

Giovanni de Girolamo

Oltre il virus: l'impatto psicosociale della pandemia nei giovani. Una revisione critica

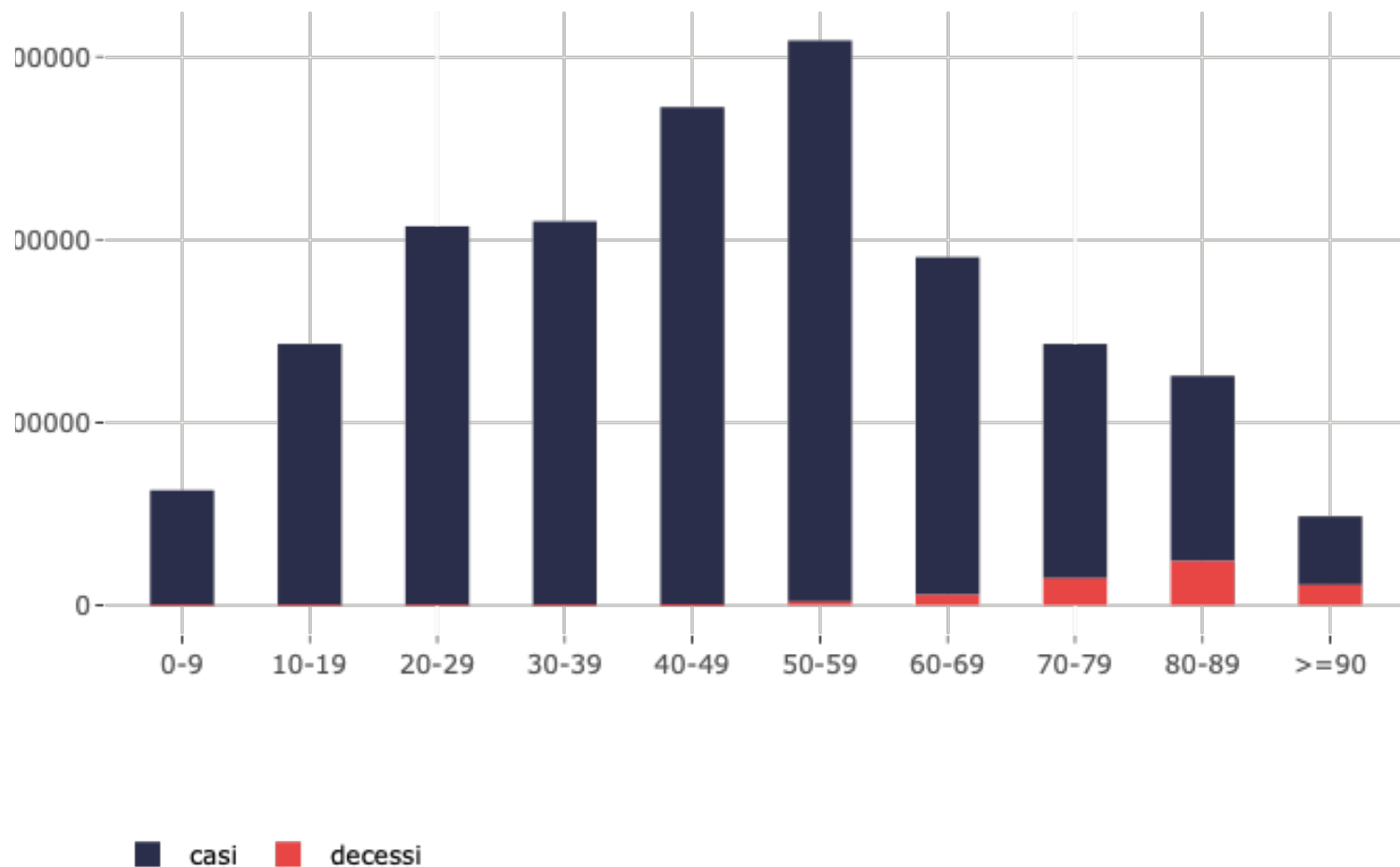


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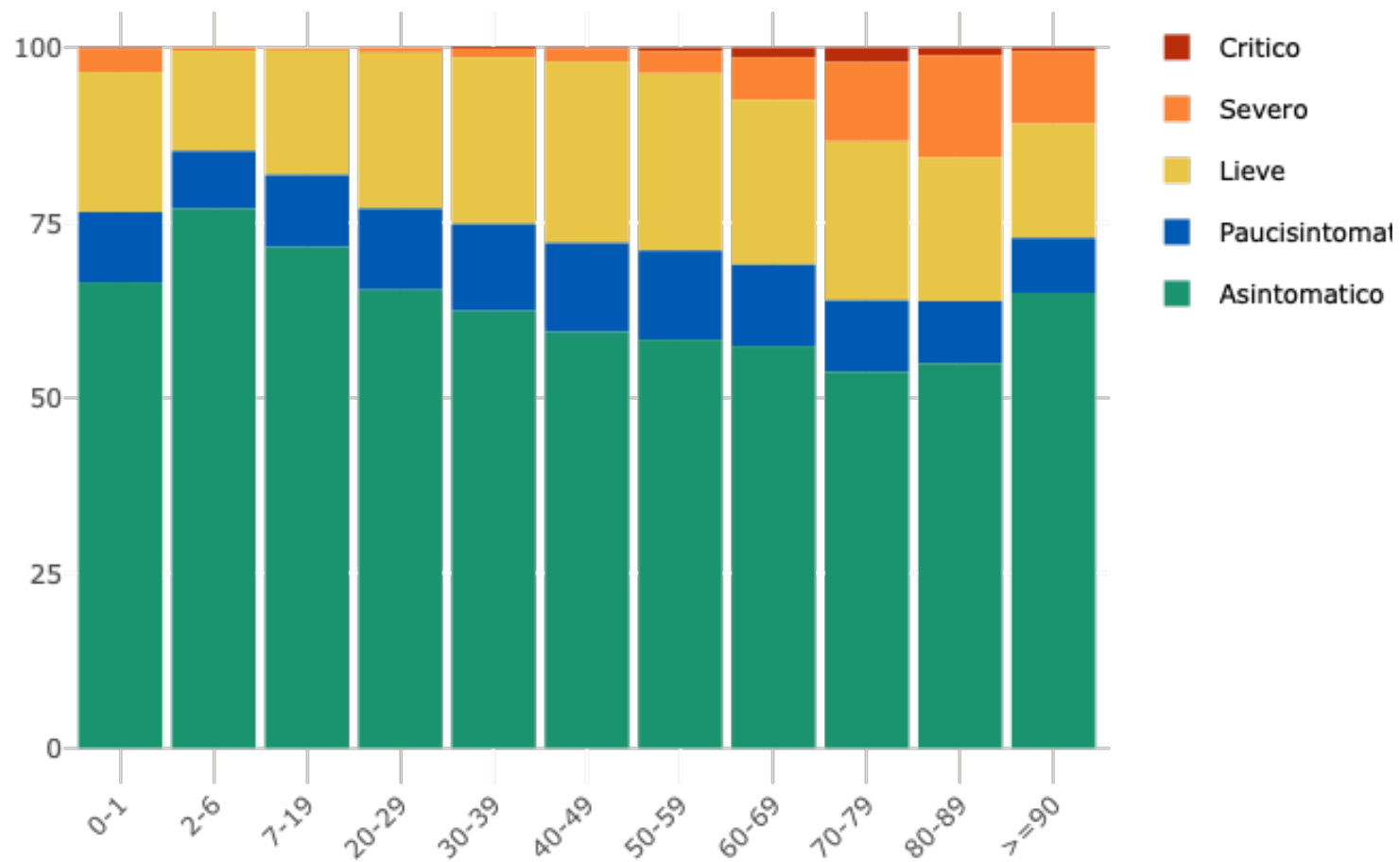
CENTRO SAN GIOVANNI DI DIO FATEBENEFRAELLI – BRESCIA

Centro Nazionale per lo Studio e la Cura
della Malattia di Alzheimer e Malattie Mentali

L'ORIZZONTE EPIDEMIOLOGICO



**ISS: numero di
casi di COVID-
19 segnalati in
Italia per classe
di età e letalità
(%) (dato
disponibile per
1.711.998 casi)**



**ISS: Proporzione
(%) di casi di
COVID-19
segnalati in
Italia per stato
clinico attuale e
classe di età
(dato disponibile
per 742.184
casi)**

