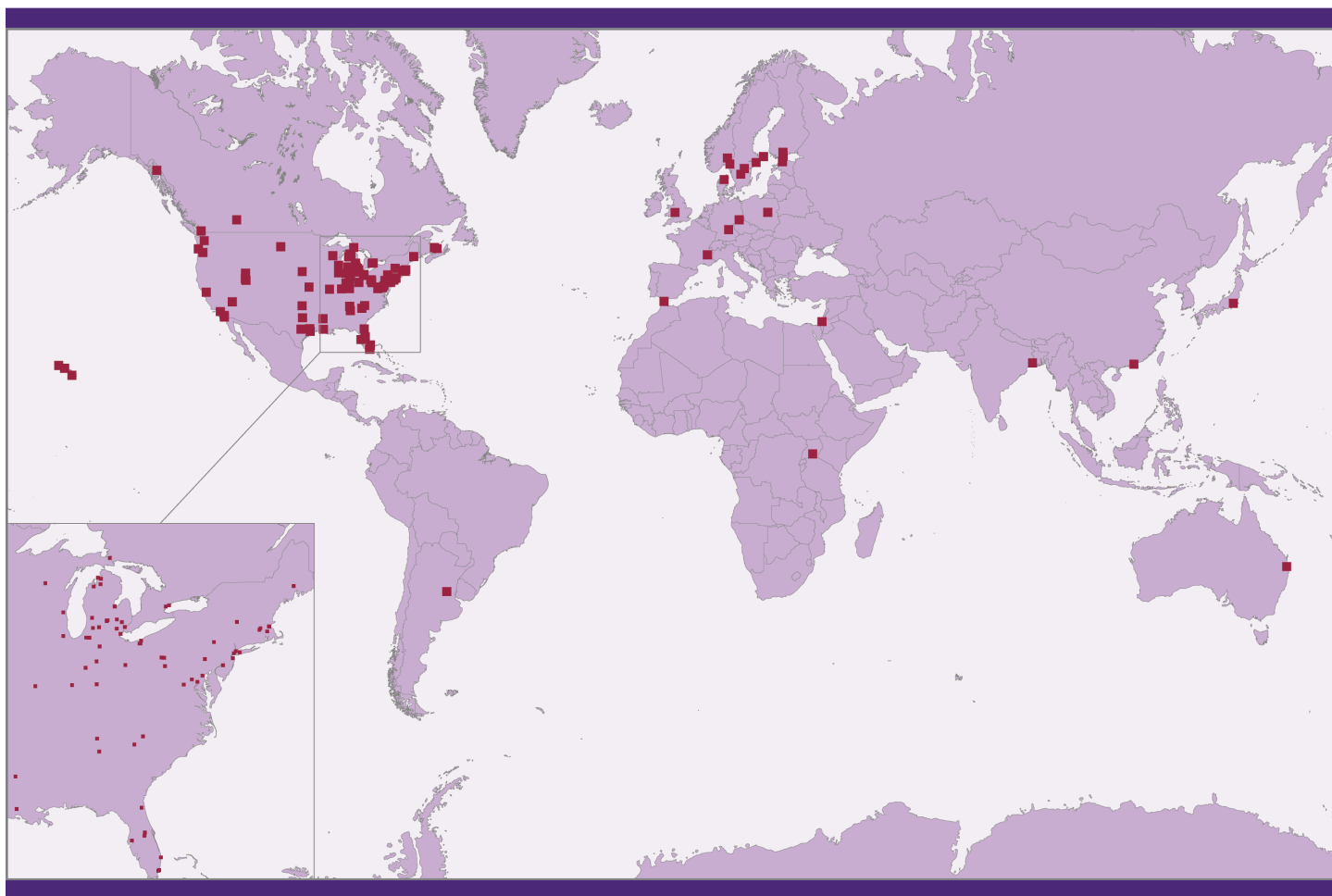


COVID-19 Vaccination for People with Severe Mental Illness



International Survey of Clubhouses

REPORT PRODUCED WITH

COVID-19 Vaccination for People with Severe Mental Illness

An International Survey of Clubhouses

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EXECUTIVE SUMMARY

People with serious mental illness are often on the outskirts of society, hidden from view of the public and policymakers. As a result, individuals with the most severe psychiatric disorders, including schizophrenia and severe bipolar disorder, are often overlooked or ignored by governmental policy.

This invisibility was never more apparent than in response to the COVID-19 pandemic. Many people with severe mental illness live in congregate living facilities, which were some of the locations hit hardest by the novel coronavirus SARS-CoV-2 that causes COVID-19. Additionally, the rush to slow the spread of the pandemic left few resources for mental health services; doctors, hospitals and other medical facilities were forced to focus all their attention on combatting the pandemic.

In many cases, this meant repurposing psychiatric hospital beds for overflow COVID-19 patients or limiting admissions due to risks of COVID-19 spread. At the same time that there was increased attention to the mental health needs of Americans due to the stress, isolation and grief of the pandemic, access to needed care for individuals with the most severe mental illnesses began to disappear. All of these factors led to an increased burden on those with severe mental illness, putting them at higher risk of contracting COVID-19 and neglecting their mental health needs.

