the film and whether the film led to further dialogue about psychosis. Four focus groups were conducted with 40 Spanish-speaking participants, mostly foreign-born Latinas, with a mean age of 49 years. Results indicate that participants engaged with the film as reflected in their ability to recall the storyline in detail. Reports of psychosis knowledge gains included recognition of key symptoms, such as hallucinations and disorganized speech. Participants attributed symptoms of psychosis, observed in a film character, to social stressors and other previously constructed views of mental illness. Many participants discussed the content of the film within their immediate social networks. Other findings include discussions of key barriers and facilitators to seeking mental health treatment among Latino families, such as denial and family support. Results suggest that narrative films offer a promising strategy to stimulate dialogue about serious mental illness among Latinos.

The duration of untreated psychosis is associated with a number of clinical and social outcomes among individuals experiencing a first psychotic episode (Marshall et al., 2005; Perkins, Gu, Boteva, & Lieberman, 2005). A greater delay in seeking treatment is related, for example, to a longer time to remission and an increased risk of relapse (Marshall et al., 2005). Despite the need for prompt treatment, the average period of untreated psychosis in some countries is thought to surpass 12 months (Krstev et al., 2004).

Factors impeding early treatment are abundant, and low mental health literacy is often thought to be a key factor (Johannessen et al., 2001), particularly among ethnic minorities (Casas et al., 2014). For example, among Latinos residing in the United States, lack of awareness of the symptoms of psychotic disorders and the location of available services likely contributes to the lower rate, compared to national averages, with which Latinos with a serious and persistent mental illness seek mental health care (Marquez & Ramirez Garcia, 2013).

Health communication campaigns offer a viable intervention to promote early treatment (Snyder, 2007). When effectively developed and implemented, they can reduce the duration of untreated psychosis among targeted communities (Chong, Mythily, & Verma, 2005; Melle et al., 2004). Most campaigns, however, have not been successful in reducing untreated psychosis (Lloyd-Evans et al., 2011).

An important aspect of a communication campaign is the content of the campaign message. The majority of the health communication campaign literature has focused more on methodologies for evaluating campaign outcomes (Noar, 2009; Snyder et al., 2004) and less on the evaluation of the intended intervention's message or its acceptability to the targeted audience prior to the campaign launch. This is not the case for studies of other medical conditions (e.g., cervical cancer). Such research has shown that narrative forms of health communication can effect changes in health behaviors (Frank, Murphy, Chatterjee, Moran, & Baezconde-Garbanati, 2015). These authors referred to a narrative form of communication as including a "health message featuring a storyline that follows a standard format with an initial development of a story and character background, a subsequent buildup to a climax, and a final resolution" (p. 155).

Engaging storylines and characters that allow audiences to identify with protagonists similar to them are likely to play an important role (Graaf, 2014; Murphy et al., 2013). Engagement occurs when viewers construct a mental model of story events based on information obtained from both the storyline and their personal experiences. When the audience member locates himself or herself within the mental model of the story, he or she enters the subjective world of the characters, allowing for identification with the storyline and characters (Busselle & Bilandzic, 2008). Perceiving the story as real also allows for identification and engagement with the narrative (Busselle & Bilandzic, 2008).

When engaged in a storyline, audience members are likely to discuss the content of the media to which they were exposed with friends, family, or other community members (Sood, 2002).

Interpersonal communication about newly learned health information is key in targeting health behaviors. This is particularly the case among ethnic minority groups, because discussions with a trusted source can influence Latinos, for example, to assess their own health status (Wilkin & Ball-Rokeach, 2006). In fact, some researchers argue that discussions of campaign messages are more impactful on health behaviors than simple exposure to the campaign itself (Hornik, 2002; Noar, 2006). Therefore, communication campaign messages that generate interpersonal communication are thought to extend the reach of a campaign while enhancing its effectiveness (Noar, 2006).

The premise that an engaging narrative leads to interpersonal communication is influenced by Green and Brock's (2000) transportation theory and the entertainment overcoming resistance model (Moyer-Gusé, 2008). Transportation refers to the process by which audiences focus "all mental systems and capacities on the events occurring in the narrative" (Green & Brock, 2000, p. 701). Transportation is thought to lead to audience beliefs consistent with the storyline and positive evaluations of characters. Consistent with transportation theory, the entertainment overcoming resistance model (Moyer-Gusé, 2008) indicates that key features in narrative communication can reduce resistance toward healthy behavior while increasing desired health attitudes and behaviors. Specifically, narrative communication that transports audiences and creates identification with efficacious characters who resolve health concerns can reduce resistance, counterarguments, and avoidance of particular health behaviors while increasing the possibility of story-consistent changes in health attitudes and behaviors (Moyer-Gusé, 2008). Once the targeted audience is persuaded or is contemplating changes in health behaviors, the reduced resistance toward the desired health behavior can increase the likelihood that the audience will discuss the topic with others.

