



COVID-19 VACCINE GUIDANCE FOR BEHAVIORAL HEALTH PROVIDERS: Frequently Asked Questions

DATE: March 8, 2021

Q: How can individuals with behavioral health conditions (mental health and/or substance use disorder) be prioritized for receipt of the COVID-19 vaccine?

On February 12, 2021, the California Department of Public Health (CDPH) provided guidance on vaccine priorities, clarifying that healthcare providers may use their clinical judgement to vaccinate individuals age 16-64 with developmental or other severe high-risk disabilities and such individuals can be prioritized for vaccination as of March 15, 2021. See [CDPH website](#) for current guidance on vaccine priorities, and [provider bulletin](#) for details on the populations prioritized for vaccines. In the provider bulletin, CDPH states health care providers may prioritize the following individuals for vaccination:

If as a result of a developmental or other severe high-risk disability one or more of the following applies:

- *The individual is likely to develop severe life-threatening illness or death from COVID-19 infection*
- *Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival*
- *Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability*

CDPH has indicated that behavioral health clinicians and staff acting with their applicable scopes of practice are included as healthcare providers.

Local public health departments, mass vaccination sites, and vaccination providers shall recognize documentation from licensed behavioral health clinicians indicating the high-risk status of a client. To protect confidentiality, neither the diagnosis nor the type of disability is required on the documentation. Documentation must follow all state and federal privacy laws.

Q: What is the evidence that individuals with serious mental illness and/or substance use disorders have increased morbidity and mortality from COVID-19?

A: Many studies have demonstrated that people with serious mental illness (SMI) or serious substance use disorder (SUD) are at much higher risk of COVID-19 infection, severe illness, and death:

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- 1) People with severe mental disorders on average die 10-25 years earlier than the general population; the vast majority of these deaths are due to diabetes, heart disease, chronic lung disease and infectious disease.ⁱ
- 2) People with a recent diagnosis of serious mental illness had almost double the death rate from COVID-19 compared to someone with no mental illness.ⁱⁱ
- 3) People with schizophrenia were found study to be two to three times more likely to die of COVID-19 than the general population;ⁱⁱⁱ a Swedish study of almost 8 million patients found those with SMI without other medical risk factors were three times more likely to die of COVID-19 compared to persons without SMI.^{iv}
- 4) A study of 73 million patients found people with a diagnosis of SUD to be 8.7 times more likely to contract COVID-19 compared to those without SUD. Those with SUD had almost a 50% increased risk of death from COVID-19.^v
- 5) Analysis of electronic medical record (EMR) data from 35 health care organizations diagnosed with COVID-19 found persons with SUD had higher rates of hospitalization (2.3X), ventilator use (2.0X), and mortality (1.8X) within 21 days of COVID-19 diagnosis versus non-substance use disorder cohorts.^{vi}

Q: How do behavioral health providers and their staff get vaccinated?

A: All health care providers, including behavioral health providers, are included in Tier 1a (see [CDPH guidelines](#)) and should be offered COVID-19 vaccination. The following options are available for providers and staff to obtain vaccine:

1. Contact the local public health department
2. Go to the website My Turn (www.myturn.ca.gov) to schedule an appointment
3. Go to the website of a participating pharmacy to schedule an appointment.
4. Contact your county's behavioral health department for more assistance.

Sincerely,

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ⁱ [WHO Premature Death Among People with Severe Mental Disorders](#)

ⁱⁱ Wang, Q., et al., (2021). Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. *World Psychiatry*, 20(1), 124-130.

ⁱⁱⁱ Nemani, K., et al., (2021). Association of psychiatric disorders with mortality among patients with COVID-19. *JAMA psychiatry*.

^{iv} Maripuu, M., et al., (2021). Death Associated With Coronavirus (COVID-19) Infection in Individuals With Severe Mental Disorders in Sweden During the Early Months of the Outbreak—An Exploratory Cross-Sectional Analysis of a Population-Based Register Study. *Frontiers in psychiatry*, 11, 1538.

^v Wang, Q., et al., (2021). COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Molecular psychiatry*, 26(1), 30-39.

^{vi} Baillargeon, J., et al., (2020). The Impact of Substance Use Disorder on COVID-19 Outcomes. *Psychiatric Services*, appi-ps.