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

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Abstract

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 included 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, Carbone, Harrigan, Curry, Elkins 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 lowered rate, compared to national averages, at 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 of targeted communities (Chong, Mythily, & Verma, 2005; Melle et al., 2004). Most campaigns, however, have not been successful in the reduction of 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 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 affect changes in health behaviors (Frank, Murphy, Chatterjee, Moran, & Baezconde-Garbanati, 2014). These authors refer 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 within the mental model of the story, he 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 amongst 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 simply being exposed to the campaign itself (Hornik, 2002; Noar, 2006). Therefore, communication campaign messages that generate interpersonal communication are thought to extend the reach of the 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-Guse, 2008). Transportation refers to the process by which

audiences focus “all mental systems and capacities on the events occurring in the narrative” (Green and Brock, 2000, p. 701). Transportation is thought to lead to audience’s beliefs consistent with the storyline and positive evaluations of characters. Consistent with Transportation theory, the Entertainment Overcoming Resistance Model (Moyer-Guse, 2008) indicates that key features in narrative communication can reduce resistance towards 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 to particular health behaviors while increasing the possibility of story consistent changes in health attitudes and behaviors (Moyer-Guse, 2008). Once the targeted audience is persuaded or is contemplating changes in health behaviors, the reduced resistance towards the desired health behavior can increase the likelihood that the audience discusses 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, & Capella, 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 non-narrative forms of communication of *La CLave* can improve the psychosis literacy among community residents, family caregivers, and lay health workers. *La CLave* (*the key or clue*) 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. For the film, women are the primary target audience 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 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 if it led to interpersonal communication by creating further dialogue about serious mental illness amongst participants and their communities five to six months after viewing 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* (see things that do not exist) and *escuchar voces o sonidos que no existen* (hear 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 to a local mental health clinic, collaborating with the intended communication campaign, which viewers can contact if treatment is needed.

Participants

A total of 40 participants attended 4 focus groups ranging from 7–19 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 U.S. Almost the entire sample had lived in the U.S. for more than 10 years and some had resided in the U.S. more than forty years. Many participants (64%) reported not speaking English well.

Procedures

Participants were recruited from a University’s custodial department, from the University’s surrounding supermarkets, Head Start programs, senior citizen centers, and through word of mouth. Participants who attended one focus group tended to refer additional participants (e.g., friends, co-workers, or family) to future focus groups. The first three focus groups followed a similar format. At the beginning, participants completed a brief demographic questionnaire. Afterwards they were exposed to a version of the *La CLAVE* film, and then they participated in a group discussion where 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?") 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. For the second and third focus groups, consisting of 7 and 19 attendees respectively, participants were exposed to the first version of the film. They too were asked what the film was about, what they learned, and their suggestions helped shaped the final cut of the film. Participants of 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 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 to 6 months later, and were once again asked to indicate what they learned. Prior to watching the film, additional questions 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?") were asked to those who participated in this final focus group. 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

The audio recordings of the focus groups were first transcribed. Two researchers, beginning with a line-by-line review of each transcribed focus group, then 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 with each other 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). 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 by exposing participants to either a script or earlier version of the narrative film and then once again to the final version of the film, permitting examination of data at different time points (Cohen & Crabtree, 2006).

Results

Storyline Recall and Identification with Characters

Five to six months after exposure 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 its 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. Please refer to Table 1. The participant shared that she too recently packed important possessions after losing a family member and did not want to unpack them because seeing them caused too much pain. While 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 dialogue of often-stigmatized mental health topics among Latinos. During the focus group, this participant disclosed her mental health status to her peers 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. 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, some focus group participants noted the importance of seeking treatment early for their family members.

When asked if 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 contents 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 if the narrative film resulted in self-reported knowledge gains and interpersonal communication, all four focus groups included organic discussions of barriers and facilitators for seeking mental health treatment and 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 lack of psychosis information in the Latino community to relate to the inability to detect a mental health concern in a family member. Additionally, they discussed 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 regards to facilitating Adriana’s seeking mental health treatment, most participants identified the support the family received from the neighbor as well as the support the family offered to each other. 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 nor did they 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 if a narrative film about psychosis could help Latinos recognize the symptoms of a serious mental illness and could stimulate dialogues about the topic amongst 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 the Transportation Theory (Green & Brock, 2000) and the Entertainment Overcoming Resistance Model (Moyer-Guse, 2008), which led some participants to assess and dialogue about their own mental health status and 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-Guse, 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 after exposure to a narrative film, specifically psychosis literacy through their ability to recall key symptoms and to recognize the importance of seeking treatment early. Hallucinations and disorganized speech are notable self-reported symptoms learned 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 (Weisman, Gomes, & Lopez, 2003; Cabassa, Lester, & Zayas, 2007) 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 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 composed of the participants' co-workers). 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 the reduction of the duration of untreated psychosis in the Latino community for 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, Canino, Rios, Vera, Calderon et al., 2015; 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 towards the lack of information about mental health concerns within the Latino community and how it can nurture stigmatized views of the topic. Corrigan (2012) argues that stigmatized views of mental health disorders can be reduced with 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 ones 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 post-film assessments of psychosis literacy and comparisons of the film with non-narrative films, are recommended. It would also be of value to determine if exposure to the film leads to changes in perceptions of psychosis and if viewers actually seek treatment, when needed, after exposure 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 the films' recommended mental health services after exposure to the film?

