Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Editorial

Handling children in COVID wards: A narrative experience and suggestions for providing psychological support

Sir,

Children cannot understand the need for isolation and hence, pose a clinical challenge in the COVID-19 ward. Some of these challenges are because of the environment of the COVID isolation wards, which are usually the makeshift wards or newly designed wards, which are isolated and far away from other ward areas, with restriction of movements (Grover et al., 2020). Often the children are given single rooms (in many centers), which can lead to anxiety, loneliness, distress, and fear. The environment is further complicated by the attire of the Health Care Workers (HCWs), who are in personal protective equipments (PPEs). Somehow this again takes away the human touch, and seeing the HCWs in PPEs can be a dreadful experience for the young children.

All these scenarios bring a lot of stress for the young children, who have never been socially isolated, totally cut off from humans, and their toys. The existing guidelines on the management of COVID-19 in pediatric patients are silent on the management of psychological stress experienced by the asymptomatic COVID positive children (Government of India, Ministry of Health, 2020; World Health Organization, 2020). In this regard, we discuss the narrative experience of mental health professionals of dealing with COVID-19, positive asymptomatic children admitted in the COVID wards at a tertiary care hospital in North India.

1. Narrative experience 1: "the unending questions of 8-year-old girl: "will my dad survive"?

An 8-year-old girl, was admitted to COVID center after she tested positive, along with her father and grandmother, both of whom were also COVID-19 positive. When she learned that she will be admitted to the hospital and will be separated from her mother, she started crying but was consoled by her grandmother, who also assisted her in hospitalization, saying that they were going to meet her father. However, soon she realized that she had to stay in the ward away from her family. Initially, she requested the treating team to allow her to meet her father and soon learned that he had been shifted to the intensive care unit (ICU). She got very disturbed and started crying incessantly. Seeing HCWs in PPEs, she got further distressed and asked them to go away. This led to the involvement of the mental health professionals in the management. She was evaluated by using video-calling. After initial resistance, she started talking. She became comfortable on seeing a person without PPEs/masks and was engaged in the discussion. While evaluating her, it became apparent that she had an unending chain of questions about her father, such as *"Where is my dad." " Is he alive" "Can I meet him now" "Can you take me near him? I will take care of my dad", " I won't be able to sleep without my dad,"* etc. She was reassured, provided the factual information about her father's clinical status, and was reassured that she would be allowed to meet him, as he gets well. Gradually, the discussion was diverted to other issues, such as her hobbies, about other family members. She was explained why doctors were wearing PPEs and what all she can discuss with them. She now became more amenable to discussion, felt relaxed, and felt reassured. The next day onwards, she was found to be more comfortable when the HCWs visited her in PPEs, did not seem to be afraid of them, and was co-operative for investigations. Daily supportive therapy sessions were continued through video-calls, and she was kept busy in different activities. She was provided with drawing books, crayons, storybooks, course curriculum books of mathematics, and the English language that were sent to her, and she was given daily tasks to keep herself busy. With these interventions, she became relaxed, would look forward to the video-calls by the treating psychiatrist. Throughout her further hospital stay, she maintained well.

2. Narrative experience 2: "papa, papa, where are you"

A female child aged one year and seven months was admitted with her mother in the COVID ward after being tested positive with her mother. She was aware that her grandparents were admitted with a positive COVID status three days before them. Fortunately, her father was not found to be positive. Upon admission with her mother, she started to cry a lot, terrified and startled on seeing doctors and nurses in PPEs and would cry incessantly. She started demanding to see her father, and kept on crying and could not be consoled by the mother. This led to the evaluation of the child by the mental health care team. The initial evaluation of the mother revealed that she was experiencing difficulty in managing her child and her anxiety after being detected COVID positive. The mother was reassured about her health and also about her child's health. The mother was advised to make scheduled video calls to her husband and allow the child to interact with her father. Initially, the mother was reluctant and afraid to do so, thinking that the child would cry more. She was reassured about the same. Additionally, she was asked to plan activities for the child every day, which could include showing the baby youtube videos of cartoons and musical rhymes and engaging her with papers and color pencils (the child used to scribble with crayons/pencils), etc. The child became comfortable, after interacting with the father through video-calls. This was also very reassuring for the mother. Following a hit and trial of 1–2 days, the mother started engaging the child in all the suggested activities in a scheduled manner. To her surprise, the child began to remain more active and appeared happy. All these suggestions helped the child,

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and she became more amenable to investigations and routine check-ups by the pediatricians.

3. Discussion

The above two narrative descriptions of handling the psychological issues among children during their hospital stay depict the very fact that psychological management should be an integral part of COVID positive children admitted to COVID wards. Fortunately, in both cases, the children had caregivers (Grandmother in the first case and Mother in the second case) admitted with them during the hospital stay. However, it is quite possible that every child may not be that fortunate and may have to be admitted alone or be left alone to survive (if parents get expired). In such extreme but quite possible scenarios, the role of a mental health professional is vital to address the emotional states and psychological problems in the children.

Mental Health Professionals have to accordingly gear up themselves to the new world (Tandon, 2020), where they have to deal with different kinds of psychological issues in children, have to provide telephonic consults, or provide consult over video-calls.

The Royal College of Paediatrics and Child Health has suggested that having child-friendly poster in wards with COVID-19 positive children, and writing 'hello my name is' in badges of the PPEs of the HCWs, engaging pediatric nurses trained in taking care of suspected/ COVID positive children staying separately from their parents, etc. can be beneficial COVID-19 - guidance for paediatric services (2020).

These narrative experiences and management of psychological issues of children, who were found positive for COVID-19, but were asymptomatic physically, illustrates the very fact that mental health issues are going to a major challenge in persons admitted to COVID-19 wards. Accordingly, mental health professionals should be a part of the core COVID-19 team in any COVID treating centers to look after the psychological needs of all the patients to make their stay in these facilities less stressful and more acceptable. This, in the long run, is also going to prevent the emergence of post-traumatic stress disorder (PTSD) in these patients.

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None.

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