



¿WHY SHOULD COVID-19 VACCINATION BE PRIORITIZED FOR PEOPLE WITH SEVERE MENTAL DISORDERS?

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To combat the global COVID-19 pandemic, extraordinary and unprecedented efforts have been made in the development, production, and distribution of vaccines. Initial evidence suggests that various types of vaccines are safe and effective (Baden et al., 2021; Polack et al., 2020). However, at present, their availability is scarce and the debate regarding which risk groups should be prioritized is of considerable importance. A common framework for decision-making could be led by the following guiding principles: (a) maximize benefit and minimize risk in the short and long term, (b) seek equity in priority setting and vaccine allocation, and (c) try to mitigate inequalities favoring the groups most affected by the disease (Gollust, Saloner, Hest, & Blewett, 2020). The third point, especially, requires a careful and precise empirical analysis of the empathy and solidarity of society as a whole.

At the time of writing, some of the groups that have suffered the impact of COVID-19 most disproportionately are being vaccinated in our country: elderly people, users and staff of nursing homes, and health professionals. Hereinafter, it will be briefly argued that people with severe mental disorders (SMD) should be a priority group in the vaccination strategy, given the evidence that indicates that suffering from SMD is related to an increased risk of infection by SARS-CoV-2, greater severity of COVID-19 disease, higher rates of hospitalization, morbidity, and mortality (Nemani et al., 2021; Taquet, Luciano, Geddes, & Harrison, 2021). Although the term SMD is used more frequently to refer to dysfunctions related to the spectrum of psychosis and bipolar disorder, it can be extended to include any mental health problem that involves significant functional impairment (e.g., severe personality disorders, eating behavior disorders, among others). According to estimates by the World Health Organization, the prevalence of SMD is around 0.4% to 7.7% (Demyttenaere et al., 2004). However, it is not unreasonable to assume that, due to the effect of the pandemic, this prevalence will have increased to some degree, although this is a matter that still remains under investigation.

As other authors have pointed out (Mazereel, Van Assche, Detraux, & De Hert, 2021), SMDs should perhaps be prioritized within the group of patients with medical (somatic) morbidities that may lead to developing serious complications after SARS-CoV-2 infection (cardiovascular diseases, chronic obstructive pulmonary disease, diabetes, cancer, etc.). The truth is that there are multiple reasons for this, one of which is the high comorbidity of their mental health problems with medical (somatic) pathologies—whether because they overlap, due to the evolution of the disorder itself, or due to the effect of the chronic use of psychotropic drugs with known adverse effects on health. For example, people with SMD have a mortality rate that is three times that of the general population (Walker, McGee, & Druss, 2015). They also have a higher probability of developing

obesity or cardiovascular diseases, type II diabetes, and respiratory diseases, all of which are related to a worse prognosis of COVID-19 (De Hert et al., 2011). Likewise, the prevalence of smoking is two to three times higher in these individuals (Lasser et al., 2000).

In sum, people with SMD constitute a population that is at particularly high risk of becoming infected, suffering serious complications from COVID-19, and dying from the disease. Therefore, only issues related to stigma, prejudices, and inequalities with respect to other morbid entities with an equivalent impact on health explain why they did not have priority and early access to the vaccination process. The evidence is crystal clear regarding the relevance of facilitating the accessibility to make effective their right to health protection, minimizing undesirable consequences and the risk of mortality. At this point, as in many others related to the management of the current pandemic, the solution will be scientific, or it will not be. It will be supportive, or it will not be.

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