

COVID-19 and Child and Youth Psychiatry
Press release of the National Academy of Medicine
15 April 2020

The COVID-19 epidemic takes on a particular aspect in children and adolescents, with low morbidity and mortality rates in this age group and the possibility of hidden transmission of the infection in the population.

Since the beginning of the epidemic, child psychiatric care has seen a massive reduction in full- and part-time hospitalizations and the extensive use of teleconsultations. The aim was to make inpatient beds available for coronavirus patients.

This change in care practices has sometimes led to psychological decompensation, forcing a return to more traditional forms. At the same time, patients have found a new balance with the help of remote ambulatory monitoring, which appears increasingly precarious as containment is prolonged.

In the general population, containment cuts children and adolescents from their usual network of relationships. It can also create tensions within the family unit: fear of illness, unusual promiscuity, fear of a deteriorated economic situation, the need to take care of children's schooling at home while continuing to work from home. These tensions can lead to intra-family violence, of which children are often the first victims and which will be a major risk factor for later psychiatric disorders.

In this context, the National Academy of Medicine recommends that:

1. For children and adolescents currently in a health or medico-social structure:

- to maintain as far as possible the effort of care by telemedicine;
- in parallel, to maintain a "non-electronic" care offer, within the medical structures, for patients with the most severe disorders and those at high risk of acute decompensation;
- to identify potential crisis situations (precarious housing, parental isolation, addictions, history of intra-family violence, etc.) and to propose without delay the actions that these situations require;
- to issue certificates of exceptional relocation for medical reasons in order to authorise possibly extended outings for families who require them.

2. For children and adolescents in the general population:

- to make wide use of the leaflet "Advice for parents in situations of confinement"¹: 1/ Explain and inform, 2/ Provide security, 3/ Value the importance of the group, 4/ Punctuate daily life, 5/ Manage the screens;
- for adolescents, to monitor the possible use of psychoactive substances (alcohol, tobacco and others);
- to stimulate collective resilience initiatives, for example by organizing virtual groups of parents of children from the same class or housing estate;
- to extend the government scheme "Covid-19 - Domestic and Family Violence" to include violence against children.

Finally, an offer of psychological and child psychiatric care in the post-containment period must already be prepared. While the majority of our children and adolescents have significant resilience capacities, some of them will nevertheless present disorders of varying severity at the end of the containment period. It will then be important to identify the situations where child psychiatric care will be necessary and those where parental information will be sufficient.

¹ Collège National des Universitaires de Psychiatrie and Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées. Advice to parents in a situation of confinement. <http://sfpeada.fr/covid19-conseils-et-propositions-en-période-de-confinement/>