At the same time that there was increased attention to the mental health needs of Americans due to the stress, isolation and grief of the pandemic, access to needed care for individuals with the most severe mental illnesses began to disappear.

Furthermore, research shows that schizophrenia is the second-highest risk factor for death from COVID-19. Other research indicates that people with severe mental illness are far less likely to receive the annual flu vaccine than the general population. These factors combined indicate that this group should have been prioritized to receive the COVID-19 vaccine with targeted outreach as early as possible. Public health experts suggest targeted outreach programs for people with severe mental illness as the best practice to facilitate COVID-19 vaccinations in the population.

There is substantial published research that supports serious mental illness as a medical condition associated with high risk for severe COVID-19:

- There is a 1.7 times greater risk of dying from COVID-19 for people with serious mental illness.¹
- Schizophrenia is the second largest risk factor for mortality from COVID-19, second only to age.²
- COVID-19 patients with schizophrenia have higher in-hospital mortality yet lower intensive care unit admissions.³

Nevertheless, targeted outreach and prioritization during the COVID-19 vaccine rollout did not occur in many states. Fortunately, there were community groups working to protect the health of people with severe mental illness to ensure they had access to the COVID-19 vaccine. Many of these groups were Clubhouses, which provide community centers for those living with severe mental illness.

In partnership with Clubhouse International, a community-based membership organization of 322 Clubhouses throughout the world, the Office of Research and Public Affairs at the Treatment Advocacy Center conducted an international survey of all Clubhouses to understand the barriers to and facilitators of COVID-19 vaccination among Clubhouse members.

The results are proof that efforts to invest in people with serious mental illness can make a difference. The results from the survey indicate the following:

- Estimated vaccination rates of Clubhouse members in the U.S. are, on average, significantly higher than those of the U.S. population.
- Concerns about the vaccine's safety and side effects are the top two reasons why people with serious mental illness may not get the vaccine.
- Vaccine hesitancy is not the only driver for people with serious mental illness to not receive the COVID-19 vaccine. Logistical and administrative barriers to getting an appointment or transportation to the vaccination site are also prominent.
- Sharing of experiences among peers is the most effective tool in changing minds around vaccination.

Overall, the findings indicate that community investment in people with serious mental illness can have a tremendous impact on their health and well-being. Now is the time to provide proper resources and support to people with serious mental illness and ensure that they are no longer pushed to the shadows. Governments, health care and social systems must create policies and practices and provide adequate resources in order to help people with serious mental illness live successful, fulfilling lives well into the post-COVID-19 future.

INTRODUCTION

The COVID-19 pandemic has had a devastating impact on the world. More than 4 million people worldwide have lost their lives to COVID-19, with countless more deaths unaccounted for.⁴ A total of almost 200 million individuals have contracted COVID-19 since the pandemic began, with many more experiencing immeasurable suffering due to the disruption of their daily lives.⁵ While there have been many positive breakthroughs since the emergence of the novel coronavirus SARS-CoV-2 in March 2020, such as the development of multiple effective COVID-19 vaccines, the pandemic has heightened existing social, racial and economic disparities and inflicted enormous harm and suffering on the collective society.

The COVID-19 pandemic has brought unprecedented public awareness to the importance of mental health. Mental health crisis helplines saw an 891% increase in call volumes in the first few months of the pandemic as the stress, grief and isolation resulting from widespread stay-at-home orders took a toll on the mental health of the nation.⁶ State and local governments created mental health resources to promote mental well-being during the pandemic, including developing awareness campaigns and establishing mental health helplines. Mental health was a common topic of discussion in the media and with political leaders, celebrities and families alike.

Mental health crisis helplines saw an 891% increase in call volumes in the first few months of the pandemic as the stress, grief and isolation resulting from widespread stay-at-home orders took a toll on the mental health of the nation.

Meanwhile, people with serious mental illness were often left in the shadows, facing extreme disruptions to their daily lives and treatment access with limited support to address their needs. Admissions to psychiatric treatment programs slowed and mental health case managers were left without the proper protective equipment to ensure their own and their clients' safety. As people were scrambling to secure toilet paper or hand sanitizer, group home operators were left without supplies for their residents. Family meetings with loved ones in inpatient facilities became less frequent or stopped completely.

In addition to these disruptions, having a serious mental illness poses an increased risk of infection, hospitalization and death from COVID-19.⁷ Several factors contribute to this increased risk, including the generally poorer physical health of individuals with serious mental illnesses, lack of access to health care, and high rates of smoking and obesity compared with the population at large.⁸

Having a serious mental illness poses an increased risk of infection, hospitalization and death from COVID-19.

