The survey, “COVID-19 Vaccination for People with Severe Mental Illness: An International Survey,” observes that as other vulnerable populations are prioritized for vaccine access, people with SMI continue to face critical barriers to vaccine access, even with the first dose. Many face heightened risks living in congregate settings, along with a strained access to transportation, much like individuals over 65, according to TAC.

The TAC Office of Research and Public Affairs partnered with Clubhouse International, a community-based organization of 326 Clubhouses throughout the world, in May 2021, to conduct an international survey of all Clubhouses to understand barriers and facilitators of COVID-19 vaccination among Clubhouse members. Overall, the findings indicate that community investment in people with serious mental illness can have a tremendous impact on their health and well-being.

“We wanted to determine how important community is for people with serious mental illness who need access to the vaccine and other resources,” Lisa Dailey, executive director of the Treatment Advocacy Center, told MHW. “Barriers to vaccination present the most practical problems in the same way that such hurdles were a problem for the elderly,” said Dailey. “And they can be solved the same way that we solved them for those over 65 or in nursing home care.”

Clubhouses for people with SMI is more than simply a program, or a social service, but a community of people who are working together toward a common goal, the survey stated. “Clubhouses are set up so that they are an available resource for people to go to during the day or by appointment,” said Dailey, adding that public outreach campaigns and referrals by social workers are also important.

Key findings

The TAC survey found that Clubhouses were often able to contact local public health officials responsible for COVID-19 response plans and arrange to conduct “pop-up” vaccine clinics in the Clubhouses, said Dailey. “This was extremely effective, to get both staff and clients vaccinated,” she said, adding that many Clubhouses were able to arrange this, and it was one of the most effective strategies.

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Continued from previous page

“However, Clubhouse staff had to actually seek this out from their state government, rather than there being an official strategy designed to reach those with SMI,” Dailey stated. “We applaud Clubhouses for so effectively advocating for their members but believe that, given the research, there should have been a national strategy for assisting those with SMI to obtain the vaccine, and that has still not happened.”

Overall, the findings indicate that community investment in people with SMI can have a tremendous impact on their health and well-being, the survey authors stated. “Now is the time to provide proper resources and support to people with serious mental illness and ensure that they are no longer pushed to the shadows,” they noted. “Governments, health care and social systems must create policies and practices and provide adequate resources in order to help people with serious mental illness live successful, fulfilling lives well into the post-COVID-19 future.”

Veterans from page 1

community psychology. The initiative will place a heavy emphasis on addressing veterans’ unmet needs in areas such as transitional housing and vocational support, according to authority leaders.

Sizer said that through better coordination of effort among all veteran-serving organizations in the Northeast Delta area, the regional governmental authority will be able to execute its integrated-care approach without having to identify new resources.

Geography a factor

The location of the authority’s service area plays into why this initiative is seen as necessary. Although the authority by no means offers as large an operation as the federal Department of Veterans Affairs, the nearest VA facilities to northeast Louisiana residents are a couple of hours away, either in Shreveport or across the state border in Mississippi.

Sizer emphasizes, however, that this initiative does not intend to replace veteran services that are delivered by the VA. In fact, it can serve to raise awareness that it benefits veterans to remain connected to the VA’s services as well.

The intent is to achieve more effective coordination among all agencies that encounter the veteran population. “Let’s find ways to leverage our resources,” Sizer said.

“The origin behind this initiative is the recognition that too many veterans are being left behind — sleeping under bridges, going hungry, not having adequate primary care,” he said.

Primary care screening will serve as an important component of the initiative, he said, with referral arrangements to other providers in the community to address issues for which the authority is not equipped to provide care.

A news release from the authority states that it “will provide mental health, addiction services, case management, employment opportunities and work to mitigate those negative social determinants of health that hold many veterans and large numbers of the general population behind.” Sizer said the integrated-care approach intertwines prevention and wellness services with an array of clinical services.

The authority has partnered with numerous community organizations to achieve such goals. For example, it has partnered with Easterseals Louisiana to build transitional housing capacity, offering individuals who are experiencing homelessness an opportunity to get off the streets and achieve stabilization while longer-term housing options are identified. Transitional housing and peer support services that are funded by the authority in partnership with Easterseals offer an array of behavioral health, case management, workforce development and life skills training services.

“While housing the homeless is not our core business, we saw a need to build a more robust housing continuum for this region’s vulnerable homeless and marginally housed populations,” Sizer said last week in a news release on transitional housing efforts. “While much more needs to be done, we did do something. And we will continue to highlight the need for affordable housing options for those battling mental illness, addiction, food insecurity, unemployment and developmental disability in our region.”

Conventional behavioral health treatment alone won’t be sufficient for a veteran who is also experiencing housing or food insecurity or inadequate primary care and social support, Sizer believes. “No military veteran should ever be abandoned, alone, suicidal, hungry or homeless,” he said in the news release regarding Operation No Veteran Left Behind. “They should have a safety net that meets their needs.”

The authority has committed to partnering with other governmental

“The origin behind this initiative is the recognition that too many veterans are being left behind — sleeping under bridges, going hungry, not having adequate primary care.’

Monteic A. Sizer, Ph.D.