Our research team has now developed a number of social 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). The 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* social media, a narrative film, has the potential to not only increase psychosis literacy but also to promote a dialogue within multiple social networks immediately after viewing the film and one month later. Thus, the narrative film in conjunction with the other studied media formats hold promise to be used 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. Blacks and Latinos seek mental health care less often. Center for Advancing Health. 2013. Retrieved from <http://www.cfah.org/hbns/2013/blacks-and-latinos-seek-mental-health-care-less-often>
- Alegria M, Canino G, Ríos R, Vera M, Calderón J, Rusch D, Ortega AN. Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services*. 2014
- Applewhite SR, Biggs MJG, Herrera AP. Health and mental health perspectives on elderly Latinos in the United States. *Handbook of US Latino psychology: Developmental and community-based perspectives*. 2009:235–249.
- Bandura A. Social cognitive theory of mass communication. *Media Psychology*. 2001; 3.3:265–299.
- Cabassa LJ, Lester R, Zayas LH. “It’s like being in a labyrinth.” Hispanic immigrants’ perceptions of depression and attitudes toward treatments. *Journal of Immigrant and Minority Health*. 2007; 9(1): 1–16. [PubMed: 17001516]
- Calderon V, Mejia Y, Lara-Muñoz MDC, Segoviano J, Castro Q, Casados A, López SR. Toward the sustainability of information campaigns: training Promotores to increase the psychosis literacy of Spanish-speaking communities. *Social Psychiatry and Psychiatric Epidemiology*. 2015; 50(4):665–9. [PubMed: 25520238]
- Caputo NM, Rouner D. Narrative processing of entertainment media and mental illness stigma. *Health Communication*. 2011; 26.7:595–604. [PubMed: 21516556]
- Casas RN, Gonzales E, Aldana-Aragón E, Lara-Muñoz MDC, Kopelowicz A, Andrews L, López SR. Toward the early recognition of psychosis among Spanish-speaking adults on both sides of the US–Mexico border. *Psychological services*. 2014; 11(4):460. [PubMed: 25383998]
- Chang C. Increasing mental health literacy via narrative advertising. *Journal of Health Communication*. 2008; 13(1):37–55. [PubMed: 18307135]
- Chong SA, Mythily S, Verma S. Reducing the duration of untreated psychosis and changing help-seeking behavior in Singapore. *Social Psychiatry and Psychiatric Epidemiology*. 2005; 40(8):619–621. [PubMed: 16091855]
- Cohen, D., Crabtree, B. Qualitative research guidelines project. Jul. 2006 Retrieved from <http://www.qualres.org/HomePhil-3514.html>
- Corrigan PW. Where is the evidence supporting public service announcements eliminate mental illness stigma? *Psychiatric Services*. 2012; 63(1):79–82. [PubMed: 22227764]
- Frank LB, Murphy ST, Chatterjee JS, Moran MB, Baezconde-Garbanati L. Telling stories, saving lives: creating narrative health messages. *Health communication*. 2015; 30(2):154–163. [PubMed: 25470440]
- Freimuth VS, Quinn SC. The Contributions of Health Communication to Eliminating Health Disparities. *American Journal of Public Health*. 2004; 94(12):2053–2055. [PubMed: 15569949]
- Graaf A. The effectiveness of adaptation of the protagonist in narrative impact: Similarity influences health beliefs through self-referencing. *Human Communication Research*. 2014; 40:73–90.
- Green MC, Brock TC. The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology*. 2000; 79.5:701–721. [PubMed: 11079236]
- Hernandez MY, Organista KC. 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*. 2013; 52(3–4):224–235. [PubMed: 23907442]
- Joa I, Johannessen JO, Auestad B, Friis S, McGlashan T, Melle I, Larsen TK. The key to reducing duration of untreated first psychosis: Information campaigns. *Schizophrenia Bulletin*. 2008; 34(3): 466–472. [PubMed: 17905788]
- Jorm AF. Mental health literacy empowering the community to take action for better mental health. *American Psychologist*. 2012; 67(3):231–243. [PubMed: 22040221]
- Kim HS, Bigman CA, Leader AE, Lerman C, Cappella JN. Narrative health communication and behavior change: The influence of exemplars in the news on intention to quit smoking. *Journal of Communication*. 2012; 62(3):473–492. [PubMed: 22736808]