Furthermore, according to research published in *JAMA Psychiatry* in January 2021, a schizophrenia diagnosis is the second-largest predictor of mortality from

COVID-19, surpassed only by age.⁹ Another study published in July that included data from seven different countries, including the United States, suggests that having a serious mental illness increases the risk of death from COVID-19 by a factor of almost two.¹⁰ This groundbreaking finding has major implications for the treatment and prevention efforts surrounding COVID-19. It suggests that a successful effort to prevent serious illness and death must prioritize people with schizophrenia for COVID-19 vaccination, make the vaccines accessible and conduct outreach to this population to increase the number of individuals willing to take the vaccine. Leading experts agree that the evidence is unequivocal regarding

this population's vulnerability to COVID-19 and that their prioritized vaccination eligibility is warranted.¹¹

There are multiple barriers to ensuring vaccination among people with severe mental illness, even beyond the limited availability of the COVID-19 vaccine itself and state variations for its distribution. Vaccine hesitancy, limited access to preventive health services and overall lack of resources all contribute the challenge of vaccinating this population.¹²

Public health experts have looked to past research about the influenza vaccine to inform best practices for establishing a COVID-19 vaccine program. Previous research indicates that only 25% of adults with severe mental illness receive the annual flu vaccine, compared with almost 50% of adults in the general population.¹³ Previously published research studies that aimed to understand flu vaccination willingness and barriers to access in people with severe mental illness may help fill in knowledge gaps around COVID-19 vaccination in this population.

For example, research first published in March 2019 in the *Journal of American Psychiatric Nurses Association* found significant barriers to receiving immunizations among people with serious mental illness.¹⁴ These included, in order of significance, lack of awareness and knowledge, accessibility, costs and fears about vaccinations. The study authors used the results of this survey to inform a vaccination program targeted to this population that included a partnership between a county health department and a community mental health center. Because accessibility and costs were both significant barriers to receiving immunizations that people with severe mental illness reported, the study leaders developed mobile vaccination clinics at outpatient mental health clinics. They used simple and low-cost marketing strategies to provide education on the importance of immunization in order to address the lack of awareness and knowledge. Of the 85 people who participated in a survey after receiving the immunization, 94% responded that they would like to receive future vaccinations at their community mental health center.¹⁵

Another study published in 2018 in *Australasian Psychiatry* examined the willingness of people with schizophrenia to adopt protective behaviors in response to the swine influenza pandemic of 2009 in Australia.¹⁶ Although 74% of people in the study reported they were "at least moderately willing" to be vaccinated, 72% of participants reported that they thought they would get the flu from vaccination, indicating a high level of misconception and lack of knowledge about how vaccines work to protect individuals from illness.

Public health experts recommended strategies addressing these barriers to increase the uptake of the COVID-19 vaccine in people with severe mental illness.¹⁷ Educating about the importance of vaccination and directly addressing negative beliefs about the safety of the vaccine were chief among their recommendations. Experts suggest that mental health professionals may be in the best position to deliver this education due to the level of trust they have established with people with severe mental illness and their experience adapting communications to this population to assist in their decision-making. Other researchers recommended creating vaccination sites within or alongside existing mental health service locations. They also suggested that more health care professionals be granted permission to administer the vaccine.¹⁸ These recommendations are aimed at reducing the barriers and costs associated with receiving the vaccine, assuming that fewer barriers and no monetary cost will increase vaccine uptake among people with serious mental illness.

Clubhouses for people with serious mental illness

A Clubhouse is first and foremost a community of people. Much more than simply a program, or a social service, a Clubhouse is a community of people who are working together toward a common goal.



A Clubhouse is a community intentionally organized to support individuals living with the effects of mental illness. Through participation in a Clubhouse, people are

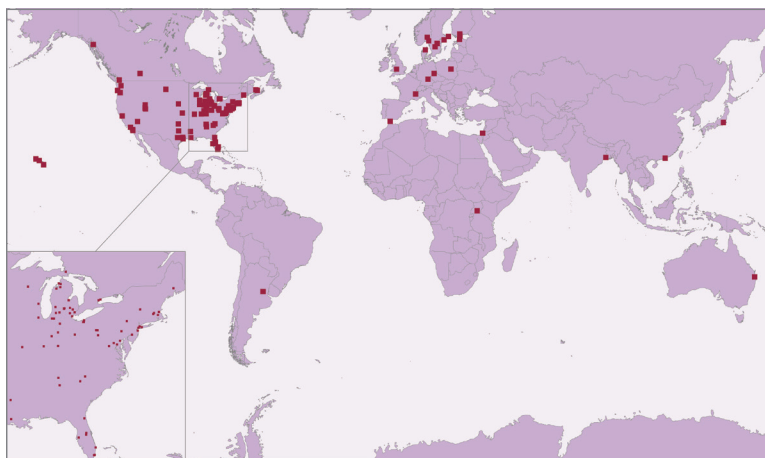
given opportunities to rejoin the worlds of friendship, family, important work, employment and education and to access the services and supports they may individually need. A Clubhouse is a restorative environment for people who have had their lives drastically disrupted and need the support of others who believe that recovery from mental illness is possible for all.

The Treatment Advocacy Center partnered with Clubhouse International (a membership organization that provides training, accreditation and technical assistance to 322 Clubhouses throughout the world) to conduct a survey of Clubhouses on COVID-19 vaccination among their members. The missions of the Treatment Advocacy Center and Clubhouse International overlap; both focus on supporting individuals with the most severe psychiatric disorders so they may live fulfilling lives. Results from the survey indicate that investing in people with serious mental illness — the goal of both organizations since their founding – does work and is necessary to protect their health and well-being.

