

MOBILE VACCINE CLINICS

A Low-Threshold, Sustainable, and Scalable Intervention for Patients and Healthcare Workers in Community Mental Health Settings

Van Alphen MU^{1,2,3}, Lim CS,^{1,2} Raberg L,³ Freudenreich, O^{1,2,3}

¹Department of Psychiatry, Massachusetts General Hospital, Boston, MA

²Harvard Medical School, Boston, MA

³North Suffolk Mental Health Association, Chelsea, MA



BACKGROUND

Patients with mental illness are particularly vulnerable to COVID-19 and less likely to receive vaccinations due to vaccine hesitancy and access barriers.¹

The same holds true for non-White healthcare workers caring for these patients.²

Mobile vaccine clinics (MVCs) have been shown to increase vaccination rates among patients with mental illness and homelessness.³

METHODS

North Suffolk agency in collaboration with their in-house pharmacy set up MVCs in community mental health settings (outpatient clinics, shelters, residential programs) as part of an agency-wide initiative to support patients and staff in receiving COVID-19 vaccines.

Clinics took place at different days in different sites lasting up to 4 hours. These services were free for patients and staff including those uninsured, and costs were covered by insurance.

Participants filled out a 14-item questionnaire to rate their experience with the MVCs.

MVCs are a critical component of a Multi-Pronged Approach to the Health Journey of People with SMI to maximize their vaccination uptake, together with patients' vaccine attitudes assessment, motivational interviewing and nudging, and healthcare team education, especially when applied by Psychiatric Providers in Mental Health Settings.

FINDINGS

69 of the 110 (63%) individuals receiving vaccines completed the questionnaire.

Patients [N=43 (62%)] were older (avg. age 53 yrs.) while staff were younger (avg. age 43 yrs.).

Most participants [N=66 (96%)] found it "very easy" or "easy" to access the vaccines in the MVC

Two thirds [N=48 (69%)] reporting it as "much easier" or "easier" compared to previous immunization venues.

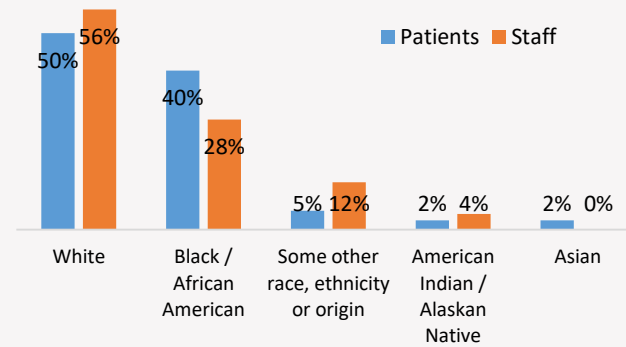
Most individuals [N=60 (87%)] would prefer a MVC in the future and almost all [N=65 (94%)] would recommend it to others.

DISCUSSION - CONCLUSIONS

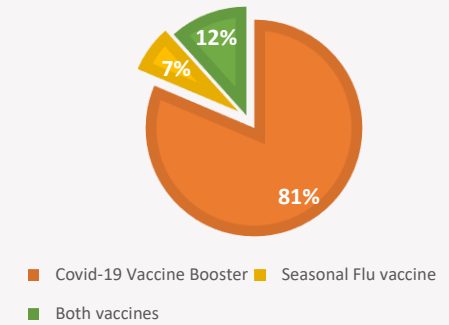
Embedding MVCs in mental health settings was an effective, preferred, and cost-effective intervention to receive vaccines for both patients with SMI and staff including those of Black or African American race.

MVCs provide a low-threshold, sustainable, and scalable alternative to traditional immunization venues for these hard-to-reach populations to overcome barriers to accessing vaccines and reduce health disparities.

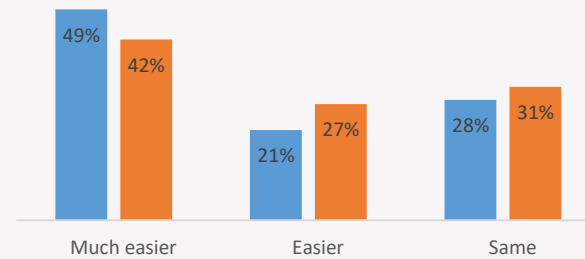
Patients: Race Distribution



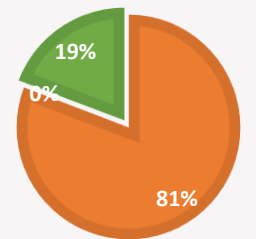
Patients: Vaccines Administered



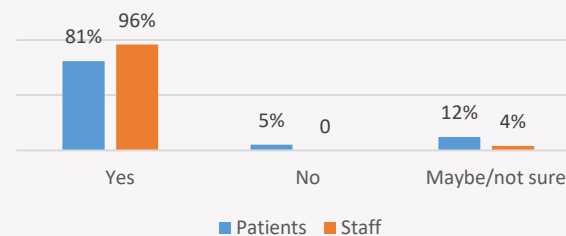
How does today's experience compare with previous vaccinations at other sites?



Staff: Vaccines Administered



Would you recommend mobile clinics to others (peers, family, friends, etc.)?



Additional Feedback



References

- Warren N, et al. Maximizing the Uptake of a COVID-19 Vaccine in People With Severe Mental Illness: A Public Health Priority. *JAMA Psychiatry*. 2021
- Momplaisir FM, et al. Racial/Ethnic Differences in COVID-19 Vaccine Hesitancy Among Health Care Workers in 2 Large Academic Hospitals. *JAMA*. 2021
- Leibowitz A, et al. Using difficult-to-reach populations: A COVID-19 practice we should keep. *Prev Med Rep*. 2021.
- Lim C, et al. Becoming vaccine ambassadors: A new role for psychiatrists. *Current Psychiatry*. 2021