

Background

- People with **serious mental illness (SMI)** such as bipolar disorder, schizophrenia, or severe major depression experience inequities in cancer care that contribute to premature mortality.¹ This **marginalized population** also has:
 - Increased risks of **poor outcomes during the COVID-19** pandemic.^{2,3}
 - **Lower rates** of using technology.⁴
- **The Engage Initiative** is a **stakeholder-led coalition** of over 750 people dedicated to ensuring that **mental illness is never a barrier to cancer care**, and has **hosted the annual Bridging the Divide (BTD) Symposium** to convene diverse stakeholders with a shared purpose since 2016.
- **BTD 2020:**
 - Due to the first COVID-19 surge, organizers made the **urgent decision** to reformat BTD to be virtual yet **lacked best practices** on doing this.
 - The event was hosted on its originally-scheduled date of **April 17, 2020**.

Specific Aims

- Promote **connection** in a time of high burden, isolation, and uncertainty for clinicians
- Utilize and share **best practices** for engaging marginalized populations who face barriers to technology
- Examine the **feasibility, acceptability, and impact** of convening diverse stakeholders virtually

Methods

- Given **barriers to technology**, organizers:
 - Encouraged **multi-modal participation** (phone or video),
 - Structured all presentations as **podcasts**
 - Conducted **individual outreach** to help participants use Zoom.
- To **promote connection**, organizers:
 - Integrated **chat and poll** functions
 - Highlighted **individual stakeholders' narratives**
- To **ensure relevancy to COVID-19**, adapted the content of BTD:
 - Share **best practices** for telehealth (especially people with SMI)
 - Discuss **needs of underserved populations**
- To evaluate **acceptability:**
 - Organizers **emailed participants evaluations** after BTD

Results



243 people attended BTD. **93%** watched from the United States, and **7%** watched from other countries.



Most attendees (37%, n=90) identified as **clinicians**.



111 people (81%) said that **connecting with people using technology** had been going well during the pandemic.



53/55 respondents (**96%**) would recommend **BTD** to a friend.



34/40 respondents (**85%**) expressed interest in attending future virtual events.



66 people attended the follow-up advocacy town hall.

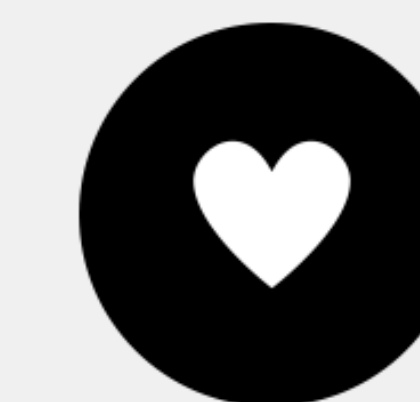
Reported strengths and lessons learned include:



LEARNING BEST CLINICAL PRACTICES



SHARING PERSONAL EXPERIENCES



FEELING CONNECTED

Conclusions

- It was both **feasible** and **acceptable** to convene diverse stakeholders virtually during COVID-19 surge.
- Using targeted approaches to deliver virtual content has **potential** to:
 - Build **connection**
 - Inform **clinical practice**
 - Impact **policy change**

Figure 1. Modality of Participation (N=243)