Despite the importance of promoting interpersonal communication, the majority of past studies of health communication (Chang, 2008; Hernandez & Organista, 2013; Kim, Bigman, Leader, Lerman, & Cappella, 2012; Kreuter et al., 2010) have primarily evaluated whether narrative-based messages increase health literacy and intentions to change health behaviors. This applies to mental health studies as well, particularly regarding the psychosis literacy of Latinos who reside in the United States or Mexico (Calderon et al., 2015; Casas et al., 2014; Lopez et al., 2009). These studies have found that largely nonnarrative forms of communication of *La CLave* ("the key" or "the clue") can improve psychosis literacy among community residents, family caregivers, and lay health workers. *La CLave* is a Spanish-language mnemonic device that refers to the key signs of psychosis (delusions, thought disorder, and hallucinations).

For the purposes of this study, we developed a 15-minute narrative film to complement the educational format of previous formats of *La CLave*. The film was created in preparation for the release of a communication campaign targeting Spanish-speaking Latino communities in a large metropolitan area at risk for a long duration of untreated psychosis and low psychosis literacy. Women are the primary target audience of the film given that they tend to care for individuals with serious mental illnesses more frequently and experience greater burden than male caregivers (McWilliams, Hill, Mannion, Kinsella, & O'Callaghan,

2006). The film centers on the topic of psychosis and its symptoms and how a mother learns about the illness and helps her adult daughter, Adriana, obtain treatment. Adriana is experiencing a first episode of psychosis while simultaneously going through a divorce. Using a focus group methodology we examined Spanish-speaking Latinos' general response to the 15-minute narrative film as well as their response to the film's key messages. Of particular importance was how the message was received and whether it led to interpersonal communication by creating further dialogue about serious mental illness among participants and their communities 5–6 months after they viewed the film.

Methodology

Narrative Film

Participants were exposed to a 15-minute film titled *La CLave* designed to encourage conversation and help Latinos, particularly caregivers, identify the symptoms of a serious mental illness so that they can seek treatment early. The film depicts the story of Maria, a mother who comes to realize that her daughter, Adriana, has a serious mental illness and needs treatment. Adriana, the mother of a young boy, is struggling with a divorce and presenting with the symptoms of a first psychotic episode. With the help of a neighbor and the mnemonic device *CLave*, Maria, the main character, and her husband help their daughter seek mental health care.

In the film we refer to the word *CLave*, which means "clue" or "key." Each letter represents a key symptom of serious mental illness. The letter C represents *creencias falsas* ("false beliefs" or "delusions"), L stands for *lenguaje desorganizado* ("disordered speech" or "thought disorder"), A signifies *alucinaciones* ("hallucinations"), and v and e represent the type of hallucination: *ver cosas que no existen* ("seeing things that do not exist") and *escuchar voces o sonidos que no existen* ("hearing voices or sounds that do not exist"). The film's take-home message is "Use *La CLave* to detect serious mental illness in others." At the conclusion of the film a short reprise reviews the key symptoms of psychosis by repeating the meaning of the word *CLave* and illustrating the symptoms using examples from the film. The reprise also includes the contact information of a local mental health clinic collaborating with the intended communication campaign that viewers can contact if treatment is needed.

Participants

A total of 40 participants attended four focus groups ranging from seven to 19 participants. The majority (88%) of the participants were women with a mean age of 49 years (range = 17–90 years). They averaged 9 years of schooling. The majority (74%) were employed and worked more than 30 hours per week. Most participants were born in a Latin American country (92.5%), with the majority born in Mexico (55%). Although largely foreign born, our sample was well settled in the United States. Almost the entire sample had lived in the United States for more than 10 years, and some had resided in the United States more than 40 years. Many participants (64%) reported not speaking English well.

Procedures

Participants were recruited from a university's custodial department, from supermarkets surrounding the university, from Head Start programs, from senior citizen centers, and through word of mouth. Participants who attended one focus group tended to refer additional participants (e.g., friends, coworkers, or family) to future focus groups. The first three focus groups followed a similar format. At the beginning, participants completed a brief demographic questionnaire. Afterward they were exposed to a version of the *La CLave* film, and then they participated in a group discussion in which they were asked a series of questions to explore their response to the film and its message. All focus group discussions were audio recorded.