METHODOLOGY

Data in this report were collected from a survey administered to Clubhouse directors from May 18 to June 11, 2021. A total of 322 Clubhouses received the survey via an email link to the survey platform (SurveyMonkey). All Clubhouses that are members of Clubhouse International were invited to participate, 214 from the U.S. and 108 from other countries.

The survey data were analyzed utilizing Microsoft Excel. Sample sums and means were calculated from the total response or filtered for Clubhouses within or outside the U.S. The qualitative responses to the survey were coded manually by first identifying the overarching themes reported in responses, and then counting the frequency of each theme's occurrence in the responses.



County-level COVID-19 vaccination data was obtained from the Centers for Disease Control and Prevention's database and analyzed using Microsoft Excel.¹⁹

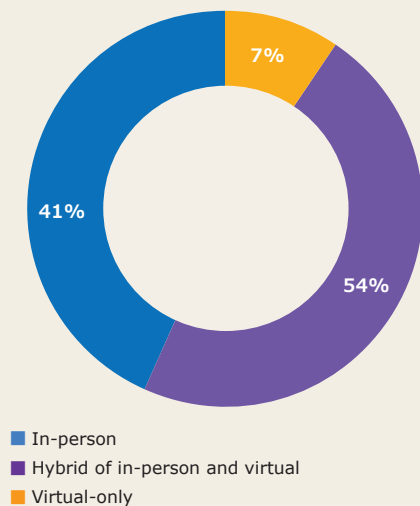
We received a total of 148 responses to the survey, including 116 from Clubhouses in the U.S. (54% response rate) and 32 from those outside the U.S. (30% response rate). The geographical distribution of responses is shown on the map left.

Our survey received responses from 148 Clubhouses, including 116 from Clubhouses in the U.S. and 32 from those outside the U.S.

FINDINGS

At the time of the survey administration, just over half of Clubhouses were operating as hybrid models, with both in-person and virtual activities (Figure 1). About 40% of Clubhouses reported operating as in-person only, and less than 10% reported operating only virtually. There were only slight differences between the U.S. Clubhouses and those outside the U.S., with Clubhouses outside the U.S. reporting slightly more in-person and fewer hybrid model operations.

Figure 1. Current status of Clubhouse operations*



* Data as of the survey administration ending on June 11, 2021.

Many Clubhouses reported that the return to normal in-person activities was a strong motivator for Clubhouse members to receive the COVID-19 vaccine. In addition, multiple Clubhouse directors reported that one reason members received the vaccine was the desire to no longer wear masks.

“Our members have been very receptive to the idea of getting vaccinated because they don’t want to wear masks at the Clubhouse anymore.”

— Clubhouse director in Utah, USA

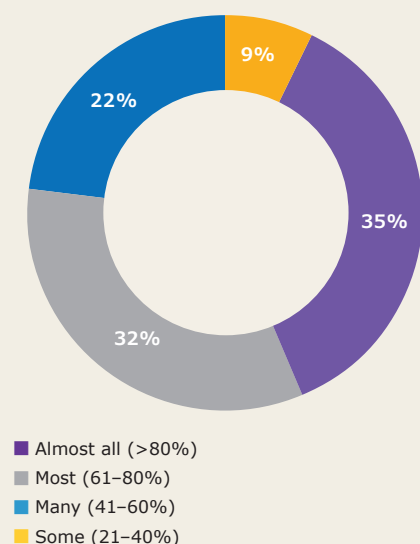
Findings from the United States

Vaccination rates among Clubhouse members

The majority of individuals with serious mental illness who are Clubhouse members have received the COVID-19 vaccine, providing them protection from severe illness or death if infected with the virus.^a One-third of Clubhouse directors report that almost all of their members have received the COVID-19 vaccine and another one-third report that most have received it (Figure 2). Conversely, less than 10% report that only 21–40% of their members are vaccinated.

As of July 2021, 48% of the U.S. population is fully vaccinated. While we cannot say exactly how many Clubhouse members are fully vaccinated, results of this survey indicate that the majority of Clubhouses have higher vaccination rates than the general U.S. population.

Figure 2. Estimated Clubhouse member COVID-19 vaccination rate, U.S.



“We have one member who is having delusions and swears he already got his vaccine but has no documentation of that. He is the only member of our Clubhouse who is not vaccinated.”

— Clubhouse director in Michigan, USA

^a The Clubhouse data from this report is all based on self-reported estimates of Clubhouse members by Clubhouse directors or staff. It is not an exact representation of COVID-19 vaccination rates of Clubhouse members.