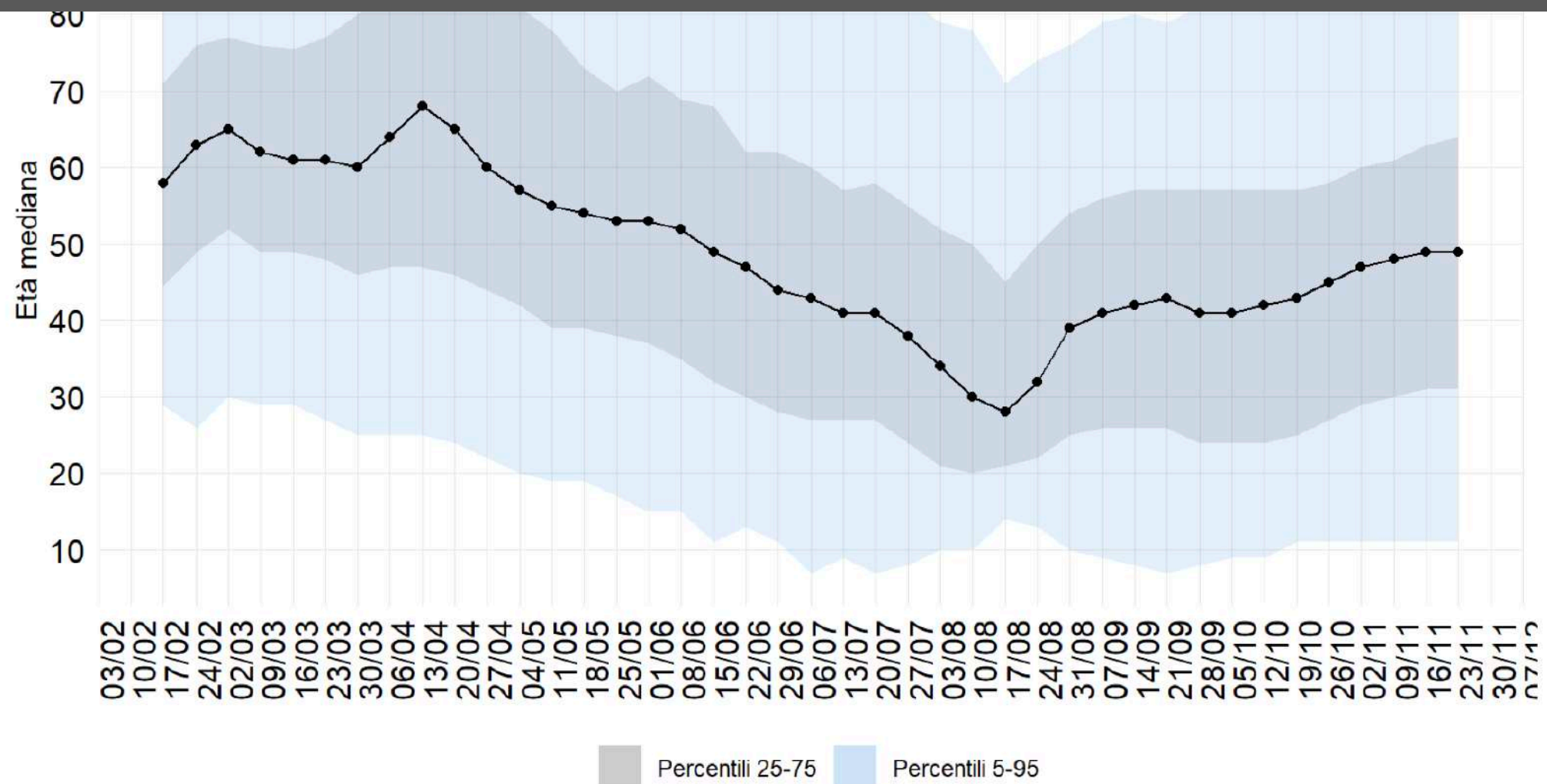


FIGURA 13 – ETÀ MEDIANA DEI CASI DI COVID-19 DIAGNOSTICATI IN ITALIA PER SETTIMANA DI DIAGNOSI

TABELLA 6 - DISTRIBUZIONE DEI CASI (N= 1.624.269) E DEI DECESSI (N=55.824) PER COVID-19 DIAGNOSTICATI IN ITALIA PER FASCIA DI ETÀ E SESSO

Classe di età (anni)	Soggetti di sesso maschile					Soggetti di sesso femminile					Casi totali				
	N. casi	% casi totali	N. deceduti	% del totale deceduti	Letalità %	N. casi	% casi totali	N. deceduti	% del totale deceduti	Letalità %	N. casi	% casi per classe di età	N. deceduti	% deceduti per classe di età	Letalità %
0-9	30.585	51,8	4	57,1	0	28.459	48,2	3	42,9	0	59.044	3,6	7	0	0
10-19	71.285	52,5	2	40	0	64.406	47,5	3	60	0	135.691	8,4	5	0	0
20-29	100.277	50,8	14	53,8	0	97.127	49,2	12	46,2	0	197.408	12,2	26	0	0
30-39	98.371	49,4	78	66,1	0,1	100.854	50,6	40	33,9	0	199.230	12,3	118	0,2	0,1
40-49	120.410	46,6	353	71,6	0,3	137.904	53,4	140	28,4	0,1	258.316	15,9	493	0,9	0,2
50-59	142.278	48,5	1.422	75,1	1	151.115	51,5	471	24,9	0,3	293.397	18,1	1.893	3,4	0,6
60-69	97.052	53,8	4.113	75,4	4,2	83.241	46,2	1.339	24,6	1,6	180.294	11,1	5.452	9,8	3
70-79	71.735	52,9	9.767	69,1	13,6	63.772	47,1	4.375	30,9	6,9	135.507	8,3	14.142	25,3	10,4
80-89	48.810	41	12.872	55,7	26,4	70.280	59	10.220	44,3	14,5	119.097	7,3	23.092	41,4	19,4
≥90	10.512	22,8	3.598	34	34,2	35.648	77,2	6.989	66	19,6	46.160	2,8	10.587	19	22,9
Età non nota	61	48,8	5	55,6	8,2	64	51,2	4	44,4	6,2	125	0	9	0	7,2
Totale	791.376	48,7	32.228	57,7	4,1	832.870	51,3	23.596	42,3	2,8	1.624.269	100	55.824	100	3,4



SARS-COV-2 infection in children and newborns: a systematic review

Ilaria Liguoro¹  · Chiara Pilotto¹ · Margherita Bonanni¹ · Maria Elena Ferrari¹ · Anna Pusioli¹ · Agostino Nocerino² · Enrico Vidal¹ · Paola Cogo¹

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Abstract

A recent outbreak of a novel Coronavirus responsible for a Severe Acute Respiratory Syndrome (SARS-CoV-2) is spreading globally. The aim of this study was to systematically review main clinical characteristics and outcomes of SARS-CoV-2 infections in pediatric age. An electronic search was conducted in PubMed database. Papers published between 1 January and 1 May 2020 including children aged 0–18 years were selected. Sixty-two studies and three reviews were included, with a total sample size of 7480 children (2428/4660 males, 52.1%; weighted mean age 7.6 years). Patients showed mainly mild (608/1432, 42.5%) and moderate (567/1432, 39.6%) signs of the infection. About 2% of children were admitted to the pediatric intensive care unit. The most commonly described symptoms were fever (51.6%) and cough (47.3%). Laboratory findings were often unremarkable. Children underwent a chest CT scan in 73.9% of all cases, and 32.7% resulted normal. Overall, the estimated mortality was 0.08%. A higher proportion of newborns was severely ill (12%) and dyspnea was the most common reported sign (40%).

Conclusion: SARS-CoV-2 affects children less severely than adults. Laboratory and radiology findings are mainly nonspecific. Larger epidemiological and clinical cohort studies are needed to better understand possible implications of COVID-19 infection in children.

Table 1 Characteristics of the included studies and main outcome measures in children with documented SARS-CoV-2 infection

Author	Cohort	Case series	Case report	Country	Language	N	Males	Age	Mortality	Still admitted at time of publication	Discharged	Days of hospitalization
Lu [10]	✓	—	—	China	English	171	104	Median 6.7 years (0–15 years)	1*	149	21	NR
Wang [33]	✓	—	—	China	Chinese	34	14	Median 8 years	0	0	34	NR
Xia [34]	—	✓	—	China	English	20	13	Median 2.1 (0–14 years)	0	0	20	12.9 ^b
KSID [29]	✓	—	—	S. Korea	English	201	NR	0–9 years: 16%; 9–19 years: 84% (45-day-old infant–19 years)	0	NR	201	NR
Dong [16]	✓	—	—	China	English	713 ^c	420	Median 7 years (2–13 years)	1	NR	NR	NR
Liu [39]	—	✓	—	China	English	4	2	2 months–9 years	0	0	4	NR
Wang [63]	—	—	✓	China	English	1	1	Newborn (36 h)	0	0	1	16
Cui [64]	—	—	✓	China	English	1	0	55 days	0	0	1	11
Li [57]	—	—	✓	China	English	2	1	4 years	0	1	1	NR
Ji [41]	—	—	✓	China	English	2	2	9–15 years	0	0	2	2
Liu [11]	—	✓	—	China	English	6	2	Median 3 years (1–7 years)	0	0	6	7.5 ^d
Zhou [42]	—	✓	—	China	Chinese	9	NR	0–3 years	0	0	9	NR
Zhu [65]	—	✓	—	China	English	10	8	Newborns (7–9 days)	1*	4	5	NR
Li [40]	—	✓	—	China	English	5	4	Median 3.4 years (10 months–6 years)	0	2	3	12–14
D'Amico [30]	—	✓	—	Italy	English	3 ^f	NR	NR	0	0	3	NR
Sun [31]	—	✓	—	China	English	8 ^g	6	2 months–15 years	0	3	5	NR
Zheng [32]	—	✓	—	China	English	25 ^h	14	Median 3 years (3 months–14 years)	0	24 ⁱ	1	NR
Park [43]	—	—	✓	S. Korea	English	1	0	10 years	0	0	1	NR
Lu [66]	—	✓	—	China	English	3	NR	Newborns (1, 5, and 17 days)	0	0	3	NR
Liu** [44]	—	—	✓	China	English	1	1	10 years	0	0	1	NR
Chan** [45]	—	—	✓	China	English	1	1	10 years	0	0	1	NR
Cai** [46]	—	—	✓	China	Chinese	1	1	7 years	0	0	1	NR
Chen** [47]	—	—	✓	China	Chinese	1	1	13 months	0	0	1	NR
Zhang** [67]	—	—	✓	China	Chinese	1	0	3 months	0	0	1	NR
Zeng** [68]	—	—	✓	China	Chinese	1	1	Newborn (14 days)	0	0	1	NR
Cai** [38]	—	✓	—	China	English	10	4	Median 6.2 years (3 months–11 years)	0	0	10	NR
Kam** [48]	—	—	✓	China	English	1	1	6 months	0	0	1	18
Feng** [35]	—	✓	—	China	Chinese	15	5	4–14 years	0	0	15	NR
Wang** [36]	✓	—	—	China	Chinese	31	NR	7 years (6 months–17 years)	0	7	24	NR
Zhang** [49]	—	✓	—	China	Chinese	2	0	14 months	0	0	2	NR
Zhao** [50]	—	—	✓	China	Chinese	1	1	13 years	0	0	2	NR
Wei [51]	—	✓	—	China	English	9	2	1–11 months	0	0	9	NR
Shen [52]	—	✓	—	China	English	28	NR	1 months–17 years	0	0	28	NR
Lou [53]	—	✓	—	China	English	3	1	6 months and 6–8 years	0	0	3	10
Qiao [54]	—	—	✓	China	English	1	0	13 months	0	0	1	NR
Wang [70]	—	—	✓	China	Chinese	1	NR	Newborn (19 days)	0	0	1	14
Su [55]	—	✓	—	China	English	9	3	Median 3.5 years (11 months–9 years)	0	0	9	NR
Zeng [23]	—	✓	—	China	English	3	3	Newborns (48 h)	0	0	3	2–11
Le [69]	—	—	✓	Vietnam	English	1	0	3 months	0	0	1	14
Tang [56]	—	—	✓	China	English	1	1	10 years	0	0	1	NR
Xu [37]	—	✓	—	China	English	10	6	Median 6.6 years (2 months–15 years)	0	6	4	10.5
ISS [14]***	✓	—	—	Italy	English	3293	1683	<17 years ^m	0	134	2277	NR
Pan [58]	—	—	✓	China	English	1	1	3 years	0	0	1	NR
Chen [62]	✓	—	—	China	English	31	13	1.5–17 years	0	8	23	NR
Xing [59]	—	✓	—	China	English	3	2	Median 4.2 years	0	0	3	23