We had two goals in carrying out the focus groups. One was to evaluate the script/film for research purposes, as previously noted. The other goal was to obtain feedback that the screenwriter and director could use to improve the presentation of the script/film. Therefore, although the core of the script and movie was the same across each focus group, there were important differences in the version of the script/film that was administered to each focus group. For the first focus group, professional actors delivered a live reading of the *La CLave* script. The 14 participants of this focus group were asked to indicate what the film was about (e.g., "What are the key messages of the film?") and what they learned (e.g., "What do you think is happening to Adriana?" "What did you learn?") and to give feedback and recommendations for changes to the script. For example, the participants recommended that the father be more involved in the care of the ill daughter. The film director and screenplay writer subsequently incorporated some of the recommended changes made by the first focus group participants. The narrative video was then filmed. Participants in the second and third focus groups, consisting of seven and 19 attendees, respectively, were exposed to the first version of the film. They too were asked what the film was about and what they learned, and their suggestions helped shaped the final cut of the film. Participants in the second and third focus groups recommended that the film depict the passage of a few months between the ill daughter's receipt of treatment and stabilization of her symptoms along with the message that treatment improved her situation but did not resolve all of her concerns to depict a more realistic view of severe mental illness.

For the first three focus groups, participants were only allowed to attend one focus group to prevent individuals already exposed to either the script or film from influencing the responses of other participants. Once the film was finalized, all past focus group participants were invited to watch the final version of the narrative video and to contribute to the fourth and final focus group. Ten participants returned for the final focus group, 5–6 months later, and were once again asked to indicate what they learned. Prior to participants watching the film, additional questions were asked to assess film recall (e.g., "Do you remember the story?" "Do you remember who the characters were?") and interpersonal communication (e.g., "Did you share the story with anyone you know?" "Did the story make you think of anyone you know?"). All focus groups resulted in organic discussions of barriers and facilitators to seeking mental health treatment. When these topics emerged, group facilitators probed for more detail. At the end of each focus group,

information on resources and local mental health clinics was provided. This study was approved by the University of Southern California's Office for the Protection of Research Subjects.

Data Analysis

First the audio recordings of the focus groups were transcribed. Then two researchers, beginning with a line-by-line review of each transcribed focus group, conducted data analysis. Each researcher developed independent preliminary a priori, descriptive, and interpretive codes (Miles & Huberman, 1994). A priori codes were guided by the structured focus group questions. All codes were reviewed by both researchers and compared to develop core categories and appropriate subcategories. Differences in coding were resolved through multiple discussions of the intended meaning in participant feedback. Once consensus on all codes was reached by both researchers, a codebook was developed. To finalize the coding process, all transcripts were then uploaded to the software Dedoose. The coding process was complete once the content of all transcripts was readily classified into core codes and their subcategories and saturation of coding occurred (Miles & Huberman, 1994). The credibility and dependability of results were assessed by comparing findings between focus groups, as a form of triangulation of sources, which determined consistency in emerging themes and participant responses (Shenton, 2004). Specifically, triangulation of sources occurred when participants were exposed to either a script or earlier version of the narrative film and then once again to the final version of the film, permitting an examination of data at different time points (Cohen & Crabtree, 2006).

Results

Storyline Recall and Identification with Characters

Five to 6 months after having been exposed to the first version of the film the participants were able to provide detailed summaries of the plot along with accurate descriptions of the characters. They even summarized aspects of the narrative film that stood out most to them. Their significant recall of the film suggests that the participants identified with the storyline and the characters and were therefore engaged with the film. Specific quotes illustrating key findings are included in Tables 1 and 2. A narrative summary is presented with each set of main findings.