Vaccination rates of Clubhouse members compared with county vaccination rates

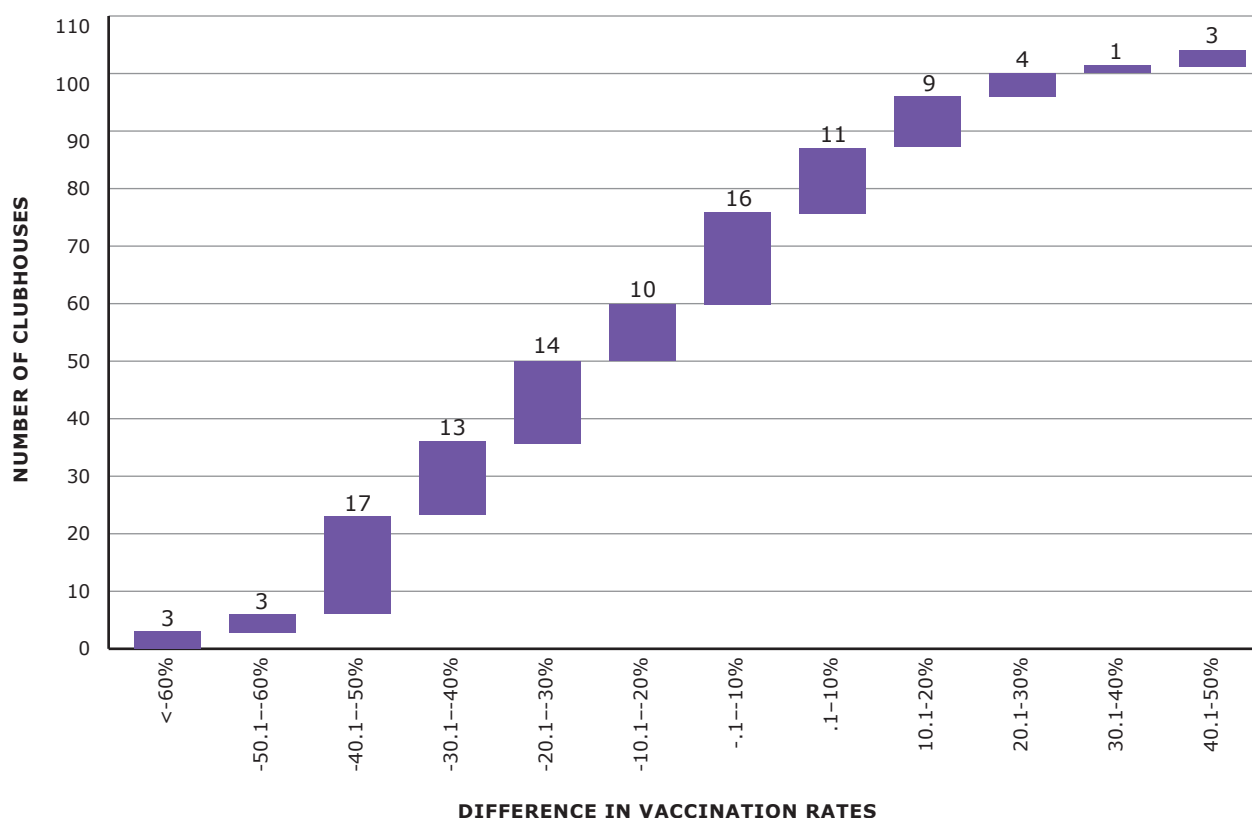
Out of 105 responses analyzed from the U.S., 64 of the Clubhouses estimated a higher rate of vaccination for their members compared with the vaccination rate of their county at the time of the survey. Seventeen counties estimated a lower vaccination rate for their members and 24 estimated a similar vaccination rate for their members compared with the rest of their county.

Figure 3 compares the difference in vaccination rates between Clubhouse members and the entire county at the time of the survey for the 81 locations that estimated either a higher or lower rate of vaccination for their members than the rest of the county. The figure shows the difference between the median of the estimated range of vaccination rates for Clubhouse members and the actual vaccination rate of their county.

One of the starkest differences in vaccination rates occurred in Floyd County, Ga., where only 10.1% of the county's population was fully vaccinated at the time of the survey, compared with an estimated 61–80% of Clubhouse members. Differences in vaccination rates of Clubhouse members compared with county population did not appear to have any trend based on the location or size of the county. This indicates that vaccination rates for Clubhouse members were largely unaffected by region or county size.

While the survey only asked for estimations, this analysis indicates that vaccination rates were typically higher for Clubhouse members than the general public. One likely reason for this could be that the majority of Clubhouses were successful in their targeted efforts to increase vaccination rates among members compared with other county residents.

Figure 3. Clubhouse vs. county vaccination rates, U.S.



Barriers to vaccination

There are multiple barriers to ensuring vaccination among people with severe mental illness. Vaccine hesitancy, limited access to preventive health services and an overall lack of resources all contribute to the challenge of vaccinating this population.

The survey results from Clubhouse directors indicate that concerns about the safety of the vaccine is the top reason for Clubhouse members to not receive or feel hesitant to receive the COVID-19 vaccine (Table 1). Concerns about potential side effects from the vaccine itself was the second most cited reason, according to the results.

Table 1. Barriers to COVID-19 vaccination ranked, U.S.

