Attitudes towards COVID-19 vaccination among patients with early episode psychosis

Dear Sir,

Schizophrenia is associated with poorer COVID-19 outcomes, highlighting the importance of promoting vaccination in those with severe mental illness.1,2 Hesitancy likely presents a barrier to vaccination, though research in patients with mental illness is lacking. We sought to characterize the attitudes and barriers to COVID-19 vaccination among patients with Early Episode Psychosis (EEP) from the Peel and Rockingham Kwinana Mental Health Service in Western Australia.

Following approval by the Rockingham Peel Group Mental Health Governance Committee, a questionnaire of Likert and free-text items was offered to consenting patients of the EEP service. Questionnaires were collected from May-July 2021, as first-dose vaccination rates in WA rose 15%–29%.3 83 patients were offered the survey, 48 questionnaires were received and two were excluded due to participants being vaccinated. 46 questionnaires (response rate of 55%) were assessed using descriptive statistics and thematic analysis.

Participants were mostly young (modal age of 16–25 years). All had a diagnosis of suspected early-episode psychosis. 23 participants (50%) agreed/strongly agreed they intended to get vaccinated, a small majority (n = 25) affirmed they were worried about side-effects, most (n = 24) believed vaccines to be effective, and under half (n = 17) believed vaccines were safe (Figure 1). Ten participants believed vaccines would not be available to them. Questions assessing perception of COVID-19 infection revealed few (n = 6) believed it to be mild, many agreed/strongly agreed infection can result in serious illness (n = 32) and harm (n = 22), but only 19 participants worried about contracting the virus.

In those not intending to get vaccinated (n = 23), concerns regarding blood clots were mentioned nine times, vaccine safety and other side-effects, eight times. Vaccine ineligibility (n = 16), side-effects and safety (n = 8), were the most frequently reported obstacles to vaccination. Many felt additional research and information (n = 13), and improved accessibility (n = 8), would assist them in being vaccinated.

While findings were limited by a single site and low response rate, they suggest vaccination rates in those with psychotic illnesses will not reach federal targets. WA’s low COVID-19 prevalence is likely fostering the belief among participants that contracting the virus is unlikely. Though participants would receive Pfizer, blood clots remain concerning, possibly reflecting widely publicised reports of this rare side-effect. Importantly, psychotic symptoms rarely clouded attitudes towards COVID-19 vaccination and were not a barrier to vaccination.

To reduce morbidity and mortality, mental health services (MHS) must address vaccine hesitancy. Vaccination hubs within MHS, as well as efforts to deliver evidence-based COVID-19 vaccination information and education to patients, could improve accessibility and acceptance.

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Figure 1. Responses to Likert items on COVID-19 questionnaire by participants with early episode psychosis from the peel and Rockingham Kwinana mental health service.
Response to Treasure and Schmidt: joined-up care for youth-onset eating disorders

Dear Sir,

Treasure and Schmidt’s reply1 to our article on lifespan eating disorder (ED) services2 reinforces the concerns about discontinuities in care during the transition from child and adolescent (CAMHS) to adult (AMHS) mental health services. These discontinuities occur during the peak age of onset for EDs, which is the period of greatest acuity with the highest hospitalisation rates and community service use. This is also the time when youth can most benefit from early intervention during the first stages of an ED.3

We proposed that adult ED services should ‘reach down’ to early adolescence, in order to provide continuity of care across the lifespan, an approach tested in South Australia.2 However, Treasure and Schmidt argue that adult ED services are often underfunded and thus unable to ‘reach down’.4 We agree, and a Victorian initiative offers an alternative where child ED services ‘reach up’ to youth.

Dr Neil Coventry, the Chief Psychiatrist testified to the Royal Commission into Victoria’s Mental Health Services that:

Unlike [child and youth mental health services] where consumers with eating disorders and families are seen as core business, most adult area services do not treat consumers with eating disorders. As such, there is discontinuity in transition to adult services at age 18.4

To address this discontinuity, the Victorian government is creating a youth service stream for consumers aged 12–25.4 This stream will facilitate early intervention when consumers with EDs require a ‘step-up’ from primary care.

Other states/territories should follow suit by providing joined-up care for youth (either ‘reach up’ or ‘reach down’). Such reforms are urgently required, as COVID-19 is increasing the acuity of youth ED presentations, while the new Medicare ED programme is reducing the treatment gap, intensifying the demands on the acute public system. Integrated ED care should be core business for public sector mental health services, necessitating adequate funding, an expert workforce and well-designed infrastructure.

We also agree with Treasure and Schmidt that age-segregated ED services impede research on early intervention. Over 80% of all EDs have their onset in youth. The UK is leading the way on youth early intervention, reducing the duration of untreated EDs.5 Australia needs collaborative research on implementing these approaches.

Disclosure
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Psychotherapy education and practice during RANZCP training: an intergenerational problem

Dear Sir,

The training of psychiatrists should equip them with an array of tools to treat a wide range of mental disorders. Unfortunately, the current RANZCP training programme risks producing experts in psychiatric diagnosis, risk management and psychopharmacology who are ill-equipped to holistically treat high-prevalence mood and anxiety disorders due to a lack of psychotherapy skills.

This problem is not new. Throughout surveys of psychiatry trainees spanning nearly 20 years (conducted in 2003, 2008, 2013 and 2019), trainees have consistently identified psychotherapy training as a gap in the...