Noting the symptoms and actions modeled by Adriana, some participants considered them as they applied to their own circumstances. For example, one woman noted that Adriana did not want to discard her irrelevant possessions (e.g., broken cups and old letters) and noted that they were all packed in boxes in the mother's garage (see Table 1). The participant shared that she too had recently packed important possessions after losing a family member and did not want to unpack them because seeing them caused too much pain. Although not directly related to psychosis, this example reflects the opportunity created by the narrative film to identify with the characters, self-evaluate one's mental health status, and open a dialogue on often-stigmatized mental health topics among Latinos. During the focus group, this participant disclosed her mental health status to her peers

Table 1. Response to narrative film

Theme	Illustrations
Story recall and identification with characters	
Plot recall	“The saddest part was that there was also a young boy caught in the middle. That the marriage—the divorce—affected her [Adriana] and then mentally she was not well. And when she returned to normal, she was happy . . . the boy was happy. Then the boy was sitting there between all of them [the protagonist’s family and friends] without thinking of seeing his mom sick.” (Fourth focus group participant)
Identification with character	“I am thinking that I am the young woman. Because I am the type of person that likes decorations, old things. I go to swap meets and all that . . . but a year ago my sister passed away and I had seven people who left my life, but my sister was the one that hit me the hardest. And, um, I remember and, um, I took everything down. And I can’t put up another [small decoration] and since she knew, sorry, she knew that I like these, she brought me little things all the way from Mexico . . . and I took them all down, and I want to put them up but I can’t . . . I don’t want to remember. It brings back a lot of memories. And today I saw the young woman’s garage [Adriana’s] and I realized that is how I have it.” (Fourth focus group participant)
Perceptions of psychosis	
Cultural conceptions of mental illness	“It’s like recognizing that she [Adriana] was becoming demented. She was losing, umm, she was losing all her memory.” (Second focus group participant)
Social stress	“I say that she [Adriana] will recuperate completely because that was a frustration from a marriage and nothing more, so that will pass. That will be left behind [Adriana’s current mental health status]. She will become a new person and will start a new life . . .” (Second focus group participant)
What was learned	
Hallucinations	“She [the protagonist’s daughter] was hearing voices and seeing people who were not there.” (First focus group participant)
Disorganized speech	“When they speak gibberish, hallucinations.” (First focus group participant)
Pay attention to behavior change	“That we have to pay attention to the symptoms that sometimes people or children have and that we think are not important.” (First focus group participant)
Seeking early treatment	“I learned that if I see the symptoms in the family, the sooner one seeks treatment the better . . . because maybe there is a solution . . . or at least . . . there is something to control it [a mental illness], no?” (Fourth focus group participant)
Interpersonal communication	
Dialogue with immediate social networks	“I talked to my daughter about it and she commented, she told me, she commented about her friend. She has a friend who suffers from schizophrenia too and sometimes he comes to the house, and when she first told me, um, it frightened me. I told my daughter, ‘I’m scared that he’ll get crazy here’ I would tell her, ‘that he’ll have an attack’ right, I would tell her and my daughter would tell me, ‘no, mom, he is controlled, he takes pills’ and yeah, lately when he’s come over I see him differently now. But before, I would even lock myself in the kid’s room because I didn’t know. People don’t know, but we are learning. I even became more interested in the topic and, um, I’ve searched the Internet.” (Fourth focus group participant)

and reported never self-disclosing mental health concerns to them before.

Self-Reported Knowledge Gains

In reporting what they believed the film was about, most participants referred to Adriana as losing her memory, losing reason, and becoming deranged or demented (Applewhite, Biggs, & Herrera, 2009). In addition to using idiomatic expressions versus clinical labels, most focus group participants attributed the condition to the stress of her divorce. Participants also discussed what they learned from the film and were able to describe or recognize the symptoms of psychosis in Adriana. Hallucinations and disorganized speech were the key symptoms that some participants reported having

learned about. These symptoms were depicted in Adriana’s behaviors associated with psychosis as well as through the use of the mnemonic device *CLAVE*. Additional reported knowledge gains included the need to pay more attention to potential changes in behaviors that might indicate a serious mental health illness, as exemplified by a first focus group participant (see Table 1) who indicated the need to not discount changes in behavior as unimportant. Also demonstrated in Table 1 is that some focus group participants noted the importance of seeking treatment early for their family members.

When asked whether they recalled the meaning of the word *CLAVE*, many participants recalled the significance of the letters L, A, V, and E representing disorganized language and both audio and visual hallucinations. However, most had difficulty

recalling the meaning of the letter C representing false beliefs. See Table 1 for a description of key symptoms learned.

Interpersonal Communication

Engagement with the film also facilitated discussions of the film with the participants’ social networks. Some participants from the fourth focus group (see Table 1) reported sharing the content of the narrative film with family members and loved ones. Common reasons for discussing the content of the film with others included wanting their family members to be informed about the importance of mental health topics and recollections of potentially ill family members and a better understanding of their symptoms.

