Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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intervention and avoiding certain coercive treatments. In our study,[1] Black service users drafting advance directives have reported past experiences of excessive force and police involvement, for example, in response to behaviour being misinterpreted as threatening—an all too common phenomenon.[4] It is hoped that collaborative drafting can both highlight structural racism and allow inclusion of personalised illness indicators to facilitate earlier treatment and reduced use of physical coercion.

GO supervises Kevin Ariyo's PhD, although KA's PhD research project is on a different topic to that addressed in the Correspondence. All other authors declare no competing interests. TG and PD are joint first authors on ths Correspondence.

*Tania Gergel, Preety Das, Gareth Owen, Lucy Stephenson, Larry Rifkin, Guy Hindley
tania.l.gergel@kcl.ac.uk

Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AB, UK (TG, PD, GO, LS, GH); South London and Maudsley NHS Foundation Trust, London, UK (PD, GO, LS, LR); NORMENT Norwegian Centre for Mental Disorders Research, University of Oslo, Oslo, Norway (GH)

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COVID-19 vaccine prioritisation for individuals with psychoses

There is robust evidence that, compared with the general population, individuals with psychoses (such as those with schizophrenia) are more likely to contract COVID-19, have severe symptoms, and die after contracting the infection.[1,2] Individuals with psychoses already have a shorter life expectancy (approximately 15 years less than the general population) as a consequence of a constellation of interrelated social, economic, and physical health risks, including inequities in employment, income and wealth, housing, and access to health services.[3] These inequities have been further amplified by the pandemic, leaving those with psychoses especially susceptible to the effects of COVID-19 infection. There is a clear and urgent need to prioritise these individuals for early vaccination globally.

To the best of our knowledge, only a small number of countries have explicitly prioritised individuals with psychoses in their vaccination strategies as of May, 2021 (including Malaysia, Peru, Ecuador, Chile, Colombia, and the UK). A portion of countries have modified their strategies to include this group after advocacy efforts (the Netherlands, USA, and Spain) or emerging scientific evidence (Denmark and Germany).[4]

In most countries, the prioritisation of those with psychoses is patchy, unclear, or non-existent. For example, in Brazil, Argentina, Panama, Latvia, Romania, Czech Republic, and Sweden, it is unclear whether the prioritisation of people with disabilities extends to people with psychoses. In the USA, only some states have modified their early vaccination strategies to include people with psychoses, whereas in the United Arab Emirates, mental health disorders were removed as an exclusion criterion, but not added to the priority list.[5] Although India and Israel are offering vaccines to all adults, these are not reaching people with psychoses because of barriers such as a low vaccine supply, absence of knowledge, stigma, and few proactive efforts to reach these groups. In sub-Saharan Africa, no country has prioritised people with psychoses for vaccination; in South Africa, Ghana, and Nigeria, priority is being given to political leaders, frontline health providers, and senior citizens with some comorbidities.

As countries move further into their vaccination programmes, individuals with psychoses—who are already excluded from receiving the adequate COVID-19 health-care they need—should not get left behind. The board of the *Lancet Psychiatry* Commission on Psychoses in Global Context stresses the urgency and crucial need to prioritise these individuals for vaccination and to pursue active efforts to reach and engage them.

SK received consulting fees from Librum in October, 2020. SP has received institutional funding from the National Institute of Mental Health USA and the Mariwala Health Initiative and Comic Relief; consulting fees from the Botnar Foundation; and has been an adviser at the Thakur Foundation India in the past 36 months. GME received partial salary funding from MRC from April, 2021, and from Maudsley Charity from October to March, 2021; and consultant fees from the SHM Foundation from January, 2020.

*Sonali Kumar, Soumitra Pathare, Georgina Miguel Esponda, and Lancet Commission on Psychoses in Global Context Editorial Board
sonali@cmhlp.org

Centre for Mental Health Law and Policy, Indian Law Society, Pune, Maharashtra 411004, India (SK, SP); Economic and Social Research Council Centre for Society and Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK (GME)

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Published **Online** June 17, 2021 https://doi.org/10.1016/S2215-0366(21)00236-4