- Kreuter MW, Holmes K, Alcaraz K, Kalesan B, Rath S, Richert M, Clark EM. Comparing narrative and informational videos to increase mammography in low-income African American women. *Patient Education and Counseling*. 2010; 81:S6–S14. [PubMed: 21071167]
- Krstev H, Carbone S, Harrigan SM, Curry C, Elkins K, McGorry PD. Early intervention in first-episode psychosis: The impact of a community development campaign. *Social Psychiatry and Psychiatric Epidemiology*. 2004; 39(9):711–719. [PubMed: 15672291]
- Lewis-Fernandez R, Horvitz-Lennon M, Blanco C, Guarnaccia PJ, Cao Z, Alegria M. Significance of endorsement of psychotic symptoms by U.S. Latinos. *Journal of Nervous Mental Disorder*. 2009; 197(5):337–347.
- Lloyd-Evans B, Crosby M, Stockton S, Pilling S, Hobbs L, Hinton M, Johnson S. Initiatives to shorten duration of untreated psychosis: Systematic review. *British Journal of Psychiatry*. 2011; 198:256–263. [PubMed: 21972275]
- Lopez SR, Barrio C, Kopelowicz A, Vega W. *American Psychologist*. 2012; 67(7):511–523. [PubMed: 23046302]
- Lopez SR, Lara-Munoz MC, Kopelowicz A, Solano S, Foncerrada H, Aguilera A. La CLAVE to Increase Psychosis Literacy of Spanish-Speaking Community Residents and Family Caregivers. *Journal of Consulting and Clinical Psychology*. 2009; 77(4):763–774. [PubMed: 19634968]
- Marquez JA, Ramirez Garcia JJ. Caregivers' narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology*. 2013; 27(3):398–408. [PubMed: 23750522]
- Marshall M, Lewis S, Lockwood A, Drake R, Jones P, Croudace T. Association between duration of untreated psychosis and outcome in cohorts of first-episode patients: a systematic review. *Archives of general psychiatry*. 2005; 62(9):975–983. [PubMed: 16143729]
- Melle I, Larsen TK, Haahr U, Friis S, Johannessen JO, Opjordsmoen S, McGlashan T. Reducing the duration of untreated first-episode psychosis: Effects on clinical presentation. *Archives of General Psychiatry*. 2004; 61(2):143–150. [PubMed: 14757590]
- Mendenhall AM, Frauenholtz S. Mental health literacy: Social worker's roles in improving public mental health. *Social Work*. 2013; 58(4) Commentary.
- Miles, MB., Huberman, AM. *Qualitative data analysis: An expanded sourcebook*. Sage; 1994.
- Moyer-Gusé E. Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory*. 2008; 18.3:407–425.
- Moyer-Gusé E, Chung AH, Jain P. Identification with characters and discussion of taboo topics after exposure to an entertainment narrative about sexual health. *Journal of Communication*. 2011; 61(3):387–406.
- Murphy ST, Frank LB, Chatterjee JS, Baezconde-Garbanati. Narrative versus nonnarrative: The role of identification, transportation, and emotions in reducing health disparities. *Journal of Communication*. 2013; 63:116–137.
- Noar SM. A 10-year retrospective of research in health mass media campaigns: Where do we go from here. *Journal of Health Communication: International Perspectives*. 2006; 11:21–42.
- Noar SM. Challenges in evaluating health communication campaigns: defining the issues. *Communication Methods and Measures*. 2009; 3(1–2):1–11.
- Perkins DO, Gu H, Boteva K, Lieberman JA. Relationship between duration of untreated psychosis and outcome in first-episode schizophrenia: a critical review and meta-analysis. *American Journal of Psychiatry*. 2005; 162(10):1785–1804. [PubMed: 16199825]
- Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*. 2004; 22:63–75.
- Sood S. Audience involvement and entertainment—education. *Communication Theory*. 2002; 12(2): 153–172.
- Snyder LB. Health communication campaigns and their impact on behavior. *Journal of Nutrition Education and Behavior*. 2007; 39(2):S32–S40. [PubMed: 17336803]
- Snyder LB, Hamilton MA, Mitchell EW, Kiwanuka-Tondo J, Fleming-Milici F, Proctor D. A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of health communication*. 2004; 9(S1):71–96. [PubMed: 14960405]

- Vega WA, Lopez SR. Priority issues in Latino mental health services research. *Mental Health Services Research*. 2001; 3(4):189–200. [PubMed: 11859965]
- McWilliams S, Hill S, Mannion N, Kinsella A, O'Callaghan E. Caregiver psychoeducation for schizophrenia: Is gender important? *European Psychiatry*. 2007; 22(5):323–327. [PubMed: 17434293]
- Weisman AG, Gomes LG, López SR. Shifting blame away from ill relatives: Latino families' reactions to schizophrenia. *The Journal of nervous and mental disease*. 2003; 191(9):574–581. [PubMed: 14504566]
- Wilkin HA, Ball-Rokeach SJ. Reaching at risk groups. The importance of health storytelling in Los Angeles Latino media. *Journalism*. 2006; 7(3):299–320.

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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]

Table 2

Barriers and facilitators to seeking treatment.

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]