Additional Findings

Barriers and Facilitators to Treatment

Although we sought to explore whether the narrative film resulted in self-reported knowledge gains and interpersonal communication, all four focus groups included organic discussions of barriers and facilitators to seeking mental health treatment and the desire for additional mental health resources. Most participants reported that the barriers noted in the film (e.g., denial, lack of information, and refusing help) were common in their community (please see Table 2). Adriana’s parents were thought by participants to initially be in denial about their daughter’s need for help. Some participants also found the lack of psychosis information in the Latino community to relate to the inability to detect a mental health concern in a family member. In addition, they discussed the fact that if the ill family member refuses help it becomes quite difficult to seek help, and they explained how stigma could impact a family’s response to an ill family member. At the same time, a few participants agreed that behaviors displayed by family members are sometimes

overlooked out of fear that they may be the result of a serious medical condition that may be costly.

In regard to facilitating Adriana’s seeking of mental health treatment, most participants identified the support the family received from the neighbor as well as the support the family members offered to one another. For example, the participants found the parents’ reaction to Adriana’s mental health condition to be a facilitator to seeking treatment, given that they did not blame her for her condition or ignore the fact that she needed help (please refer to Table 2).

Call for Resources and Film Dissemination

All participants expressed a desire to share the film with others. Some suggested broadcasting it on television, releasing it in theaters, and showing it at community clinics and schools. In fact, during the fourth focus group, several participants asked to have a copy of the movie to take home. In addition to recognizing the great need for educational media about mental health topics, four participants requested more information on where to seek services for their loved ones at the conclusion of the fourth focus group.

Discussion

This study sought to explore whether a narrative film about psychosis could help Latinos recognize the symptoms of a serious mental illness and could stimulate dialogues about the topic among themselves and their communities. A noted ability to recall the storyline and identification with the film’s characters was found among most participants, as proposed by transportation theory (Green & Brock, 2000) and the entertainment overcoming resistance model (Moyer-Gusé, 2008), which led some participants to assess and dialogue about their own mental

Table 2. Barriers and facilitators to seeking treatment

Theme	Illustrations
Barriers	
Denial	“She [the protagonist] knew that her daughter had problems but she did not want to accept it. Because she would tell the neighbor, ‘not her’ [her daughter]. But she needed someone to tell her . . . because sometimes one has children and sees the problem but does not want to accept it.” (First focus group participant)
Lack of information	“The truth is there are people that do not believe it [the possibility of a mental illness] because there is lack of information [mental health information] especially among Latinos.” (Third focus group participant)
Stigma	“It’s because all that is taboo, with, with, with Latinos, no? That the neighbor doesn’t find out that he’s crazy . . . It’s like, they think that, that it denigrates the family . . . There are still a lot of people who care about what others might say.” (Fourth focus group participant)
Cost	“Many times um, these problems, um, the medical attention is costly. And then there are no doctors [doctors are not an option or sought because of cost] then the majority of our society does not have insurance, so that’s another problem right there. We don’t have, like the doctor (interviewer) said, a specialist . . . so it is better, ‘take a tea’ [home remedy for illnesses] to calm down.” (Fourth focus group participant)
Facilitators	
Family support	“They seemed like they were a united family . . . They [the parents] tried to help the daughter, the mother tried to help her daughter to accept it [that she needed help].” (First focus group participant)
Helpful neighbor	“It caught my attention, the lady, um, the neighbor for the reason being that she could help the family more because she already had experiences [caring for a family member with a mental illness] with her son.” (Third focus group participant)

health status and the mental health of their loved ones. These findings are consistent with prior literature concluding with statistical confirmation that transportation and identification with characters, through the use of narratives, can highlight health concerns not frequently discussed and positively impact knowledge and the intent to improve health behaviors (Moyer-Gusé, Chung, & Jain, 2011; Murphy et al., 2013).

Results also suggest that engagement with the film allowed for self-reported increases in psychosis knowledge. Consistent with prior work (Murphy et al., 2013), most participants reported improved mental health knowledge, specifically psychosis literacy, after exposure to the narrative film through their ability to recall key symptoms and to recognize the importance of seeking treatment early. Hallucinations and disorganized speech are notable symptoms participants reported learning through Adriana's modeling of a psychotic disorder and the use of the mnemonic device *CLaVe*.

