

Position statement from the mental health and addiction COVID-19 vaccine expert advisory group: January 2021

Recommendations

- 1) That people with experience of mental health and addiction issues are included in the Ministry of Health's (MOH) COVID-19 Vaccine Sequencing Framework within the priority group 'people aged under 65 with underlying conditions'. This aligns with prioritisation in the UK and Belgium.
- 2) The initial priority within this group should be adults (18 years and older) currently accessing secondary mental health and addiction services, and people with long term mental health and addiction issues in continuing primary care.
- 3) A specific information and communication programme is developed for this population, designed with people with lived experience and cultural leaders, to support implementation and vaccination uptake.

Approach

The expert advisory group developed this position statement. The group were informed by a literature review on the association between mental health and addiction issues, and COVID-19 infection and outcomes undertaken by Te Pou.

Rationale

There exists a significant volume of high-quality research and evaluation which explores the relationship between COVID-19 infection and outcomes for people experiencing mental health and addiction issues. The research spans a wide range of countries and settings and consists of systematic literature reviews, quantitative survey data and qualitative narratives.

The existing literature indicates:

- people experiencing mental health and addiction issues are at higher risk of contracting COVID-19 than those without
- once infected, people experiencing mental health and addiction issues have a higher risk of severe outcomes including hospitalisation and death.

It is plausible that people with mental health and addiction issues would be vulnerable to COVID-19 infection, hospitalisation and death due to the clustering of risk factors in this group. Notably, the elevated risk for COVID-19 infection and severe outcomes among people with mental health and addiction issues (especially 'serious mental illness and substance use disorders') is evident in some studies even once other known risk factors for COVID-19 infection and severe outcomes are controlled for (such as physical comorbidities, obesity and socioeconomic status).

Known risk factors in this group include:

- greater prevalence of risk factors known to directly compromise respiratory and immune function therefore increasing risk of severe outcomes (eg sleep dysregulation, access to a nutritious diet, smoking, and substance use)
- greater likelihood of socioeconomic deprivation

- higher rate of physical comorbidities that are known risk factors for COVID-19 and severe outcomes (eg obesity, diabetes, and heart disease)
- symptomatology that may limit the ability to follow public health messages (such as cognitive dysfunction, depression, levels of motivation, knowledge, and health literacy)
- effects of psychotropic medications such as metabolic (including weight gain), cardiovascular and immunosuppressive effects which may make people more susceptible and increases risk of severe outcomes
- coexisting or multiple mental health and addiction diagnoses which compound risk of severe outcomes (evidence suggests this is over 50% of people accessing services)
- being confined to spaces that may facilitate spread of COVID-19, for example inpatient or residential mental health and addiction services, and overrepresentation in prison and forensic populations.

In New Zealand, Māori experience higher rates of mental health and addiction issues compared to non-Māori, as well as other compounding COVID-19 risk factors such as socioeconomic deprivation and physical health comorbidities. Both Māori and Pasifika peoples are more likely than other groups to be hospitalised from COVID-19. Mortality from COVID-19 is estimated to be 50% higher in Māori than non-Māori.

When considering implementation, codesign with people with lived experience and cultural leaders is important. This is due to the unique experiences of people in this group, as well as discrimination, service access issues (particularly for physical health issues), and beliefs or fears about immunisation.

Acknowledgements

Authors of the literature review underpinning this statement included:

Talya Postelnik, Dr Angela Jury, Maria Basabas (from Te Pou), and Dr Helen Lockett (Wise Group & University of Otago (UoO) Wellington). Kirstie Saumure (MOH) and Matthew Jenkins (UoO Wellington) assisted with literature searches.

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Evidence informing this position statement

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