Table 1 (continued)

Author	Cohort	Case series	Case report	Country	Language	N	Males	Age	Mortality	Still admitted at time of publication	Discharged	Days of hospitalization
Qiu [60]	√	—	—	China	English	36	23	Mean 8.3 years (1–16 years)	0	0	36	14
Zhang [61]	√	—	—	China	English	34	14	Median 33 months (10–94 months)	0	0	34	NR
Dong [22]	—	—	√	China	English	1	0	Newborn (from birth)	0	0	1	NR
Shen [71]	—	√	—	China	English	9	3	Median 8 yrs. (1–12 years)	0	3	6	15.3
Han [72]	—	√	—	China	English	7	4	Mean 1.3 years (2 months–13 years)	0	0	7	10
Kamli-Aghdam [73]	—	—	√	Iran	English	1	1	Newborn (15 days)	0	0	1	6
Canarutto [74]	—	—	√	Italy	English	1	1	Newborn (32 days)	0	0	1	5
Li [75]	√	—	—	China	English	40	23	Mean 5.09 ± 4.71 years	0	0	40	NR
CDC [76]	√	—	—	USA	English	2572	NR	Median 11 years (0–17 years)	3	147/745	NR	NR
Parri [77]	√	—	—	Italy	English	100 ^a	57	Median 3.3 years (0–17.5 years)	0	67	33	NR
Tagarro [78]	√	—	—	Spain	English	41	18	Median 1 year (0.35–8.5 years)	0	25	NR	NR
See [79]	—	√	—	Malaysia	English	4	3	Median 6.5 years (20 months–11 years)	0	4	4	NR
Tan [80]	—	√	—	China	English	10	3	Median 7.5 years (13 months–12 years)	0	10	10	17.2
Du [81]	—	√	—	China	English	14	6	Median 6.2 years (0–16 years)	0	NR	NR	NR
Zhu [84]	—	√	—	China	English	10	5	Median 9 years (19 months–14 years)	0	10	5	NR
Buonsenso [82]	—	—	√	Italy	English	2	2	Newborn (14 days)	0	0	2	NR
Han [83]	—	—	√	S. Korea	English	1	0	Newborn (27 days)	0	1	1	18
Total	13	26	23			7480	2428/4660 ^{ab}	WM ^a 7.6 years (range 0–18 years)	6 0.08% ^p	605 12.9% ^q	2926 71% ^q	WM ^a 11.2 days (range 2–27)

Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults

Jonas F. Ludvigsson^{1,2,3,4}

¹Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

²Department of Paediatrics, Örebro University Hospital, Örebro, Sweden

³Division of Epidemiology and Public Health, School of Medicine, University of Nottingham, UK

⁴Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY, USA

Correspondence

Jonas F Ludvigsson, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, 17177 Stockholm, Sweden.
Email: jonasludvigsson@yahoo.com

Abstract

Aim: The coronavirus disease 2019 (COVID-19) pandemic has affected hundreds of thousands of people. Data on symptoms and prognosis in children are rare.

Methods: A systematic literature review was carried out to identify papers on COVID-19, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), using the MEDLINE and Embase databases between January 1 and March 18, 2020.

Results: The search identified 45 relevant scientific papers and letters. The review showed that children have so far accounted for 1%-5% of diagnosed COVID-19 cases, they often have milder disease than adults and deaths have been extremely rare. Diagnostic findings have been similar to adults, with fever and respiratory symptoms being prevalent, but fewer children seem to have developed severe pneumonia. Elevated inflammatory markers were less common in children, and lymphocytopenia seemed rare. Newborn infants have developed symptomatic COVID-19, but evidence of vertical intrauterine transmission was scarce. Suggested treatment included providing oxygen, inhalations, nutritional support and maintaining fluids and electrolyte balances.

Conclusions: The coronavirus disease 2019 has occurred in children, but they seemed to have a milder disease course and better prognosis than adults. Deaths were extremely rare.

Children are unlikely to be the main drivers of the COVID-19 pandemic – A systematic review

Jonas F. Ludvigsson^{1,2,3,4} 

¹Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

²Department of Paediatrics, Örebro University Hospital, Örebro, Sweden

³Division of Epidemiology and Public Health, School of Medicine, University of Nottingham, Nottingham, UK

⁴Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY, USA

Correspondence

Jonas F Ludvigsson, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, 17177 Stockholm, Sweden.
Email: jonasludvigsson@yahoo.com

Funding Information

Region Örebro län; Karolinska Institutet

Abstract

Aim: Many countries have closed schools and kindergartens to minimise COVID-19, but the role that children play in disease transmission is unclear.

Methods: A systematic literature review of the MEDLINE and EMBASE databases and medRxiv/bioRxiv preprint servers to 11 May 2020 identified published and unpublished papers on COVID-19 transmission by children.

Results: We identified 700 scientific papers and letters and 47 full texts were studied in detail. Children accounted for a small fraction of COVID-19 cases and mostly had social contacts with peers or parents, rather than older people at risk of severe disease. Data on viral loads were scarce, but indicated that children may have lower levels than adults, partly because they often have fewer symptoms, and this should decrease the transmission risk. Household transmission studies showed that children were rarely the index case and case studies suggested that children with COVID-19 seldom caused outbreaks. However, it is highly likely that children can transmit the SARS-CoV-2 virus, which causes COVID-19, and even asymptomatic children can have viral loads.

Conclusion: Children are unlikely to be the main drivers of the pandemic. Opening up schools and kindergartens is unlikely to impact COVID-19 mortality rates in older people.

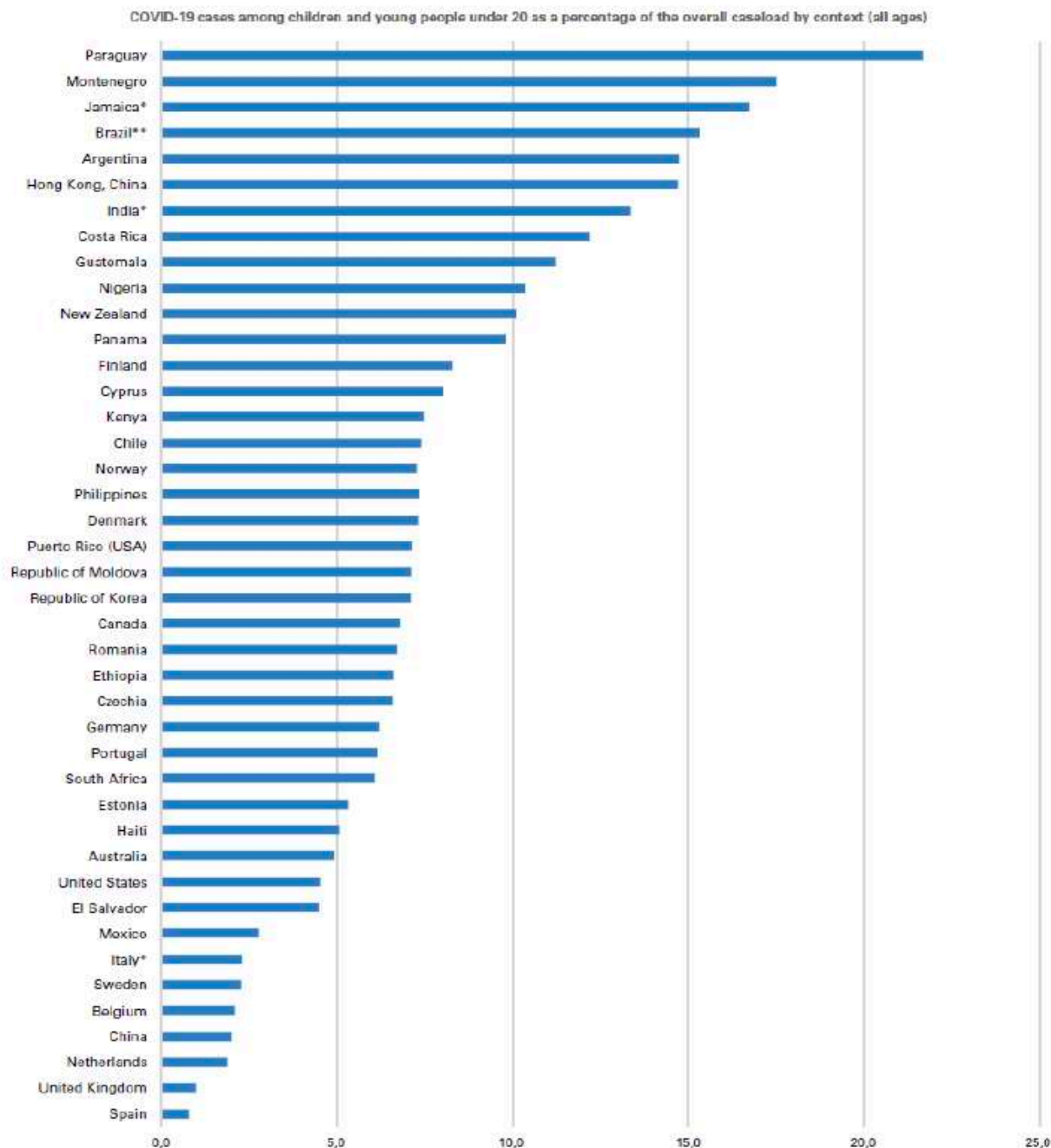
The Evolving Epidemiologic and Clinical Picture of SARS-CoV-2 and COVID-19 Disease in Children and Young People