We also found that most participants used their previous constructions of mental illness to describe the symptoms of serious mental illness modeled by Adriana. For example, some thought that Adriana was becoming demented or deranged. This supports the need for further dialogue about psychosis to make it more identifiable and less stigmatizing in communities with low mental health literacy. Most participants also attributed changes in behavior to social circumstances. In response to the film, participants frequently attributed Adriana's behavior to stress or trauma resulting from the divorce. Prior research (Cabassa, Lester, & Zayas, 2007; Weisman, Gomes, & López, 2003) has also found Latinos to associate mental illness with a social stressor that can resolve itself once the stressor is eliminated. These perceptions indicate that altering perceptions about serious mental illness is quite challenging and may require additional interventions, such as a dialogue facilitated by health educators after exposure to the film to explore lingering questions about psychosis. Still, the findings support the fact that the narrative film can open a dialogue that has the potential to build on or alter perceptions of individuals diagnosed with psychosis that future research can explore.

The dialogue generated by the film extended to the participants' social networks, as evidenced by some participants' willingness to discuss the topic with family members and focus group participants (mostly the participants' coworkers). Therefore, the film's message reached other individuals who may also have difficulty understanding psychosis and the need for treatment. Discussions of the film reached immediate social networks as hypothesized by the social cognitive theory of mass communication (Bandura, 2001). This suggests that the film *La CLaVe* has the potential to be influential in reducing the duration of untreated psychosis in the Latino community because of its ability to generate discussions about what psychosis is and the need to seek treatment.

Barriers to mental health treatment among Latinos are abundant and well researched (Alegria et al., 2002; Vega & Lopez, 2001), and it is no surprise that they were discussed during focus groups. There is much value in finding that denial, lack of information, and refusal to accept a diagnosis of psychosis are obstacles to help seeking among Latinos. Stigma, as expected, surfaced as a barrier to help seeking, but some participants did

more than simply state that serious mental illness is a topic not discussed and avoided. They also pointed toward the lack of information about mental health concerns within the Latino community and how it can nurture stigmatized views of the topic. Corrigan (2012) argued that stigmatized views of mental health disorders can be reduced through a combination of public service announcements and contact with an individual struggling with a mental illness. *La CLaVe* targets caregivers who already have contact with an individual suffering from a mental illness and may need more education about the symptoms displayed by their ill loved one as well as treatment options.

This study offers a starting point for the exploration of the effectiveness of a narrative film used to educate the Latino community about psychosis. Further and more rigorous analyses of knowledge gains associated with the film, such as pre- and postfilm assessments of psychosis literacy and comparisons of the film with nonnarrative films, are recommended. It would also be of value to determine whether exposure to the film leads to changes in perceptions of psychosis and whether viewers actually seek treatment when needed after being exposed to the film. Specifically, do audience members gain an understanding that psychosis is a serious mental health condition in need of professional treatment, and do they seek out the film's recommended mental health services after being exposed to the film?

Our research team has now developed a number of media for Spanish-speaking Latinos to increase their psychosis literacy in the short run and to reduce the duration of untreated psychosis in the long run (Calderon et al., 2015; Casas et al., 2014; Lopez et al., 2009). These prior efforts were shown to increase knowledge of psychosis and to increase the likelihood that people would refer someone with psychosis for treatment. The present research provides evidence that a new form of *La CLaVe* media, a narrative film, has the potential to not only increase psychosis literacy but also promote a dialogue within multiple social networks immediately after viewing of the film and 1 month later. Thus, the narrative film in conjunction with the other studied media formats holds promise for use in a communication campaign for Latinos to promote psychosis literacy and help motivate them to seek treatment in a timely manner.

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References

- Alden, S. (2013). *Blacks and Latinos seek mental health care less often*. Retrieved from the Center for Advancing Health website: <http://www.cfah.org/hbns/2013/blacks-and-latinos-seek-mental-health-care-less-often>
- Alegria, M., Canino, G., Rios, R., Vera, M., Calderón, J., Rusch, D., & Ortega, A. N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services*, 53, 1547–1555.
- Applewhite, S. R., Biggs, M. J. G., & Herrera, A. P. (2009). Health and mental health perspectives on elderly Latinos in the United States. In F. A. Villarruel, G. Carlo, J. M. Contreras, M. Azmitia, N. Cabrera, & T. J.

