

# Vaccination and Mental Illness: The Role of Mental Health Professionals



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Early in the pandemic, people with mental illness were included among groups with higher risk for psychosocial effects; there were warnings related to the greater increase in this population in the stress response. In the second year, research indicates that the mental health effects of the pandemic are not uniform in all social groups, structural inequities in the societies reflect on the consequences of the pandemic (Chakrabarti et al. 2021). Pandemic also affects different diagnostic categories of mental illness in different ways (Bartels et al. 2021). Furthermore, for people with mental illness, a higher risk is not limited to the psychosocial consequences, there is an increased risk of SARS-CoV-2 infection, worse course of COVID-19, requirement for hospitalization, and death compared to the general population (Lee et al. 2020, Warren et al. 2021). When different diagnostic groups are investigated, COVID-19 related hospitalizations and deaths are reported to be higher in psychotic disorders, mood disorders, substance use disorders, and neurodevelopmental disorders, when compared to the general population (Vai ve ark. 2021). People diagnosed with schizophrenia were shown to have a higher risk for COVID-19 related hospitalization (Hazard Ratio 4.81) and death (Hazard Ratio 2.52) compared to age and sex-matched health controls (Tzur Bitan et al. 2021).

Although the mechanism underlying the higher risk is not clear, mental health Professional organizations demanded from the authorities to give priority to those with mental illness in mass vaccination strategies. On January 17th, 2021, immediately following the announcement of the national mass vaccination strategy for COVID-19, the Psychiatric Association of Turkey, together with the Turkish Neuropsychiatry Association, the Federation of Schizophrenia Associations, the Bipolar Disorders Society, the Bipolar Life Society, and

the Lithium Society requested priority for those with chronic mental disease in a joint declaration (Türkiye Psikiyatri Derneği 2021). Psychiatrists' associations in other countries also showed similar attempts, the European Association of Psychiatry and the World Psychiatric Association struggled for this (De Picker et al. 2021). Unfortunately, in many countries including Turkey, this priority for people with mental illness was not recognized. Moreover, in countries where vaccination was readily and widely accessible for the society, the vaccination rate of patients with schizophrenia was found to be lower than the general population (Tzur Bitan et al. 2021). In countries where a priority was declared for people with mental illness, the vaccination rate was lower in people with mental illness compared to people with other chronic health conditions (MacKenna et al. 2021).

A longitudinal cohort study from Israel, where the vaccine was rapidly and widely administered, provided significant findings on the effects of the vaccination in people diagnosed with schizophrenia (Tzur Bitan et al. 2021). When vaccinated and unvaccinated groups of patients with schizophrenia were both compared with the general population, the difference in risk of death and hospitalization persisted in the unvaccinated group, whereas it disappeared in the vaccinated group. This finding suggests that the higher risk of morbidity and mortality associated with mental illness could be precluded through COVID-19 vaccination. It may be said that the vaccine, probably the most effective strategy against the pandemic at both individual and society levels, has a more pronounced effect on the health of people with mental illness.

The evidence on lower rates of vaccination in people with mental illness despite the availability of the vaccine suggests

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- the failure in the promotion of vaccination in all social groups using a common strategy for all. On-site vaccination (at airports and bus stations etc), which was employed at the beginning of the vaccination, may be adapted for this group, for example, Community Mental Health Centers may be used for vaccination, and some practicalities may be arranged in accessing the vaccine. The strategies shown to be effective in the promotion of other vaccines may serve as examples for the COVID-19 vaccine (Finney Rutten et al. 2021).
- The relationship between mental illness and “vaccine hesitancy”, which can be defined as not having the wish to be vaccinated, or delaying, postponing, or refusing to be vaccinated, is not clear. Even studies reporting lower rates of vaccination in people with mental illness suggest that the problem is not related to the wish to be vaccinated (Jefsen et al. 2021). Yet, “vaccine apathy” may play a role in a lower rate of vaccination in those patients with severe mental illness, who have the highest risk of morbidity and mortality (Wood ve Schulman 2021). Vaccine hesitancy is a cognitive and emotional response to the risk and benefits of the vaccine, whereas vaccine apathy is defined as the lack of interest in the vaccine and its personal relevance, in addition to failure in approach behavior. Lower rates of vaccination may also be related to the chronic discrimination and stigmatization experienced in this group, and lower levels of functioning associated with the illness itself.
- The directions and reminders that bridge the intention to behavior, within the context of a trusting relationship, have been proven to be an efficient method in changing vaccination behavior (Brewer et al. 2017). Mental health professionals can preclude the delay in vaccination resulting from both hesitancy and apathy through raising the issue frequently in their daily encounters with the patients and the caregivers, handling their concerns and questions emphatically, emphasizing the positive effects in their directive messages instead of frightening (Brewer and Abad 2021). In the interviews related to the vaccine hesitancy and concerns, it is recommended not to lead the individual into a counter-vaccine position, not to repeat wrong beliefs and information, instead, providing correct information, emphasizing the positive features and good intentions (such as worrying for the loved ones) underlying the concerns.
- The pandemic has repeatedly shown us all that mental and physical health can not be considered outside the social structures and conditions. Healthcare providers have a lot to do to protect the mental and physical health of people with mental illness, they are capable and trained for that. The Psychiatric Association of Turkey invited its members to the field providing some written and visual materials; the Association still works with patient and caregiver organizations. It appears to be the right time to mobilize psychiatry clinics for vaccination, turning this into a campaign!
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