Rank the reasons that Clubhouse members give for not getting vaccinated for COVID-19 (1 most common, 5 least common).	RANK
Concerns about the safety of the vaccine	1
Concerns about side effects	2
Belief that they are not going to get COVID-19	3
Difficulty in registering for a vaccine	4
Inability to get to the vaccination site	5

Facilitators of vaccination

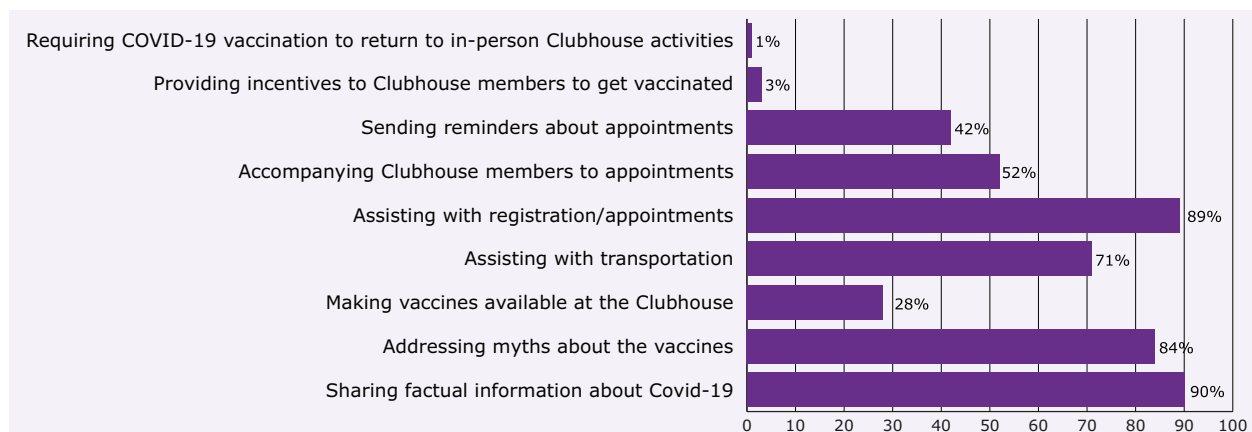
Quantitative Analysis

There were multiple strategies that Clubhouses used to facilitate COVID-19 vaccination among their members (Figure 4). The vast majority of Clubhouses reported assisting members with registration or appointments, sharing factual information about COVID-19 and addressing myths about the vaccine. Additionally, more than 70% of Clubhouses reported that they assisted with transportation to the vaccine site as a way to help members receive the COVID-19 vaccine. Almost 30% of Clubhouses helped to facilitate COVID-19 vaccination among their members by hosting a vaccine clinic at the Clubhouse.

“What worked best for us was to have vaccinations available at the Clubhouse, including the director being vaccinated with everyone else.”

— Clubhouse director in Michigan, USA

Figure 4. Facilitators of COVID-19 vaccination among Clubhouse members, quantitative results



Qualitative Analysis

In the qualitative response section of the survey, respondents had the opportunity to share the facilitators they found most effective for increasing vaccine uptake. Several themes arose when the Clubhouses were asked about the most successful methods used to help change the minds of members who were resistant to receiving the vaccine (Table 2).

Table 2. Facilitators of COVID-19 vaccination among Clubhouse members, qualitative results

TOP FIVE THEMES	TIMES MENTIONED
Persistent information sharing and myth busting	58
Discussion between members who have already received the vaccine and those who have not	40
Staff sharing their own vaccine experiences or getting vaccinated alongside the members	19
Incentives to return to normalcy	14
Help with vaccine registration, access, transportation, etc.	14

By far, the most common method to reduce vaccine hesitancy among members was information sharing and myth busting from Clubhouse staff. Some Clubhouses had daily briefs or discussions about the vaccine, others hosted workshops to share information and one had a physician come in to discuss the medical facts of the vaccine. The Treatment Advocacy Center partnered with Magnolia Clubhouse and Mental Health America to develop a myths-versus-facts factsheet about the COVID-19 vaccine for people with serious mental illness (Appendix).

The second most common method was discussion between members who had already received the vaccine and those who had not yet received it. Many Clubhouses used this discussion and experience sharing among peers as the primary method to reduce vaccine hesitancy. Public praise of members who got vaccinated and peer pressure tactics were also both mentioned within this theme.

Along a similar line, Clubhouses also used experience sharing from staff who had already received the vaccine to members. In this instance, the phrase “lead by example” was used repeatedly to indicate that Clubhouses used staff authority and trust to help convince members of the safety and efficacy of the vaccine. Several Clubhouses mentioned that staff went to get vaccinated with members to indicate the safety and efficacy of the vaccine. In fact, there were several instances of Clubhouse group trips to get vaccinated together.

This ties in to another method for increasing vaccination rates: Clubhouses assisted with or facilitated registration, transportation and access to the vaccine. Some Clubhouses had vaccinations done onsite to completely eliminate barriers to access.

“Over time members see the advantages of being vaccinated; such as, not needing a mask and feeling safe from illness.”

— Clubhouse director in Alaska, USA

“We held a public clinic for any members and others in the community where we were able to get many people vaccinated with the one-shot vaccine. We also coordinated with our community homeless alliance to help those who are unhoused to get the vaccine.”