Lynne M. Mofenson MD, Priscilla Idele PhD, David Anthony MSc, Jennifer Requejo PhD, Danzhen You PhD, Chewu Luo PhD, Stefan Peterson PhD

UNICEF Office of Research | Innocenti Working Paper

WP-2020-07 | July 2020

Figure 2: COVID-19 infections among children and adolescents (<20 years) as a share of total national caseloads varies widely among countries and by income grouping



Outcomes from intensive care in patients with COVID-19: a systematic review and meta-analysis of observational studies

R. A. Armstrong,¹ A. D. Kane² and T. M. Cook³

¹ Fellow, Severn Deanery, Bristol, UK
² Specialty Registrar, Department of Anaesthesia, James Cook University Hospital, Middlesbrough, UK
³ Consultant and Honorary Professor, Department of Anaesthesia and Intensive Care Medicine, Royal United Hospitals Bath NHS Foundation Trust, Bath, UK

Summary

The emergence of coronavirus disease 2019 (COVID-19) has led to high demand for intensive care services worldwide. However, the mortality of patients admitted to the intensive care unit (ICU) with COVID-19 is unclear. Here, we perform a systematic review and meta-analysis, in line with PRISMA guidelines, to assess the reported ICU mortality for patients with confirmed COVID-19. We searched MEDLINE, EMBASE, PubMed and Cochrane databases up to 31 May 2020 for studies reporting ICU mortality for adult patients admitted with COVID-19. The primary outcome measure was death in intensive care as a proportion of completed ICU admissions, either through discharge from the ICU or death. The definition thus did not include patients still alive on ICU. Twenty-four observational studies including 10,150 patients were identified from centres across Asia, Europe and North America. In-ICU mortality in reported studies ranged from 0 to 84.6%. Seven studies reported outcome data for all patients. In the remaining studies, the proportion of patients discharged from ICU at the point of reporting varied from 24.5 to 97.2%. In patients with completed ICU admissions with COVID-19 infection, combined ICU mortality (95%CI) was 41.6% (34.0–49.7%), $I^2 = 93.2\%$. Sub-group analysis by continent showed that mortality is broadly consistent across the globe. As the pandemic has progressed, the reported mortality rates have fallen from above 50% to close to 40%. The in-ICU mortality from COVID-19 is higher than usually seen in ICU admissions with other viral pneumonias. Importantly, the mortality from completed episodes of ICU differs considerably from the crude mortality rates in some early reports.

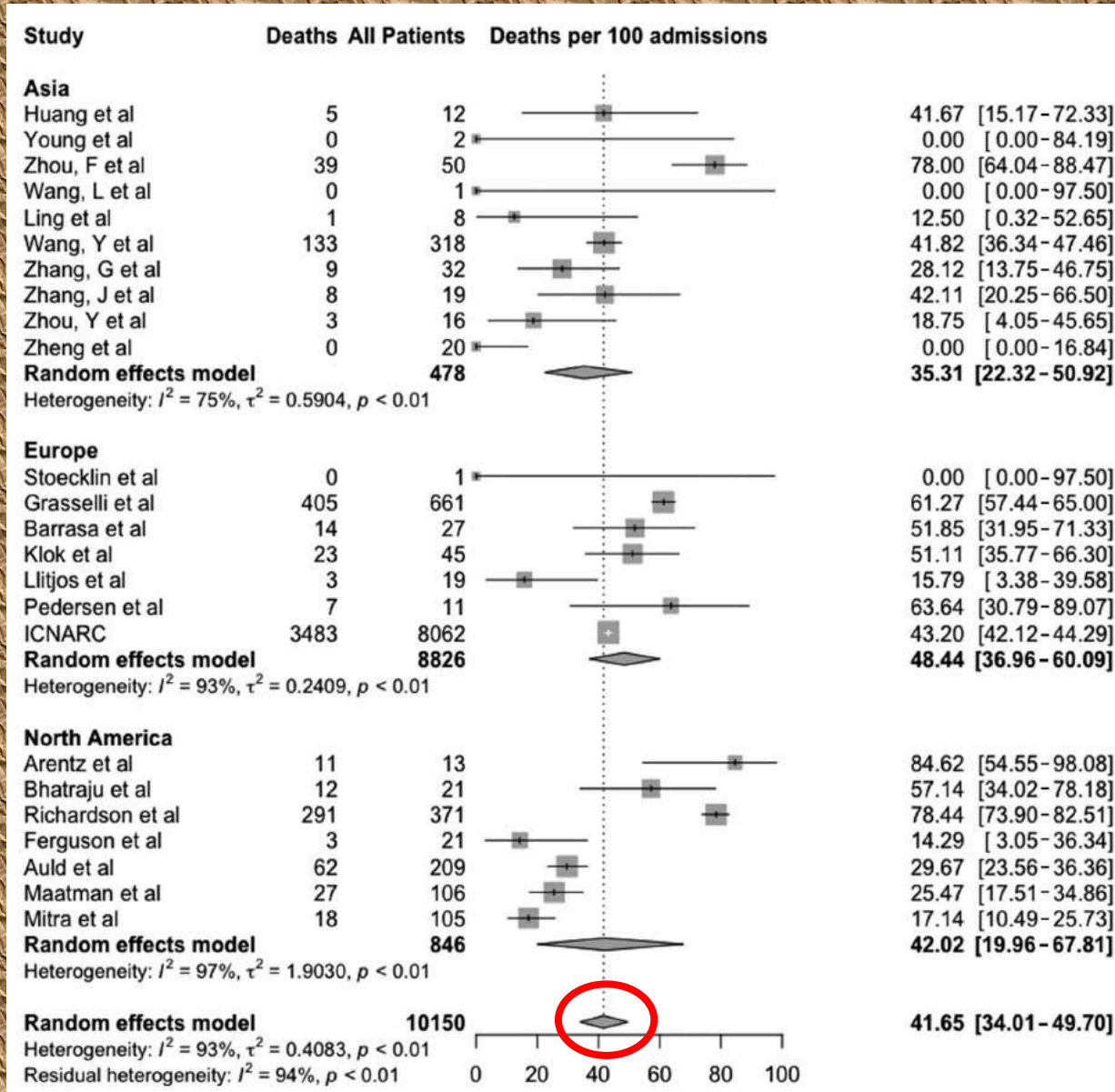


Figure 3 Forest plot of ICU COVID-19 deaths per 100 completed intensive care admissions, grouped by continent (Asia, Europe, North America), and combined. Values are proportions (95% CI).

I stay at home with headache. A survey to investigate how the lockdown for COVID-19 impacted on headache in Italian children

Cephalalgia

2020, Vol. 40(13) 1459–1473

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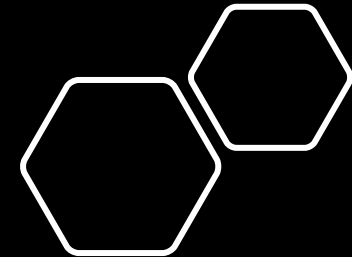
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Laura Papetti¹ , Pierfrancesco Alaimo Di Loro²,
Samuela Tarantino¹, Licia Grazzi³, Vincenzo Guidetti⁴,
Pasquale Parisi⁵ , Vincenzo Raieli⁶, Vittorio Scirucchio⁷,
Cristiano Termine⁸, Irene Toldo⁹, Elisabetta Tozzi¹⁰,
Paola Verdecchia⁴, Marco Carotenuto¹¹, Matteo Battisti⁵,
Angela Celi⁸, Daniela D'Agnano⁷, Noemi Faedda⁴,
Michela AN Ferilli¹, Giovanni Grillo⁶, Giulia Natalucci⁴,
Agnese Onofri¹⁰, Maria Federica Pelizza⁹, Fabiana Ursitti¹,
Michelangelo Vasta¹², Margherita Velardi⁵, Martina Balestri¹³,
Romina Moavero^{1,12}, Federico Vigevano¹³ and
Massimiliano Valeriani^{1,14}; on behalf of the Italian
Headache Society (SISC) specific interest group on pediatric
headaches



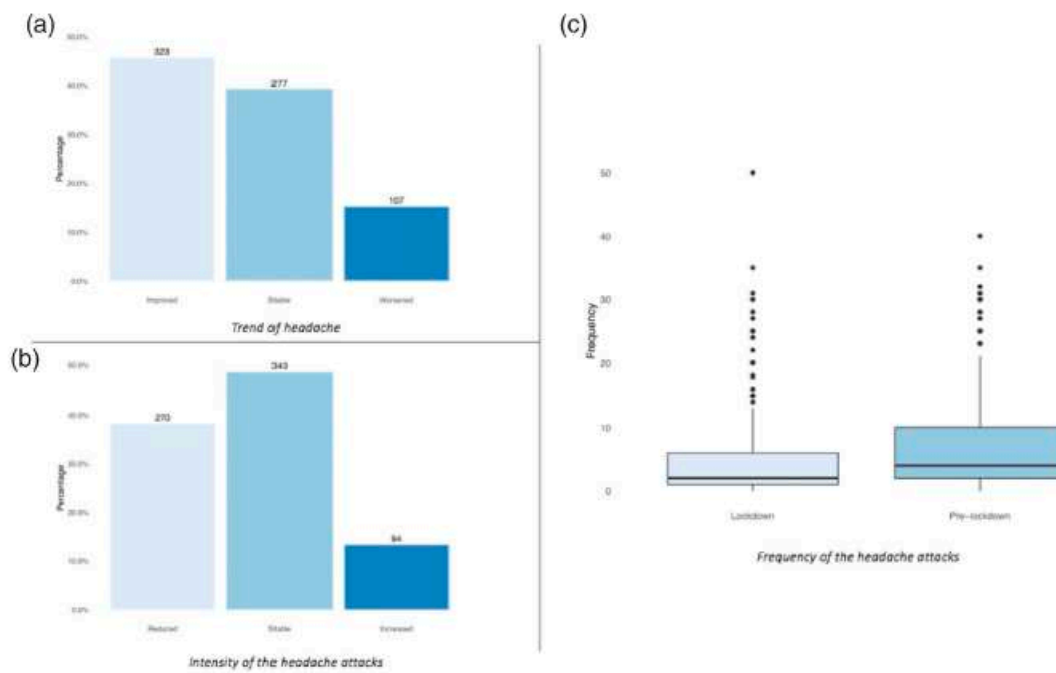


Figure 3. Distribution of patients according to the primary endpoints. (a) trend of headache; (b) intensity of attacks; (c) difference in frequency of attacks between before and during lockdown.

