



EDITORIAL

Editorial: Ensuring COVID-19 vaccine uptake by people with severe mental illness: a mental health nursing priority

In December 2019, the Chinese government announced the occurrence of a ‘pneumonia of unknown aetiology’ to the World Health Organization (WHO 2020). That pneumonia is now well known as COVID-19 or the novel coronavirus disease. Public health strategies enacted globally to fight the spread of the disease so far have relied on social distancing policies, community lockdowns, restrictions on large gatherings, and travel cancellations (Usher, Bhullar, & Jackson 2020a). These strategies have however been found to have a number of negative impacts including an increase in the levels of mental health distress in the community (Usher, Durkin, & Bhullar 2020b), an increase in loneliness, and an increase in the rates of domestic and family violence (Usher, Bhullar, Durkin, Gyamfi, & Jackson 2020c).

Since the global spread of the disease, there has been a race to develop and have approval for vaccines to protect the masses from this deadly infectious disease. Vaccines are one of the most cost-effective public health interventions to manage infectious disease outbreaks. We have witnessed the rapid development and approval of vaccines to protect people from COVID-19 (Nature 2020). The roll-out of vaccination programmes is currently occurring across the globe. However, it is expected that there will be some scarcity of vaccines early in the vaccination roll-out leading to questions about who should be prioritized for vaccination. A guiding principle to address this issue is as follows: (1) maximizing benefit and minimizing harm in the short and long term; (2) equal concern for every person in priority settings and vaccine allocation and distribution; and (3) mitigation of health inequities to address the higher burden of COVID-19 in some disadvantaged groups (Mazereel, Van Assche, Detraux, & De Hert 2021, p. 1).

Some people are obviously more vulnerable to infectious disease and should therefore be prioritized for vaccination. The *Framework for Equitable Allocation of the COVID-19 Vaccine* (National Academies of Sciences 2020) highlights those who should be

prioritized including those with physical health comorbidities, older people, and Indigenous peoples. Warren *et al.* (2020) argue for the inclusion of people with a severe mental illness in that priority group. Many people with a severe mental illness may experience a relapse during these stressful times of isolation (Math *et al.* 2008) and are at greater risk of developing the symptoms of post-traumatic stress disorder (PTSD) (Goodman *et al.* 2001). It is important to remember that these stressful times will take many years to resolve (Usher, Bhullar, & Jackson 2020a).

People with severe mental illness are at greater risk of being infected with COVID-19 and have increased risk of subsequent rates of hospitalization, mortality, and morbidity as a result of being infected (Huang *et al.* 2020; Mazereel *et al.* 2021; Wang *et al.* 2020). The issues related to this greater risk include medications used to treat severe mental illness, poorer levels of physical health than the general public, reduced access to medical care, and environmental and socio-economic factors (Chen *et al.* 2020; Warren *et al.* 2020). In addition, people with severe mental illness are less likely to avail themselves of vaccines when they have been available for infectious disease outbreaks in the past (Mazereel *et al.* 2021), but our understanding of vaccine uptake for seasonal flu in people with severe mental illness remains limited (Williams *et al.* 2016). One study of seasonal vaccination uptake by people with severe mental illness demonstrated that a specialized clinic held in an easily accessible environment was an effective way to increase vaccination uptake (from 58.4 to 93.8%) (Miles, Williams, Luthy, & Eden 2020).

Given the seriousness of these risks, people with severe mental illness should be included in the priority groups for vaccination. Mental health nurses must advocate for people with severe mental illness at this time; as I have said previously, it has never been more important for us to do so (Usher, Bhullar, & Jackson 2020a). It is also important for mental health nurses to work with our clients and other health professionals to ensure there is sufficient and appropriate education

about the importance of the vaccination once available and to help improve access to vaccination services for people with severe mental illness. A previous study reported that mental health professionals' recommendations to vaccinate influenced decisions to do so by people with severe mental illness as they trusted the health professional's advice (Borthwick, O'Connor, & Kennedy 2020). It has never been more important for us to take up this challenge as our clients depend on us for advice.

Kim Usher

*School of Health, University of New England,
Armidale, New South Wales, Australia
E-mail: kusher@une.edu.au*

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