— Clubhouse director in Oklahoma, USA

A smaller number of Clubhouses mentioned that discussion of how life would return to normal after everyone was vaccinated was an effective method to reduce hesitancy. A number of these Clubhouses specifically mentioned that no longer having to wear a mask was an incentive for members to get vaccinated.

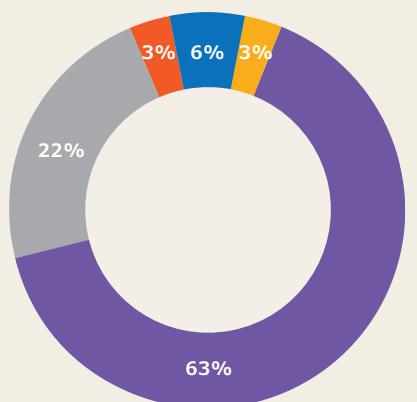
Several Clubhouses said that none of their members expressed vaccine hesitancy. Some also indicated that they did not employ any methods to reduce hesitancy and left the choice entirely to their members.

Findings from abroad

There are significant disparities in the availability and accessibility of the COVID-19 vaccine between the U.S. and other countries in the world.²⁰ Less than two-thirds of Clubhouses outside the U.S. indicated that the COVID-19 vaccine was widely available in their area when the survey was conducted in late May 2021 (Figure 5).^b Conversely, 99% of U.S. Clubhouses responded that the COVID-19 vaccine is widely available.^c One-quarter of Clubhouses outside the U.S. answered that although most adults are eligible

to receive the COVID-19 vaccine, supply is very limited. For example, a Clubhouse director in Australia reported at the time of the survey that the COVID-19 vaccine was only available to individuals older than 50 or at-risk populations.

Figure 5. COVID-19 pandemic status and vaccine access, Clubhouses outside the U.S.



- The COVID-19 vaccine is widely available.
- Most adults are eligible to receive the vaccine but supply is very limited.
- The COVID-19 vaccine is only available to select populations, which does not include most Clubhouse members.
- We have extremely limited access to the COVID-19 vaccine.
- We are experiencing a COVID-19 surge and our first priority is to mitigate spread and access healthcare for our members.

“We are starting two new positions where members will be vaccine ambassadors going into the broader community, helping people book vaccination appointments and sharing information.”

— Clubhouse director in Canada

“In our country vaccination is very expensive. Vaccines are also scarce.”

— Clubhouse director in Uganda

Further evidence of the disparate access to the COVID-19 vaccine for Clubhouses outside the U.S. can be seen in the estimated vaccination rates among Clubhouse members. Compared with U.S. Clubhouses, Clubhouses outside the

U.S. reported significantly lower estimated percentages of Clubhouse members who had received the COVID-19 vaccine (Table 3). Despite the limited availability of the vaccine, about two-thirds of Clubhouse directors expect almost all of their members to receive the vaccine once it becomes available.

^b Clubhouse respondents were most likely to be in Europe or Canada, where the COVID-19 vaccine is more available than in other parts of the world.

^c The one U.S. Clubhouse respondent who did not indicate the COVID-19 vaccine was widely available took the survey the first day it was open on May 18, 2021.

Table 3. Estimated Clubhouse member COVID-19 vaccination rate, U.S. vs. outside U.S.

	<u>U.S.</u> Estimated percentage of Clubhouse members who have received the COVID-19 vaccine	<u>OUTSIDE U.S.</u> Estimated percentage of Clubhouse members who have received the COVID-19 vaccine	<u>OUTSIDE U.S.</u> If the COVID-19 vaccine is not widely available, estimated percentage of Clubhouse members willing to receive the vaccine when it becomes available
Almost all (>80%)	35%	10%	63%
Most (61–80%)	32%	23%	21%
Many (41–60%)	22%	23%	13%
Some (21–40%)	9%	13%	4%
Very few (<20%)	2%	27%	0%
None (0%)	0%	3%	0%

DISCUSSION

The results of this survey and subsequent analysis provide key insights about how Clubhouses and their members have approached the COVID-19 pandemic and how investments in the lives of people with severe mental illness can have positive effects on these individuals.

While previous studies have shown that individuals with serious mental illness are less likely than the general population to get the flu vaccine for a variety of reasons, our findings indicate that Clubhouse members, who all have a serious mental illness, have unique motivators to get vaccinated and return to some semblance of normalcy. Individuals responded to incentives to receive the COVID-19 vaccine, including incentives to return to in-person activities, to no longer wear masks and to be able to visit family members.

The results indicate that Clubhouse members were, on average, more likely to get the COVID-19 vaccine compared with the general population in their county. This is likely due to the efforts of Clubhouses toward reducing barriers to receiving the vaccine for their members. A majority of the Clubhouses surveyed have implemented one or more methods to decrease vaccine hesitancy among their members and increase uptake of the COVID-19 vaccine. They used a variety of methods, including sharing information about the vaccine's safety and facilitating registration and transportation to receive the vaccine.

The successful efforts of the Clubhouses should be seen as an example of the benefits that targeted outreach and support programs can have for the population of people living with severe mental illness. The time and effort Clubhouses spend to help their members get vaccinated could be replicated in other programs that address barriers that people with severe mental illness face in managing the treatment of their illness.