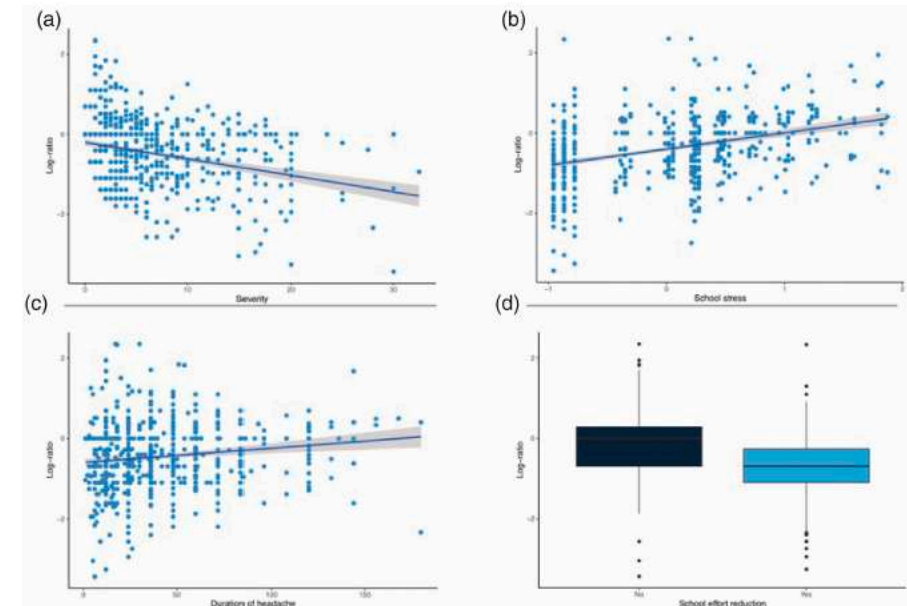


Figure 4. Results from multivariate analysis. Relations between frequency log ratio and severity score (a), duration of headache in months (b), school anxiety (c) and reduction of school effort (d).