- Chahin (Eds.), *Handbook of U.S. Latino psychology: Developmental and community-based perspectives* (pp. 235–249). Thousand Oaks, CA: Sage
- Bandura, A. (2001). Social cognitive theory of mass communication. *Media Psychology, 3*, 265–299. doi:10.1207/S1532785XMEP0303_03
- Busselle, R., & Bilandzic, H. (2008). Fictionality and perceived realism in experiencing stories: A model of narrative comprehension and engagement. *Communication Theory, 18*(2), 255–280.
- Cabassa, L. J., Lester, R., & Zayas, L. H. (2007). “It’s like being in a labyrinth”: Hispanic immigrants’ perceptions of depression and attitudes toward treatments. *Journal of Immigrant and Minority Health, 9*(1), 1–16. doi:10.1007/s10903-006-9010-1
- Calderon, V., Mejia, Y., Lara-Muñoz, M. D. C., Segoviano, J., Castro, Q., Casados, A., & López, S. R. (2015). Toward the sustainability of information campaigns: Training promotores to increase the psychosis literacy of Spanish-speaking communities. *Social Psychiatry and Psychiatric Epidemiology, 50*(4), 665–669. doi:10.1007/s00127-014-0992-z
- Casas, R. N., Gonzales, E., Aldana-Aragón, E., Lara-Muñoz, M. D. C., Kopelowicz, A., Andrews, L., & López, S. R. (2014). Toward the early recognition of psychosis among Spanish-speaking adults on both sides of the US–Mexico border. *Psychological Services, 11*(4), 460–469. doi:10.1037/a0038017
- Chang, C. (2008). Increasing mental health literacy via narrative advertising. *Journal of Health Communication, 13*(1), 37–55. doi:10.1080/10810730701807027
- Chong, S.-A., Mythily, S., & Verma, S. (2005). Reducing the duration of untreated psychosis and changing help-seeking behaviour in Singapore. *Social Psychiatry and Psychiatric Epidemiology, 40*(8), 619–621. doi:10.1007/s00127-005-0948-4
- Cohen, D., & Crabtree, B. (2006, July). *Qualitative research guidelines project*. Retrieved from <http://www.qualres.org/HomePhil-3514.html>
- Corrigan, P. W. (2012). Where is the evidence supporting public service announcements to eliminate mental illness stigma? *Psychiatric Services, 63*(1), 79–82. doi:10.1176/appi.ps.201100460
- Frank, L. B., Murphy, S. T., Chatterjee, J. S., Moran, M. B., & Baezconde-Garbanati, L. (2015). Telling stories, saving lives: Creating narrative health messages. *Health Communication, 30*(2), 154–163. doi:10.1080/10410236.2014.974126
- Graaf, A. (2014). The effectiveness of adaptation of the protagonist in narrative impact: Similarity influences health beliefs through self-referencing. *Human Communication Research, 40*, 73–90. doi:10.1111/hcre.2014.40.issue-1
- Green, M. C., & Brock, T. C. (2000). The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology, 79*, 701–721. doi:10.1037/0022-3514.79.5.701
- Hernandez, M. Y., & Organista, K. C. (2013). Entertainment–education? A fotonovela? A new strategy to improve depression literacy and help-seeking behaviors in at-risk immigrant Latinas. *American Journal of Community Psychology, 52*(3–4), 224–235. doi:10.1007/s10464-013-9587-1
- Hornik, R. (Ed.). (2002). *Public health communication: Evidence for behavior change*. New York, NY: Routledge.
- Johannessen, J. O., McGlashan, T. H., Larsen, T. K., Horneland, M., Joa, I., Mardal, S., ... Simonsen, E. (2001). Early detection strategies for untreated first-episode psychosis. *Schizophrenia Research, 51*(1), 39–46.
- Kim, H. S., Bigman, C. A., Leader, A. E., Lerman, C., & Cappella, J. N. (2012). Narrative health communication and behavior change: The influence of exemplars in the news on intention to quit smoking. *Journal of Communication, 62*(3), 473–492. doi:10.1111/jcom.2012.62.issue-3
- Kreuter, M. W., Holmes, K., Alcaraz, K., Kalesan, B., Rath, S., Richert, M., ... Clark, E. M. (2010). Comparing narrative and informational videos to increase mammography in low-income African American women. *Patient Education and Counseling, 81*, S6–S14. doi:10.1016/j.pec.2010.09.008
- Krstevic, H., Carbone, S., Harrigan, S. M., Curry, C., Elkins, K., & McGorry, P. D. (2004). Early intervention in first-episode psychosis: The impact of a community development campaign. *Social Psychiatry and Psychiatric Epidemiology, 39*(9), 711–719. doi:10.1007/s00127-004-0798-5
