Commentary

A Scenario of COVID-19 Vaccine to Severe Mental Illness People

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COMMENTARY

The COVID-19 pandemic, which was caused by the newly discovered severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), spread quickly around the world, resulting in tens of millions of illnesses and over one million deaths. SARS-CoV-2 infection affects people of all ages, but those over 60 are more severely impacted. Furthermore, in the senior population, pre-existing co-morbidities are related with greater COVID-19-associated mortality. This article discusses the risk factors for SARS-CoV-2 infection in the elderly, as well as developments in producing COVID-19 vaccines, which are especially important for effective vaccination of the elderly. There's also a rundown of immunomodulatory and immunotherapeutic techniques to improving COVID-19 outcomes in the elderly. Because of behavioural changes associated with cognitive decline, patients with mental illness are prone to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections, especially when they are alone. While studies have suggested that the probability of SARS-CoV-2 infection and severe clinical consequences are higher in patients with mental illness, quantitative data to back up this claim is lacking.

This study looks into whether SARS-CoV-2 infection and mortality from coronavirus disease 2019 (COVID-19) are more common in persons with mental illness than in those without. Patients with mental illnesses are at a higher risk of contracting SARS-CoV-2 and dying as a result of COVID-19 infection. SARS-CoV-2 infection risk is increased by behavioural changes associated with cognitive decline and long-term care facility residence, and COVID-19-related death risk in individuals with mental illness is increased by severe medical conditions and delayed treatment. Patients with mental illnesses are a high-priority target demographic for COVID-19 prevention and treatment, so it's critical to devise prevention strategies that cater to their specific needs.

Patients with mental disorder should be concerned about severe COVID-19 outcomes following SARS-CoV-2 infection. Psychiatric symptoms are linked to health-risk behaviours like smoking and drinking, which explains why individuals with mental illness have a greater frequency of non-communicable diseases (NCDs) than the general population. Male sex, older age, and severe medical conditions have all been recognised as risk factors for severe COVID-19. In patients with mental illness, the high incidence of NCDs and poor prognoses for subsequent medical problems enhance the probability of negative outcomes following SARS-CoV-2 infection. While studies have found that patients with mental illness had a higher risk of SARS-CoV-2 infection and poor clinical outcomes as a result of their clinical characteristics, there is a lack of quantitative data to back up this claim. Vaccination programmes must have incontrovertible scientific safety data, as well as high rates of public acceptability and population coverage, to be successful.

Vaccine hesitancy, which is defined as a lack of trust in vaccination and/or complacency about vaccination, and which can lead to vaccination delays or refusal despite the availability of services, affects the success of coronavirus disease 2019 (COVID-19) immunisation efforts. The quick pace of vaccine development, misinformation in the popular and social media, the polarised socio-political atmosphere, and the inherent challenges of large-scale immunisation initiatives may erode vaccination confidence and create complacency towards COVID-19 vaccination. Although recent catastrophic COVID-19 infection outbreaks have highlighted the importance of COVID-19 vaccines, increasing population adoption will necessitate the use of multilevel, evidence-based interventions to drive behaviour change and address vaccine hesitancy. Recent survey research in the United States analysing public views toward the COVID-19 vaccination finds significant vaccine apprehension.

A strong health care system response is needed to overcome vaccine hesitancy, building on efforts at the policy and community levels to promote population access to COVID-19 vaccination. We review, summarise, and encourage the use of interpersonal, individual-level, and organisational interventions within clinical organisations to address this critical gap and improve population adoption of COVID-19 vaccination, drawing on the evidence base in social, behavioural, communication, and implementation science. COVID-19 infection increases morbidity and mortality in people with psychiatric illnesses, especially those with severe mental illness; consequently, immunisation against COVID-19 should be prioritised for this vulnerable group, as it has been in various countries (e.g., Denmark, Germany, The Netherlands, and the UK). There are growing worries about COVID-19 vaccination apprehension among the general public.

Vaccine apprehensions may potentially influence people with

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psychiatric problems; nevertheless, a study found that people with psychiatric disorders were only significantly less willing to have the COVID-19 vaccine than the general population. The coronavirus disease-19 (COVID-19) has spread over the world, affecting a wide range of people, including those with severe mental illnesses (SMI). According to recent studies, people with SMI may have a higher risk of morbidity and death from COVID-19 than the general population due to cognitive impairment, a lack of knowledge of the danger, and difficulties adhering to infection control measures.

Although some researchers have advised that individuals with SMI be given priority for COVID-19 vaccination in order to lower the chance of infection, this is a contentious topic. A higher risk of severe acute respiratory syndrome coronavirus 2 infections and COVID-19-related morbidity and mortality is linked to psychiatric diseases, particularly severe mental illness. As a result, vaccination allocation techniques should prioritise people with severe mental

illness. The effect of severe mental illness and psychotropic medicines on vaccine response, the attitudes of people with severe mental illness toward vaccination, and the potential challenges to, and possible solutions for, an efficient vaccination programme in this population are all discussed here.

The numerous accessible vaccines have come as a comfort for the public in the wake of the second wave of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections. Due to their scarcity, a number of nations have implemented priority-based vaccination programmes in which vaccines are given in a sequential order. Because of their vulnerability to SARS-CoV-2 infection, a more severe presentation, and/or a poorer prognosis, certain groups of the population are prioritised higher on the priority list. A complex interplay of risk variables such as age, occupation, socioeconomic status, and medical comorbidities may predispose people to poor results.