**Malattia da
SARS-CoV-2**



**Conseguenze
dirette della
malattia**



**Conseguenze
indirette →
lockdown e
quarantena**



**Infanzia ed
adolescenza**

Pandemia, stress e sofferenza psichica in infanzia ed adolescenza: le evidenze

Lack of daily
structure

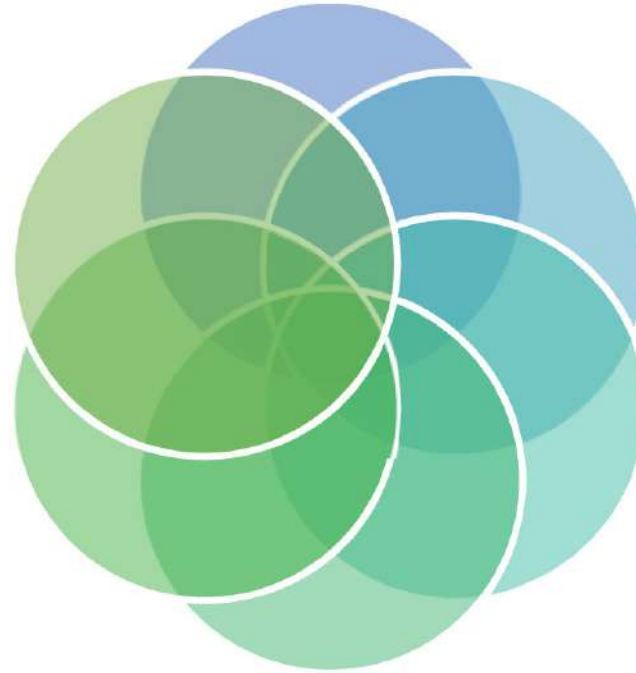
Changes in
sleeping
routine

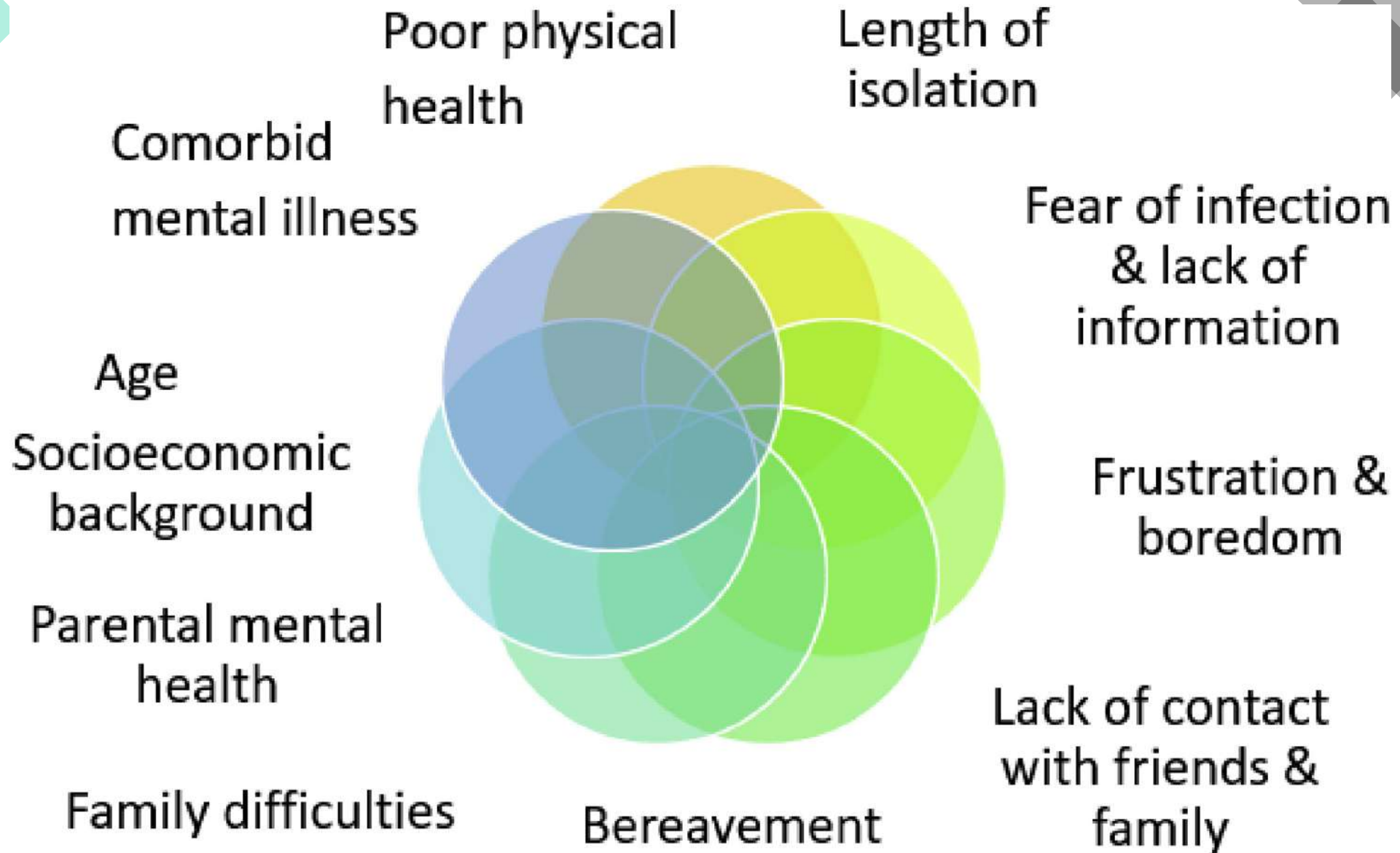
Length of
quarantine

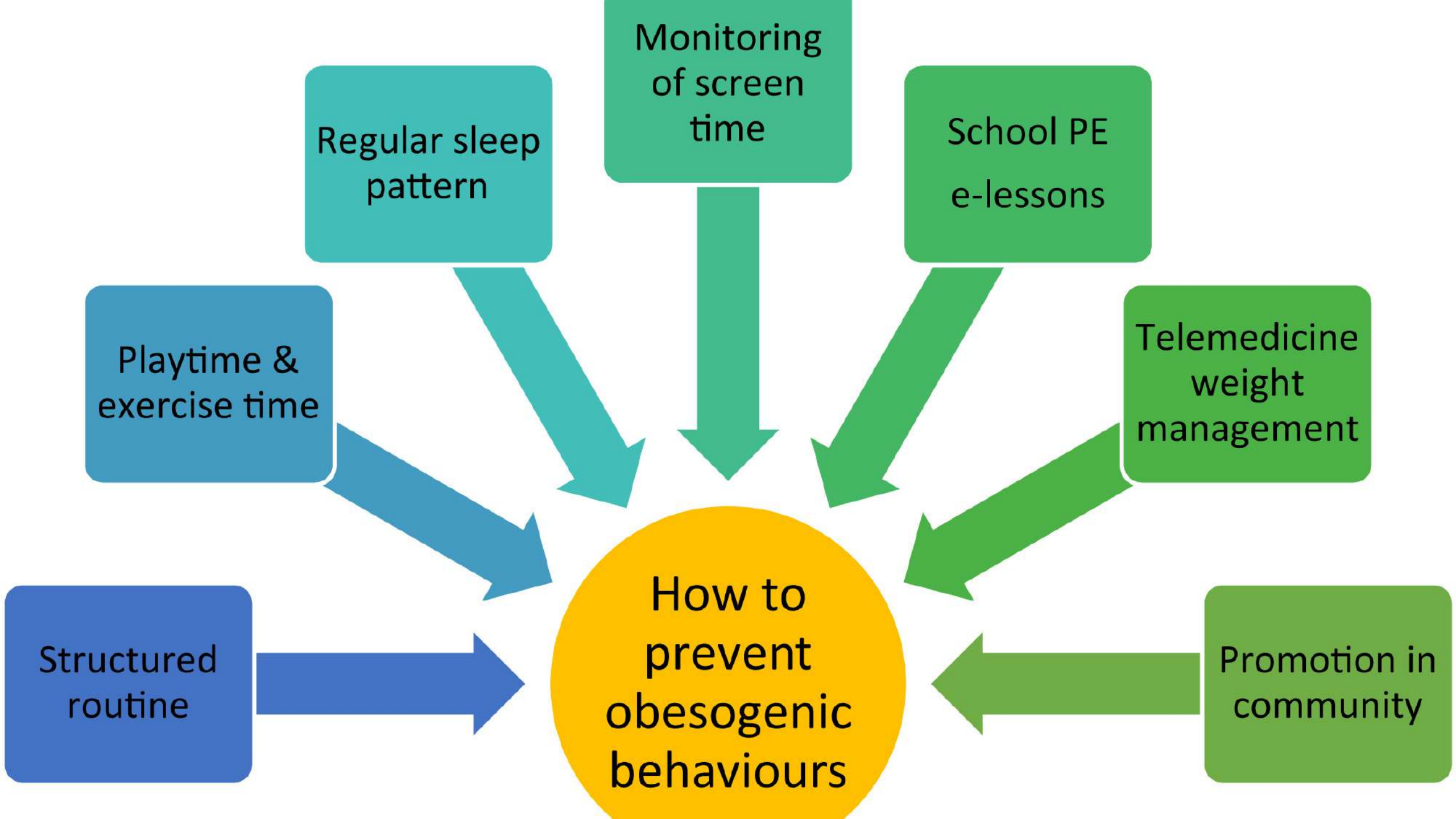
Increased
screen time

Unhealthy
diet

Decreased
physical
activity







Isolamento e solitudine

L'isolamento, imposto dal lockdown e dalla necessità di distanziamento (fisico, non sociale!), è una condizione ben diversa dalla **solitudine**: infatti, in una prospettiva psicologica, la solitudine è la condizione soggettiva di chi non percepisce legami sociali in maniera soddisfacente, mentre l'isolamento è caratterizzato da una mancanza oggettiva di interazioni sociali. *Ciò implica che ci si può sentire isolati ma non soli, mentre ci si può sentire profondamente soli anche trovandosi all'interno di una folla!*

Using social and behavioural science to support COVID-19 pandemic response

Jay J. Van Bavel ¹✉, Katherine Baicker ², Paulo S. Boggio ³, Valerio Capraro⁴, Aleksandra Cichocka ^{5,6}, Mina Cikara ⁷, Molly J. Crockett ⁸, Alia J. Crum⁹, Karen M. Douglas ⁵, James N. Druckman¹⁰, John Drury ¹¹, Oeindrila Dube², Naomi Ellemers¹², Eli J. Finkel¹³, James H. Fowler ¹⁴, Michele Gelfand ¹⁵, Shihui Han ¹⁶, S. Alexander Haslam ¹⁷, Jolanda Jetten ¹⁸, Shinobu Kitayama ¹⁹, Dean Mobbs ²⁰, Lucy E. Napper²¹, Dominic J. Packer ²², Gordon Pennycook ²³, Ellen Peters ²⁴, Richard E. Petty ²⁵, David G. Rand ²⁶, Stephen D. Reicher²⁷, Simone Schnall ^{28,29}, Azim Shariff ³⁰, Linda J. Skitka³¹, Sandra Susan Smith³², Cass R. Sunstein ³³, Nassim Tabri ³⁴, Joshua A. Tucker ³⁵, Sander van der Linden ²⁸, Paul van Lange³⁶, Kim A. Weeden ³⁷, Michael J. A. Wohl ³⁴, Jamil Zaki⁹, Sean R. Zion ⁹ and Robb Willer ³⁸✉

The COVID-19 pandemic represents a massive global health crisis. Because the crisis requires large-scale behaviour change and places significant psychological burdens on individuals, insights from the social and behavioural sciences can be used to help align human behaviour with the recommendations of epidemiologists and public health experts. Here we discuss evidence from a selection of research topics relevant to pandemics, including work on navigating threats, social and cultural influences on behaviour, science communication, moral decision-making, leadership, and stress and coping. In each section, we note the nature and quality of prior research, including uncertainty and unsettled issues. We identify several insights for effective response to the COVID-19 pandemic and highlight important gaps researchers should move quickly to fill in the coming weeks and months.

*Non fa paura l'isolamento causato da una malattia ma quello causato dal deserto delle emozioni.
(Eugenio Borgna)*

REVIEW ARTICLE

Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19

Maria Elizabeth Loades, DClinPsy, Eleanor Chatburn, MA, Nina Higson-Sweeney, BSc, Shirley Reynolds, PhD, Roz Shafran, PhD, Amberly Brigden, MSc, Catherine Linney, MA, Megan Niamh McManus, BSc candidate, Catherine Borwick, MSc, Esther Crawley, PhD

Objective: Disease containment of COVID-19 has necessitated widespread social isolation. We aimed to establish what is known about how loneliness and disease containment measures impact on the mental health in children and adolescents.

Method: For this rapid review, we searched MEDLINE, PsycInfo, and Web of Science for articles published between January 1, 1946, and March 29, 2020. Of the articles, 20% were double screened using predefined criteria, and 20% of data was double extracted for quality assurance.

Results: A total of 83 articles (80 studies) met inclusion criteria. Of these, 63 studies reported on the impact of social isolation and loneliness on the mental health of previously healthy children and adolescents ($n = 51,576$; mean age 15.3 years). In all, 61 studies were observational, 18 were longitudinal, and 43 were cross-sectional studies assessing self-reported loneliness in healthy children and adolescents. One of these studies was a retrospective investigation after a pandemic. Two studies evaluated interventions. Studies had a high risk of bias, although longitudinal studies were of better methodological quality. Social isolation and loneliness increased the risk of depression, and possibly anxiety at the time at which loneliness was measured and between 0.25 and 9 years later. Duration of loneliness was more strongly correlated with mental health symptoms than intensity of loneliness.

Conclusion: Children and adolescents are probably more likely to experience high rates of depression and most likely anxiety during and after enforced isolation ends. This may increase as enforced isolation continues. Clinical services should offer preventive support and early intervention where possible and be prepared for an increase in mental health problems.

Key words: loneliness, pandemic, COVID-19, disease containment, mental health

J Am Acad Child Adolesc Psychiatry 2020;■(■):■-■.



63 studi con
51.576
soggetti di
15,3 anni in
media



Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Review article

The Effect of Loneliness on Distinct Health Outcomes: A Comprehensive Review and Meta-Analysis

Caroline Park, MSc^{a,b,#}, Amna Majeed, HBSc^{a,#}, Hartej Gill, HBSc^{a,b}, Jocelyn Tamura, HBSc^a, Roger C. Ho, MBBS, MD^{f,g}, Rodrigo B. Mansur, MD, PhD^{a,d}, Flora Nasri, MSc^a, Yena Lee, HBSc^{a,b}, Joshua D. Rosenblat, MD^{a,c}, Elizabeth Wong^a, Roger S. McIntyre, MD^{a,b,c,d,e,*}

^a Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, ON, Canada

^b Institute of Medical Science, University of Toronto, Toronto, ON, Canada

^c Department of Pharmacology, University of Toronto, Toronto, ON, Canada

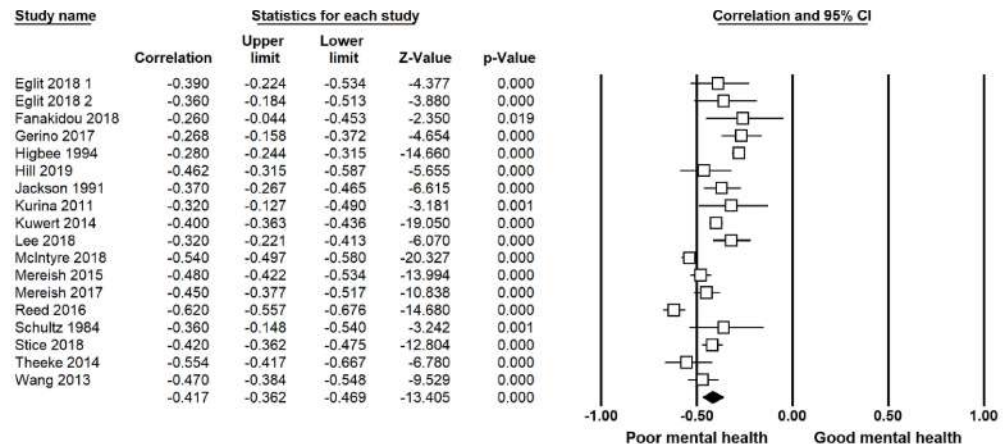
^d Department of Psychiatry, University of Toronto, Toronto, ON, Canada

^e Brain and Cognition Discovery Foundation, Toronto, ON, Canada

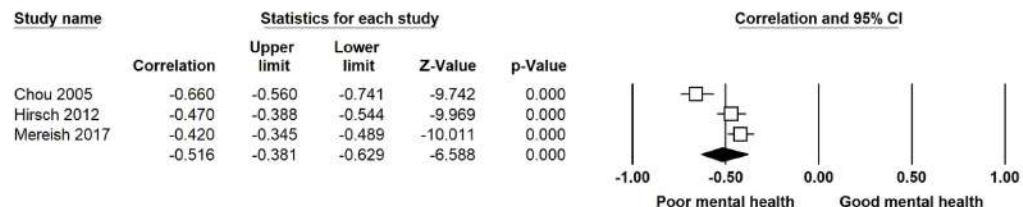
^f Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore

^g Institute for Health Innovation and Technology (iHealthtech), National University of Singapore, Singapore