- Lloyd-Evans, B., Crosby, M., Stockton, S., Pilling, S., Hobbs, L., Hinton, M., & Johnson, S. (2011). Initiatives to shorten duration of untreated psychosis: Systematic review. *British Journal of Psychiatry, 198*, 256–263. doi:10.1192/bjp.bp.109.075622
- Lopez, S. R., Lara-Munoz, M. C., Kopelowicz, A., Solano, S., Focerrada, H., & Aguilera, A. (2009). La CLAVE to increase psychosis literacy of Spanish-speaking community residents and family caregivers. *Journal of Consulting and Clinical Psychology, 77*(4), 763–774. doi:10.1037/a0016031
- Marquez, J. A., & Ramirez Garcia, J. I. (2013). Caregivers’ narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology, 27*(3), 398–408. doi:10.1037/a0032868
- Marshall, M., Lewis, S., Lockwood, A., Drake, R., Jones, P., & Croudace, T. (2005). Association between duration of untreated psychosis and outcome in cohorts of first-episode patients: A systematic review. *Archives of General Psychiatry, 62*(9), 975–983. doi:10.1001/archpsyc.62.9.975
- McWilliams, S., Hill, S., Mannion, N., Kinsella, A., & O’Callaghan, E. (2007). Caregiver psychoeducation for schizophrenia: Is gender important? *European Psychiatry, 22*(5), 323–327. doi:10.1016/j.eurpsy.2006.10.009
- Melle, L., Larsen, T. K., Haahr, U., Friis, S., Johannessen, J. O., Opjordsmoen, S., ... McGlashan, T. (2004). Reducing the duration of untreated first-episode psychosis: Effects on clinical presentation. *Archives of General Psychiatry, 61*(2), 143–150. doi:10.1001/archpsyc.61.2.143
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Moyer-Gusé, E. (2008). Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory, 18*, 407–425. doi:10.1111/comt.2008.18.issue-3
- Moyer-Gusé, E., Chung, A. H., & Jain, P. (2011). Identification with characters and discussion of taboo topics after exposure to an entertainment narrative about sexual health. *Journal of Communication, 61*(3), 387–406. doi:10.1111/j.1460-2466.2011.01551.x
- Murphy, S. T., Frank, L. B., Chatterjee, J. S., & Baezconde-Garbanati, L. (2013). Narrative versus nonnarrative: The role of identification, transportation, and emotions in reducing health disparities. *Journal of Communication, 63*, 116–137. doi:10.1111/jcom.12007
- Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication, 11*, 21–42. doi:10.1080/10810730500461059
- Noar, S. M. (2009). Challenges in evaluating health communication campaigns: Defining the issues. *Communication Methods and Measures, 3* (1–2), 1–11. doi:10.1080/19312450902809367
- Perkins, D. O., Gu, H., Boteva, K., & Lieberman, J. A. (2005). Relationship between duration of untreated psychosis and outcome in first-episode schizophrenia: A critical review and meta-analysis. *American Journal of Psychiatry, 162*(10), 1785–1804. doi:10.1176/appi.ajp.162.10.1785
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*, 63–75.
- Snyder, L. B. (2007). Health communication campaigns and their impact on behavior. *Journal of Nutrition Education and Behavior, 39*(2), S32–S40. doi:10.1016/j.jneb.2006.09.004
- Snyder, L. B., Hamilton, M. A., Mitchell, E. W., Kiwanuka-Tondo, J., Fleming-Milici, F., & Proctor, D. (2004). A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication, 9*(S1), 71–96. doi:10.1080/10810730490271548
- Sood, S. (2002). Audience involvement and entertainment—Education. *Communication Theory, 12*(2), 153–172.

Vega, W. A., & Lopez, S. R. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research*, 3(4), 189–200. doi:[10.1023/A:1013125030718](https://doi.org/10.1023/A:1013125030718)

Weisman, A. G., Gomes, L. G., & López, S. R. (2003). Shifting blame away from ill relatives: Latino families' reactions to schizophrenia. *Journal of*

Nervous and Mental Disease, 191(9), 574–581. doi:[10.1097/01.nmd.0000087183.90174.a8](https://doi.org/10.1097/01.nmd.0000087183.90174.a8)

Wilkin, H. A., & Ball-Rokeach, S. J. (2006). Reaching at risk groups the importance of health storytelling in Los Angeles Latino media. *Journalism*, 7(3), 299–320. doi:[10.1177/1464884906065513](https://doi.org/10.1177/1464884906065513)