



MINISTRY OF
**HEALTH &
WELLNESS**

COVID-19 VACCINATION GUIDELINES FOR PERSONS LIVING WITH MENTAL ILLNESS AND OR SUBSTANCE USE DISORDERS

**MENTAL HEALTH AND SUBSTANCE ABUSE UNIT, HSPI
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Background

On 30 January 2020, WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern, and called upon all countries to take urgent measures to reduce the transmission and impact of the disease. As safe and effective COVID-19 vaccines become available, governments have been developing and updating their national deployment and vaccination plans (1).

Equitable access must be a guiding principle for all immunization programmes. Vaccine prioritization within countries should “take into account the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic” (2). As such, during the initial phases of vaccine roll-out, WHO is advising countries to target health workers, who are at higher risk of contracting COVID-19 infection than the general population due to the nature of their work; older people (for whom the specific age cut-off will be decided at the

country level); and those with underlying health conditions who are at higher risk of serious health outcomes and mortality due to COVID-19. Amongst those with underlying health conditions are those living with mental illness.

People with substance use disorders (SUD) and serious mental illness (SMI) are not only at an increased risk of contracting COVID-19 but are also more likely to be hospitalized and experience serious complications, including death. Despite obvious benefit to these individuals and their communities in preventing the spread of the disease, low socioeconomic status, reduced access to medical care, and a historically well-founded mistrust in medical institutions create significant barriers to this vulnerable population receiving the vaccine (2).

People with Substance Use Disorders and Severe Mental Illness are likely to have comorbid, high-risk physical illness, overcrowded living conditions, homelessness, institutional place of abode e.g. infirmaries, nursing homes, mental hospitals, correctional facilities plus other health risk factors, including smoking and reduced access to medical care (2). All of these factors lead to higher rates of acquiring infection, transmitting infection to others, hospitalization as well as severe morbidity and mortality due to COVID-19. Historically these populations have had limited access to preventative care and vaccinations, foreshadowing inequitable distribution of COVID-19 vaccines.

- ▶ In Jamaica there are approximately 19,000 patients being treated in our 154 mental health clinics across the island with majority of them having schizophrenic or other psychotic conditions. Some of our patients are homeless and are treated by the mobile public mental health teams. There

are twenty-five (25) community residential facilities available in the Jamaica for a total of 16.18 beds/places per 100,000 population. These facilities include infirmaries where mentally ill persons who have poor socio-economic states remain in these facilities. Some of the mentally ill persons remain for prolonged periods in forensic facilities such as those managed by Department of Correctional Services. Bellevue Hospital, the only mental hospital in Jamaica has currently 468 chronic (social cases) inpatients in addition to its over 60 acute patients.

Social Contexts

Some of persons living with mental illness and or substance use disorders are being managed by private or public medical practitioner who are likely to discuss COVID 19 vaccination with them. However, there are other persons living with mental disorders and or substance use disorders and reside in long term facilities such as Bellevue Hospital, a mental hospital, infirmaries, community residential facilities, nursing homes and correctional facilities. As stated above they are at a higher risk of contracting COVID-19, spreading it and experience poor health outcomes. Another vulnerable group of the mentally ill persons is the homeless. Persons living with mental illness and or substance use disorders are not only amongst the high risk group for COVID-19 but are unlikely to seek medical attention including COVID vaccination hence the need for a policy to mitigate barriers to deny them access to such vaccines for personal and public health safety.

The following should be observed:-

1. Person with mental illness and or substance use disorder should be allowed to give informed consent having been told in simple terms the rationale to take the COVID 19 vaccine. Such informed consent promotes the autonomy of people with psychosocial disabilities and protect their human rights (4).
2. In the event the person with mental illness is not competent to give consent as an alternative, someone appointed by the person *or appointed through the legal system or next of kin* should make the decision on the person's behalf.
3. In the case that the neither of the above #1 and 2 is satisfied, (that is the person cannot express his/her wishes, there is no family or someone legally appointed to decide on his/her behalf); then the Senior Medical Officer of the hospital or senior medical staff in a residential facility or senior public health medical practitioner; along with at least 2 other persons, should form a committee to decide if the COVID vaccination should be administered. "Other persons", could be a mental health advocate, a medical person or a notary public, senior health care worker depending on the context of where the persons living with mental illness resides and in the case of the homeless the health zone in which he or she can often be seen.
4. In the case where persons living with mental illness are also homeless then it is further recommended that COVID vaccination requiring only one dose

eg. Johnson and Johnson be given preference unless otherwise contraindicated.

Please note:

5. All of the above steps and their outcomes should be documented and vaccination card with identifying demographics which should include photo or some other distinguishable identifying physical features for those who are homeless.

6. The standard operating procedures observed in the administration of vaccines should be employed
 - a. Documentation of identifying health care workers
 - b. Counselling
 - c. Administration of the vaccine under sterile precautions
 - d. Observation for side effects
 - e. Provision of proof of vaccination i.e. vaccination card

References

1. World Health Organization. (2020). Disability considerations during the COVID-19 outbreak. World Health Organization.
<https://apps.who.int/iris/handle/10665/332015>
2. American Psychiatric Association Statement on COVID 19 Vaccine Distribution for People with Serious Mental Illness and Substance Use Disorders.
3. Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. QuanQiu Wong, Rong Xu, and Nora D. Volkow World Psychiatry Volume 20, issue 1: Pages: 124-130.
4. Direct correspondence with Dr. Claudina Cayetano, PAHO Mental Health Regional Advisor, Washington D.C. USA(July 2021)