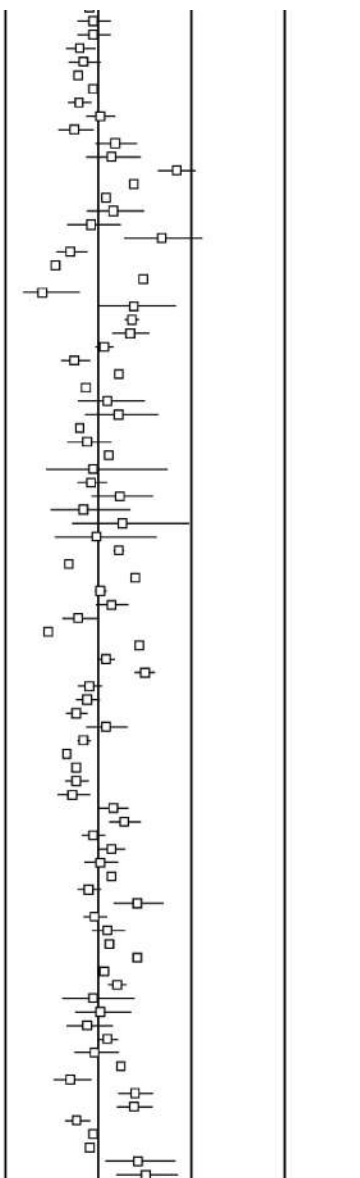
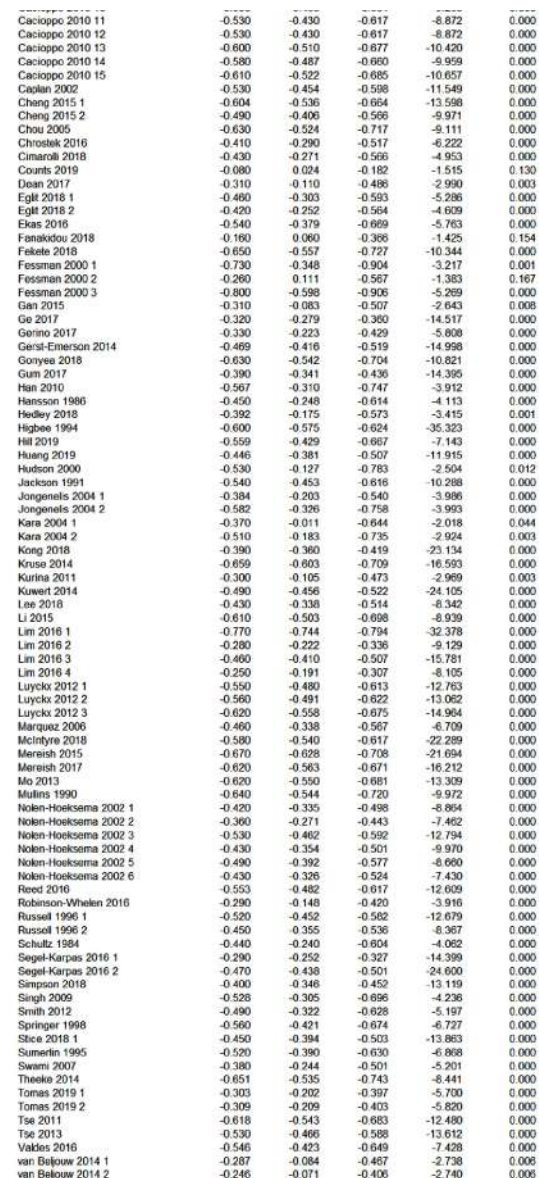
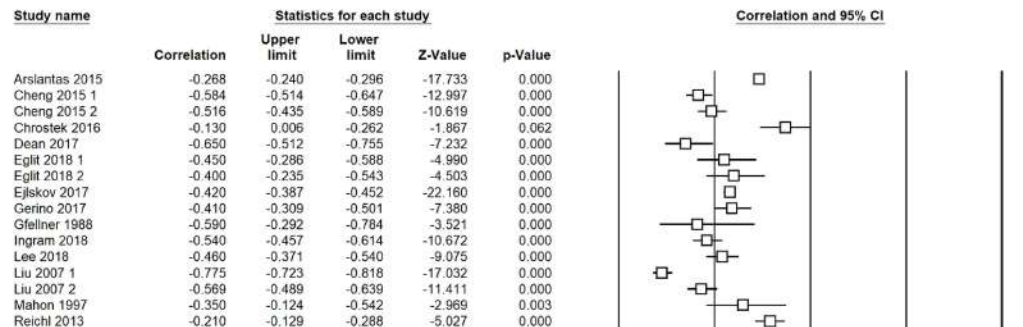


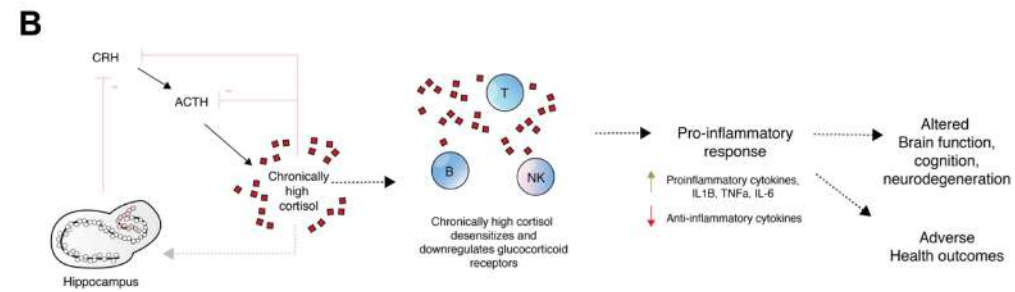
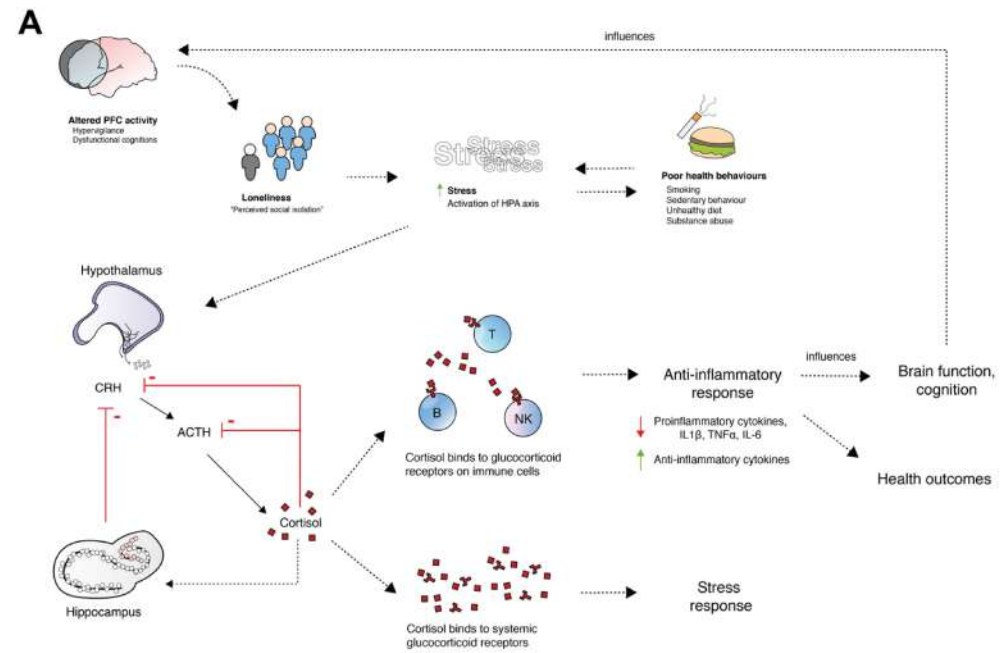


