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## Beyond prioritization: Challenges to the COVID-19 vaccination of people with mental disorders in the Philippines

There is a significant increase in severity and mortality related to the direct and indirect effects of COVID-19 among people with mental disorders (Tandon, 2020, 2021a; Toubasi et al., 2021). Their higher predisposition to COVID-19 was posited to stem from both biological and psychosocial factors such as higher inflammatory cytokines and the negative affectation of mental disorders on decision making and judgment. Thus, it was suggested that they must be included in the priority categories for COVID-19 vaccination (Jakhar et al., 2021; Tandon, 2021a; Toubasi et al., 2021).

This suggestion was considered and included by the World Health Organization in their COVID-19 vaccination framework (Maboloc, 2021). Despite this, the magnified healthcare system weaknesses amidst the pandemic may hinder the prioritization of people with mental disorders for vaccination especially in developing countries with limited mental health system resources and prevailing stigma (Tandon, 2021b). This paper elucidates one of these unique challenges as exemplified in the Philippines, a developing nation. Particularly, the country has a limited number of psychiatrists who can provide the necessary documentation to be recognized as someone suffering from mental disorders (Lally et al., 2019).

It should be noted that the Philippines has a COVID-19 vaccine prioritization framework. Importantly, people with comorbidities are among the prioritized groups in the Philippines. They are included in the third priority group in the Department of Health (DOH) priority list under the A3 group, only following healthcare workers at the A1 group and the elderly population at the A2 group (Department of Health, 2021; Maboloc, 2021). Certain health conditions, including heart and lung diseases, are listed and prioritized more than other health conditions, such as mental health conditions (Department of Health, 2021). Thus, people with mental disorders are the third-highest priority under the A3 group in the Philippines. However, despite their inclusion in the vaccination priority, they may remain unvaccinated even if COVID-19 vaccines are available in their localities (Maboloc, 2021).

The challenge in the vaccination of those suffering from mental disorders may be the requirements needed to be recognized as individuals under the A3 priority group including medical certificates, prescriptions, or hospital records (Department of Health, 2021). These requirements are primarily accomplished by psychiatrists. With only about 500 psychiatrists catering to over 100 million Filipinos (Lally et al., 2019), these needed requirements may present as a bottleneck for the vaccination of people with mental disorders. Likewise, people undergoing treatment with other mental health professionals may turn to psychiatrists for the certificates needed for vaccination. Moreover, the higher rates of mental health problems during the pandemic may also increase the demand for psychiatric services which may already be in short supply (Tee et al., 2020). Thus, the low number of psychiatrists

coupled with the high demand for psychiatric services may delay the issuance of certifications needed by people with mental disorders to be eligible for the COVID-19 vaccination priority list.

Given these, psychiatrists and individuals with mental illness were burdened with providing and securing proof for COVID-19 vaccination. Thus, the greater responsibility for the COVID-19 vaccination shifted from the government to psychiatrists and those with mental disorders, themselves. These problems in vaccination may reflect the simplistic understanding and stigmatizing behavior towards people with mental problems in Philippine society (Rivera and Antonio, 2017). In this regard, requiring this marginalized population to prove that they have mental disorders may not only delay their COVID-19 vaccination but may also invite the pervasive stigma in Philippine society. Moreover, psychiatric consultation may increase their exposure to COVID-19 due to the possible clinic and hospital visits.

Given these challenges, there is a need to effectively and efficiently streamline the vaccination process for people with mental disorders. This can be done by considering the documents that can be provided by other mental health professionals such as nurses, counselors, and psychologists, as proof of mental disorder for vaccine priority. Likewise, severe symptoms of mental illness such as overt delusions and hallucinations of individuals at vaccination sites can be evaluated, documented, and appropriately considered as proof of mental disorder by onsite duty healthcare workers.

Generally, while the prioritization of people with mental disorders is a positive move towards vaccine equity for this disadvantaged and at-risk population, contextual factors such as mental health stigma and existing mental health system resources must be considered in public vaccination prioritization programs especially in developing nations such as the Philippines. If left unaddressed amidst the reopening of economic activities and reemergence of society from the pandemic (Tandon, 2020), people with mental disorders may be left exposed and vulnerable to the threat of COVID-19.

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