The successful efforts of the Clubhouses should be seen as an example of the benefits that targeted outreach and support programs can have for the population of people living with severe mental illness.

Furthermore, the results of this survey indicate that people with severe mental illness, like all others, are influenced by the opinions and actions of their peers. Having a safe community to share stories, talk through concerns and address questions is immensely important for individuals with serious mental illness, who often face extreme loneliness and isolation as a result of their illness. Discussions between Clubhouse members who were vaccinated and those who were not were viewed by survey respondents as a key way to reduce vaccine hesitancy among their members. It is important to keep in mind that this discussion among peers was a valuable tool and could be incorporated in other programs that promote healthy behaviors for people with serious mental illness.

The creation of vaccination clinics onsite at some Clubhouses was mentioned as a successful method to increase vaccination rates among members for those Clubhouses that were able to do so. This further supports the public health experts' recommendation that trusted community providers develop vaccination sites to promote COVID-19 vaccination. This too could be used as a model to meet health care needs of individuals with serious mental illness, who often have worse health outcomes and higher mortality rates than the general population. Connecting physical health care services to mental health care service sites could increase the use of health services and ultimately better the physical health of people living with serious mental illness.

CONCLUSION

Overall, the findings indicate that community investment in people with serious mental illness can have a tremendous impact on their health and well-being. Now is the time to provide proper resources and support to people with serious mental illness and ensure that they are no longer ignored. As the COVID-19 pandemic continues to have a devastating impact on the world, especially with the emergence of new variants, the continued work of Clubhouses and other community organizations to protect individuals with serious mental illness is paramount.

Public health leaders have warned of the hidden fourth wave of the pandemic as a mental health emergency.²¹ In response to the growing mental health needs of the population, there have been unprecedented funding increases for mental health from the federal government to states and local communities. The results from this survey indicate that investment in people with serious mental illness works. Governments, health care and social systems must create policies and practices and provide adequate resources in order to help people with serious mental illness live successful, fulfilling lives well into the post-COVID-19 future.

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APPENDIX

COVID-19 VACCINATION MYTHS VS. FACTS

I GOT
MY COVID-19
VACCINE!



MYTH: <i>The vaccines are unsafe because they were developed too quickly.</i>	FACT: The COVID-19 vaccines have gone through a similar approval process by the Food and Drug Administration as other vaccines and have been found to be safe and effective.
MYTH: <i>I'm not at risk for having serious complications from COVID-19 so I don't need the vaccine.</i>	FACT: People with mental illness may be more at risk for serious complications from COVID-19. But regardless of your risk, you can still get COVID-19 and spread it to others. Getting vaccinated protects you, your family and your community from getting the disease and possibly dying or becoming seriously ill.
MYTH: <i>I already had COVID-19 so I don't need the vaccine.</i>	FACT: Experts do not know yet if someone who has had COVID-19 is protected from getting sick again. Therefore, it is highly recommended that you get the vaccine even if you have had COVID-19.
MYTH: <i>After I get the vaccine, I won't have to wear a mask</i>	FACT: It is true that fully vaccinated people can meet with other fully vaccinated people without wearing masks. However, when in public it is important to continue to wear a mask, wash your hands and social distance.
MYTH: <i>You can get COVID-19 from the vaccine.</i>	FACT: You cannot get COVID-19 from the vaccine because it doesn't contain the live virus.
MYTH: <i>The COVID-19 vaccine has severe side effects such as allergic reactions.</i>	FACT: Some people do experience side effects, much like those of other vaccines. These include muscle pain, chills and headache. In very rare cases, people can have allergic reactions. People with a history of severe allergic reactions should talk to their doctor before getting the vaccine.
MYTH: <i>The COVID-19 vaccine will change my DNA.</i>	FACT: The COVID-19 vaccine works by teaching your body's immune system how to recognize the COVID-19 virus and how to fight the virus so it doesn't make you sick. This does nothing to your body's DNA.
MYTH: <i>Now that we have vaccines, the pandemic will be over very soon.</i>	FACT: It is going to take a long time before enough people are vaccinated to begin seeing a significant drop in cases



5 TIPS

for Helping Individuals Living with Severe Mental Illness to Receive the COVID-19 Vaccine

People with schizophrenia and bipolar disorder are at an increased risk for severe illness and death from COVID-19. Therefore, we must do everything we can to ensure that they are vaccinated as soon as possible.

1. EDUCATE

Share information about the importance of the vaccine and be prepared to address misconceptions and negative beliefs about the vaccine's safety.

2. SIMPLIFY

Reduce the barriers to accessing the vaccine by simplifying the appointment process, assisting with completing paperwork, and providing appointment reminders.

3. MEET

Meet people where they are. Establish vaccination clinics at local community mental health centers, group homes and clubhouses.

4. SUPPORT

On the day of the shot, provide support to help make the experience as positive as possible. This may include assisting in arranging transportation, offering longer appointment times, providing a quiet place to sit, and giving comfort and assurance to those in need.

5. FOLLOW-UP

Follow up afterwards by asking how the person is doing, assisting with scheduling the second shot (if needed), and providing appointment reminders.





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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.