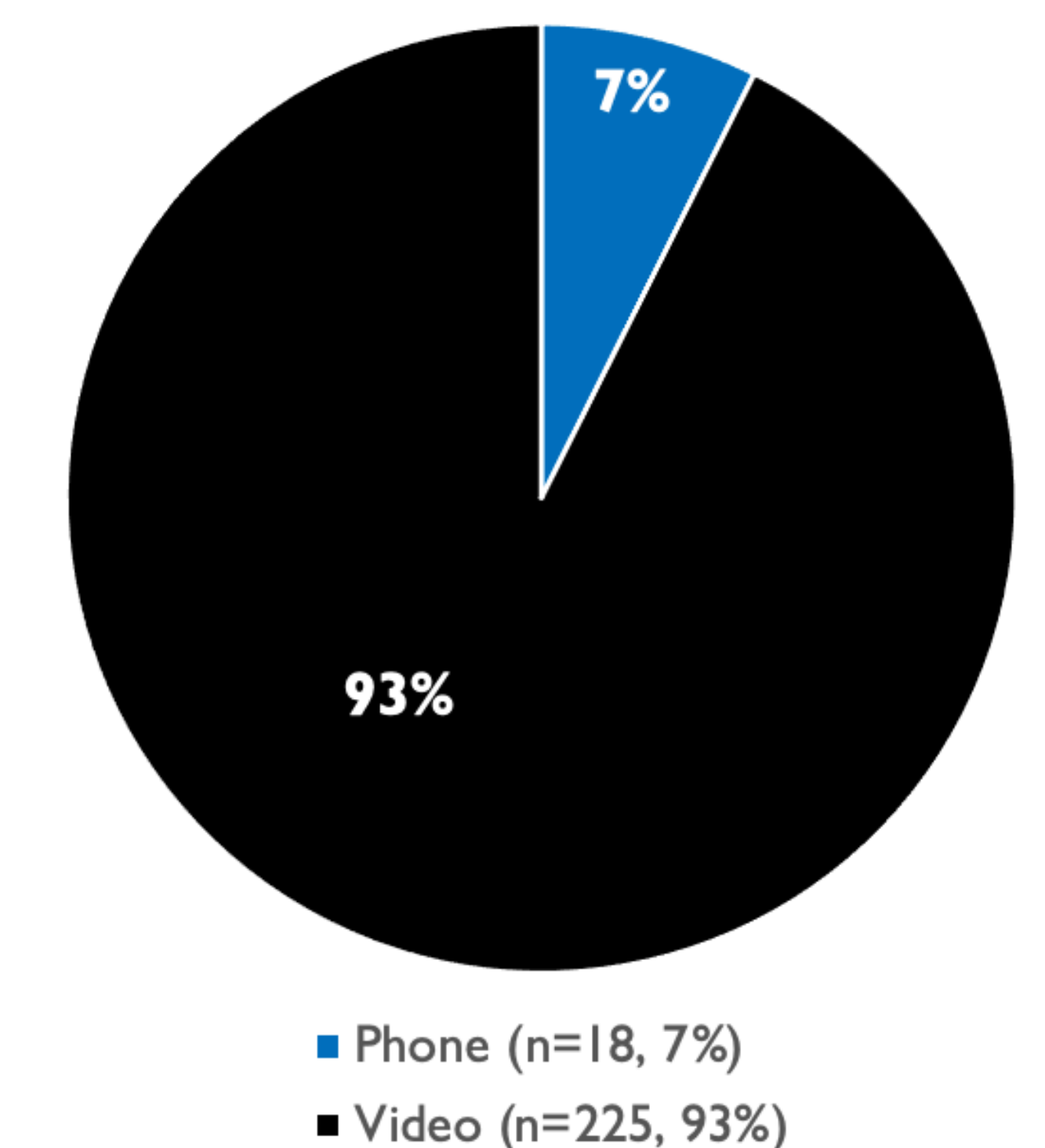
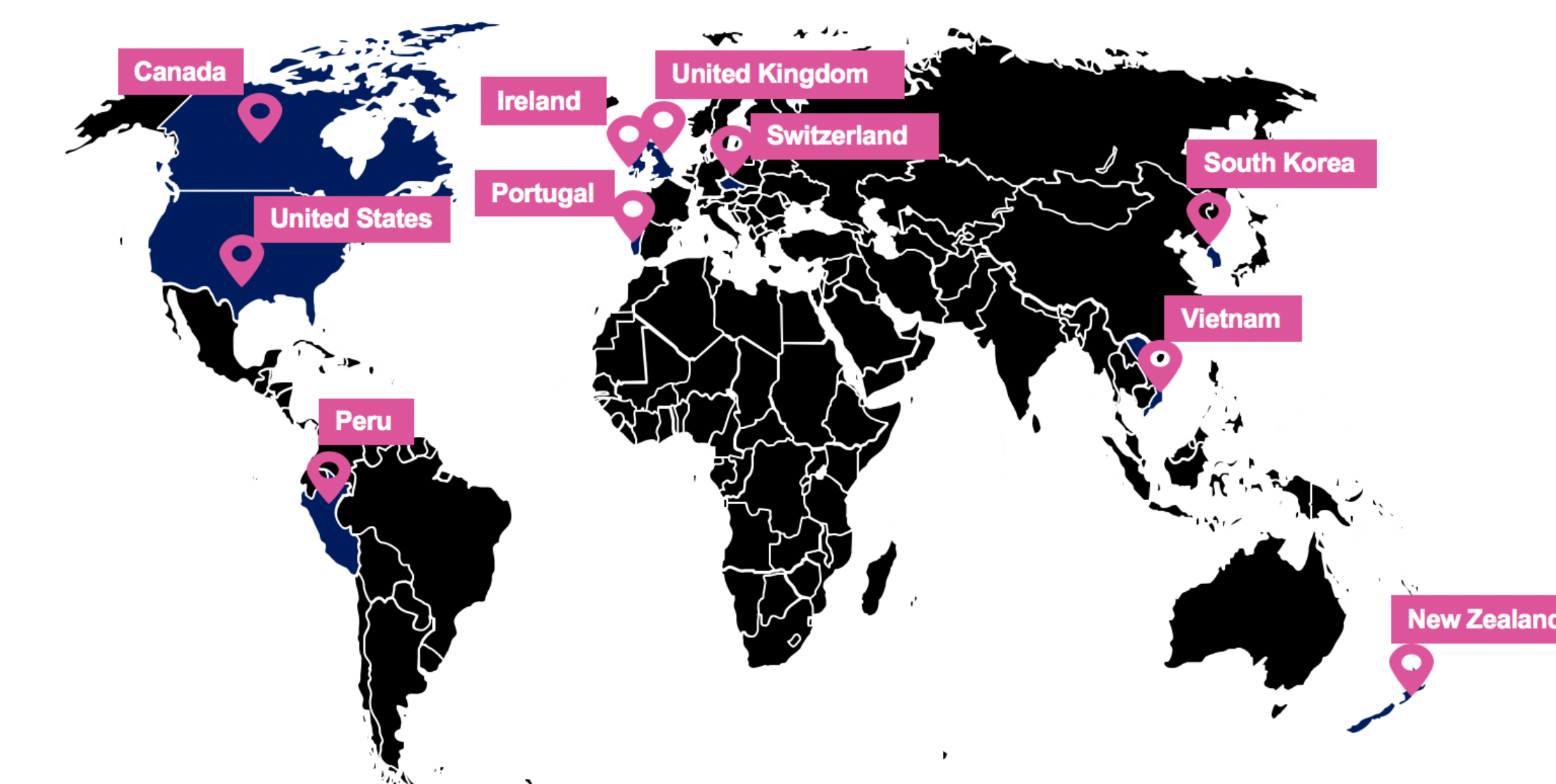


Figure 2. Global Reach of BTD



Citations

1. Olfson M, Gerhard T, Huang C, Crystal S, Stroup T. Premature Mortality Among Adults With Schizophrenia in the United States. *JAMA Psychiatry*. 2015;72:1172-1181.
2. Kozloff N, Mulsant BH, Stergiopoulos V, Voineskos AN. The COVID-19 Global Pandemic: Implications for People With Schizophrenia and Related Disorders. *Schizophr Bull* 2020.
3. Costa M, Pavlo A, Reis G, Ponte K, Davidson L. COVID-19 concerns among persons with mental illness. *Yale University, School of Medicine* 2020.
4. Miller BJ, Stewart A, Schrimsher J, Peebles D, Buckley PF. How connected are people with schizophrenia? Cell phone, computer, email, and social media use. *Psychiatry Res* 2015;225(3):458-6

