

March 5, 2021

Via Email

Dr. Rochelle P. Walensky  
Acting Director  
Centers for Disease Control and Prevention

Dear Dr. Walensky:

We write to urge the CDC to add serious mental illness to the list of health conditions that pose an increased risk to adults of severe illness from the virus that causes COVID-19.

As you know, this list is a critical driver of states' decisions concerning who receives priority for COVID-19 vaccinations as well as strategies to address COVID-19 and decisions concerning allocation of personal protective equipment and other resources. While multiple studies have shown that people with psychiatric disabilities—and particularly people with serious mental illness—have higher rates of hospitalization, morbidity and mortality due to COVID-19 than others, the high risk faced by these individuals has not been widely recognized. We know of only one state, Delaware, that includes serious mental illness among the high-risk conditions that qualify individuals for vaccination priority.

Further, we urge the CDC to highlight strategies to reduce the census in long-term care and correctional facilities as part of its guidance on COVID-19 infection control measures in these facilities. Census reduction is a critical strategy to enable the social distancing that the CDC recommends but measures to secure census reduction are missing from the CDC's guidance.

*Recognizing Serious Mental Illness as a High-Risk Health Condition*

A substantial number of studies have identified the high risk of contracting COVID-19, hospitalization, and death faced by individuals with psychiatric disabilities.<sup>1</sup> Further, four

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<sup>1</sup> See Victor Mazereel et al., *COVID-19 vaccination for people with severe mental illness: why, what, and how?*, *Lancet*, Feb. 3, 2021, <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930564-2> (identifying eight studies); Katlyn Nemani et al., *Association of Psychiatric Disorders With Mortality Among Patients With COVID-19*, *J. Amer. Med. Ass'n*, at E1, <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2775179>.

studies found a “higher risk for worse COVID-19-related outcomes” for people with serious mental illness than for people with less serious mental illness. And most recently, a significant study published in the Journal of the American Medical Association found that individuals with a diagnosis of schizophrenia were 2.7 times as likely to die from COVID-19 as individuals without psychiatric diagnoses, controlling for demographic factors such as age, race and sex and for known medical risk factors.<sup>2</sup> In fact, schizophrenia spectrum diagnoses ranked “second behind age in strength of an association among all demographic and medical risk factors examined in this sample.”<sup>3</sup>

While a number of states include group homes, institutions, or other congregate settings for people with psychiatric disabilities in a priority category for vaccination, it appears that only Delaware has prioritized individuals with serious mental illness regardless of setting. Delaware’s vaccination phase 1c includes individuals aged 16-64 with high-risk medical conditions including “severe and persistent mental/behavioral health conditions.” Given the high risk faced by individuals with serious mental illness, their virtual absence from state vaccination priority lists is striking. It is urgent that the CDC add serious mental illness to its list of high-risk medical conditions, including so that the risks faced by this group of individuals will receive wider recognition.

*Including Census Reduction as an Infection Control Strategy in Long-Term Care Facilities*

In addition, we urge you to add to the CDC’s guidance on infection control in nursing homes and other long-term care facilities a recommendation for measures to reduce the census of such facilities. The existing guidance recommends that facilities “implement aggressive social distancing measures (remaining at least 6 feet apart from others)”<sup>4</sup> but nowhere reference the possibility of accelerating discharges to ensure that social distancing is possible within these facilities.

In light of the difficulties of implementing social distancing in these settings, and the need for single rooms for symptomatic individuals pending COVID-19 testing, it is important to highlight strategies to reduce census through increasing the pace of discharges. For example, the CDC might recommend that states (a) identify individuals in congregate settings who could be discharged to their own homes, to the homes of relatives or friends, or to available mental health or other subsidized housing; (b) offer and provide support to individuals’ families and friends to encourage them to open their homes to individuals being discharged from congregate care settings; (c) identify available mental health or other housing options, and (d) as needed provide

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<sup>2</sup> *Id.*

<sup>3</sup> *Id.* at E6.

<sup>4</sup> CDC, *Preparing for COVID-19 in Nursing Homes*, updated Nov. 20, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

short-term housing at a hotel or other community setting to allow individuals to isolate/quarantine before moving in with family or friends or into mental health or other subsidized housing.

*Including Vaccination and Census Reduction as an Infection Control Strategy in Jails and Prisons*

We urge the CDC to encourage states to prioritize jail inmates and prisoners in the same way they prioritize individuals in long-term care facilities to receive the vaccine. About 25% of individuals in jails and 15% of individuals in prisons have a serious mental illness.<sup>5</sup> The overrepresentation of ethnic minorities in such settings, particularly African Americans, is noteworthy and reflective of the social injustice and inequities inherent in our criminal justice system. Given that correctional settings do not readily allow for social distancing, it is not surprising that approximately one in five prisoners have contracted Covid-19<sup>6</sup> and far too many have died as a result. According to the CDC website, there is wide variation in how state vaccination allocation schemes treat state and local correctional facilities.

As with long-term care facilities, consideration should also be given to reducing the census in correctional settings to reduce the spread of Covid-19. Others have outlined important considerations for protecting vulnerable prisoners from COVID-19 that include de-carceration strategies.<sup>7</sup>

Thank you for your prompt attention to these urgent matters. We look forward to working with you and are happy to answer any questions that you may have.

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<sup>5</sup> Marcus Berzofsky & Jennifer Bronson, Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012 1, Bureau of Just. Stat. (June 2017), <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

<sup>6</sup> PBS Newshour Weekend, 1 in 5 prisoners in the U.S. has had COVID-19, 1,700 have died (Dec. 19, 2020), <https://www.pbs.org/newshour/health/1-in-5-prisoners-in-the-us-has-had-covid-19-1700-have-died>.

<sup>7</sup> Akiyama, M.J., Spaulding, A.C., & Rich, J.D. (2020). Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons. *The New England Journal of Medicine*, 382, 275-277. DOI: 10.1056/NEJMp2005687; Hawks, L., Woolhandler, S., & McCormick, D. COVID-19 in Prisons and Jails in the United States, *JAMA Intern Med*, 180(8):1041-1042. doi:10.1001/jamainternmed.2020.1856; Oladeru, O.T., Tran, N., Al-Rousan, T., Williams, B., & Zaller, N. (2020). A call to protect patients, correctional staff and healthcare professionals in jails and prisons during the COVID-19 pandemic. *Health & Justice*, 8(17).

Sincerely,

American Psychological Association

Judge David L. Bazelon Center for Mental Health Law

Mental Health America

National Alliance on Mental Illness

National Association of State Mental Health Program Directors