

## What should psychiatrists advise their patients regarding COVID-19 protective measures and vaccination?

Dear Sir,

There is now widespread availability of COVID-19 vaccinations in Australia. However, our patients are exposed to media regarding vaccine hesitancy and misinformation<sup>1</sup> about COVID-19.<sup>2</sup> Therefore, practical medical advice regarding COVID-19 protective measures and vaccination is crucial. Psychiatrists can provide essential advice for people with serious mental illness, for whom, due to their increased risks of morbidity and mortality, vaccination is a priority.<sup>3</sup> Behavioural science research shows promoting cooperative behaviour to act for the common good is effective to increase uptake of protective measures.<sup>4</sup> Modelling of behaviour by trusted community members, especially doctors, is effective.<sup>4</sup> Recent research shows that people with serious mental illnesses, such as schizophrenia, and youth at high-risk for psychosis are willing to adhere to pandemic protective measures, such as physical distancing and handwashing, despite disability and social disadvantage.<sup>5</sup> Accordingly, we suggest the following evidence-based practical measures for psychiatrists who are advising patients about COVID-19 protective measures and vaccination:

1. Provide medical information based on an understanding of your patient and their risk profile;
2. To address risk perceptions:
  - a. explore how the patient views the efficacy and adverse effects of the vaccine, as well as their perception of the likelihood and seriousness of themselves contracting COVID-19<sup>2</sup>;
  - b. emphasise benefits of the vaccine for the patient: the favourable risk/benefit profile of the vaccine, and

reduced risk of hospitalisation and mortality<sup>2,4</sup>;

- c. focus on the benefits of protecting carers, friends and family members, as well as the community, by vaccination and effective protective measures<sup>4</sup>;
  - d. emphasise the effectiveness of protective measures such as increased hand hygiene, physical distancing, wearing a face mask and vaccination<sup>4</sup>;
  - e. be transparent about risks, including adverse events from vaccination and candidly acknowledge uncertainty<sup>1</sup>; and
  - f. offer credible information and sources for patients to research and address misinformation.<sup>1, 4</sup>
3. For patients who remain concerned about COVID-19 and vaccination, recommend patients consult their GP.

Thus, psychiatrists can improve the uptake of COVID-19 protective measures and vaccination by vulnerable people with serious mental illness.


### ORCID iDs


Jeffrey CL Looi  <https://orcid.org/0000-0003-3351-6911>  
 Stephen Allison  <https://orcid.org/0000-0002-9264-5310>

### References

1. Jaiswal J, LoSchiavo C and Perlman DC. Disinformation, misinformation and inequality-driven mistrust in the time of COVID-19: lessons unlearned from AIDS Denialism. *AIDS Behav* 2020; 24: 2776–2780. DOI: [10.1007/s10461-020-02925-y](https://doi.org/10.1007/s10461-020-02925-y).
2. Lin C, Tu P and Beitsch LM. *Confidence and receptivity for COVID-19 vaccines: a rapid systematic review*. Basel: Vaccines, 2020. DOI: [10.3390/vaccines9010016](https://doi.org/10.3390/vaccines9010016).
3. Warren N, Kisely S and Siskind D. Maximizing the Uptake of a COVID-19 Vaccine in people with severe mental illness: a public health priority. *JAMA Psychiatry* 2021; 78: 589–590. DOI: [10.1001/jamapsychiatry.2020.4396](https://doi.org/10.1001/jamapsychiatry.2020.4396).
4. Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 2020; 4: 460–471. DOI: [10.1038/s41562-020-0884-z](https://doi.org/10.1038/s41562-020-0884-z).
5. Macdonald KI, Spilka MJ, Bartolomeo LA, et al. Adherence to recommended health and social distancing precautions during the COVID-19 pandemic in individuals

with schizophrenia and youth at clinical high-risk for psychosis. *Schizophr Res* 2021; S0920-9964(21): 00283. DOI: [10.1016/j.schres.2021.07.030](https://doi.org/10.1016/j.schres.2021.07.030).

Jeffrey CL Looi   
 Canberra, ACT

Stephen Allison   
 Adelaide, SA

Tarun Bastiampillai  
 Adelaide, SA

Paul A Maguire  
 Canberra, ACT

DOI: [10.1177/10398562211060716](https://doi.org/10.1177/10398562211060716)

## Recommendations for psychiatrists regarding better access during the COVID-19 pandemic

Dear sir,

Australia is experiencing a third wave of COVID-19 since March 2020, which has resulted in more than 15 million people in lockdown through to mid-October 2021, with consequently increased population mental distress.<sup>1</sup> There are now substantial waiting times for psychological and psychiatric treatment, despite innovations in the provision of telehealth during the pandemic.<sup>2</sup>

Our prior research into Medicare-subsidised *Better Access* initiative during 2020<sup>3,4</sup> revealed attendances for psychology and allied health services increased by 11% in Australia, compared to the corresponding 2019 period.<sup>3</sup> Telehealth became the predominant mode of delivery for Victorians following their prolonged lockdowns (58%), compared to face-to-face sessions (42%). Consultations with psychiatrists increased by 14% on pre-pandemic levels, again substantially provided via telehealth.<sup>4</sup>

However, psychiatrists who work in shared care with GPs and allied mental health providers through *Better Access* are experiencing bottlenecks in accessing psychological therapy. Telehealth has been widely adopted during