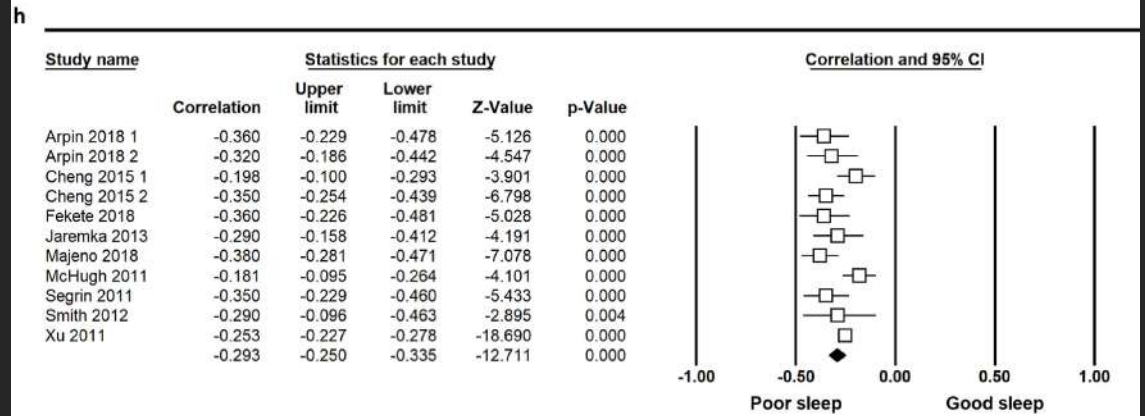
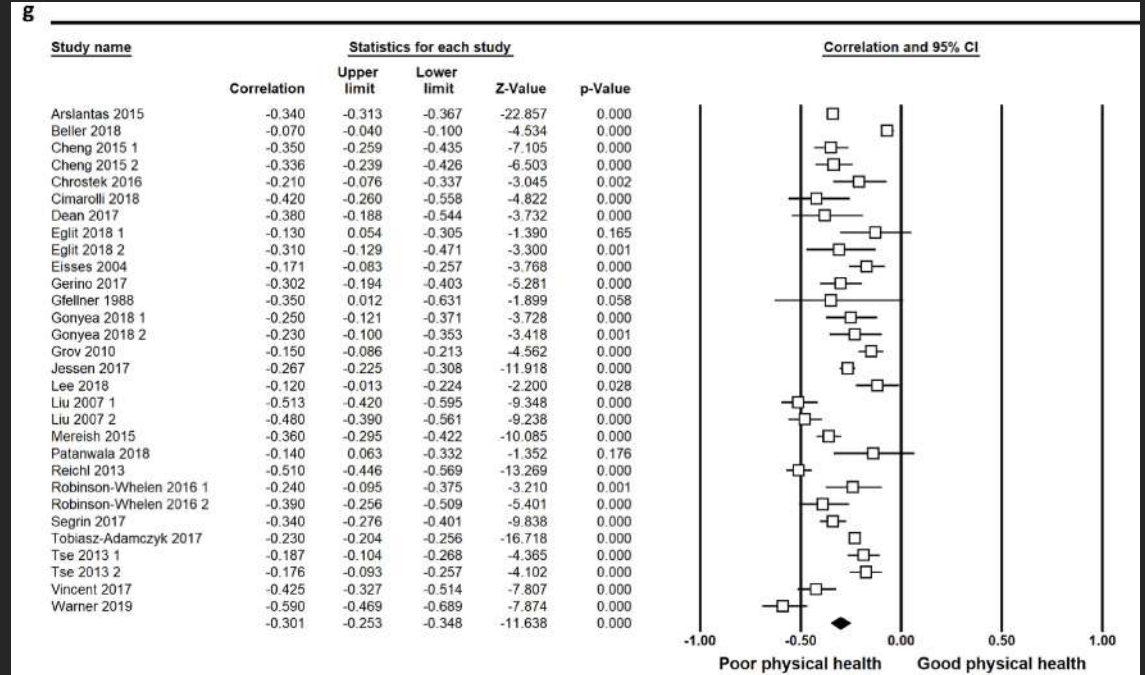
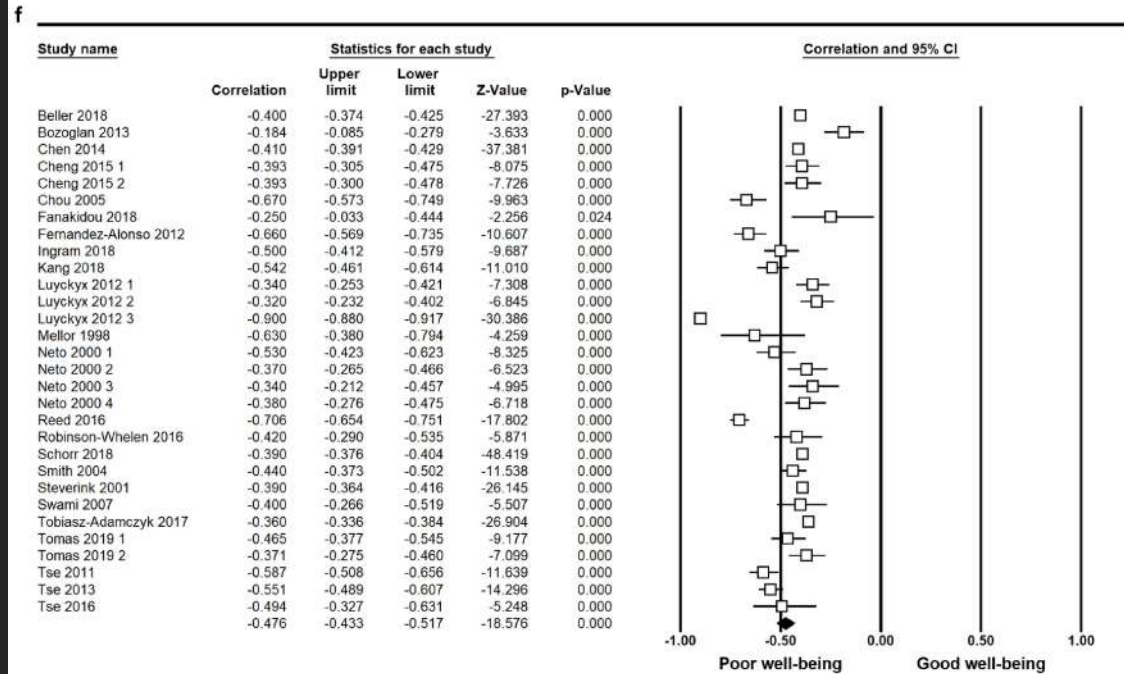
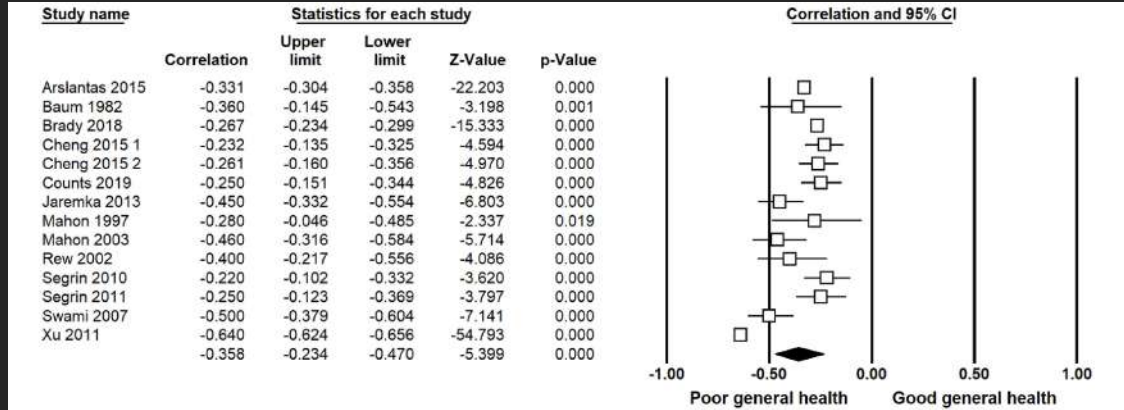
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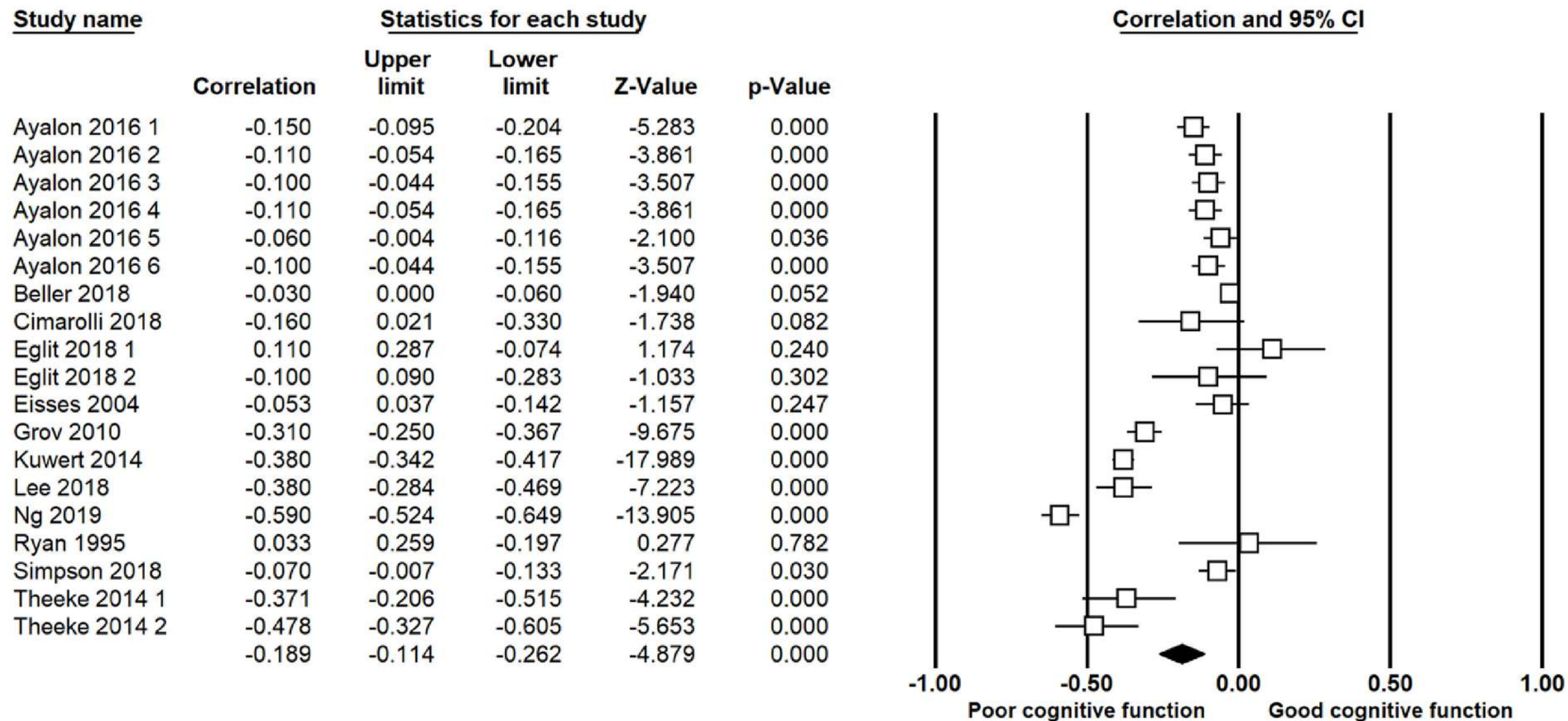


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**COVID-19,
lockdown e
popolazione
infantile**

N=29.202



Vulnerability and resilience in children during the COVID-19 pandemic

Winnie W. Y. Tso¹ · Rosa S. Wong¹ · Keith T. S. Tung¹ · Nirmala Rao¹ · King Wa Fu¹ · Jason C. S. Yam² · Gilbert T. Chua¹ · Eric Y. H. Chen¹ · Tatia M. C. Lee¹ · Sherry K. W. Chan¹ · Wilfred H. S. Wong¹ · Xiaoli Xiong³ · Celine S. Chui¹ · Xue Li¹ · Kirstie Wong^{1,4} · Cynthia Leung⁵ · Sandra K. M. Tsang¹ · Godfrey C. F. Chan¹ · Paul K. H. Tam¹ · Ko Ling Chan⁵ · Mike Y. W. Kwan⁶ · Marco H. K. Ho¹ · Chun Bong Chow¹ · Ian C. K. Wong^{1,4,8} · Patrick Ip^{1,7} 

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Abstract

Background The coronavirus disease 2019 (COVID-19) pandemic is having a profound impact on the health and development of children worldwide. There is limited evidence on the impact of COVID-19 and its related school closures and disease-containment measures on the psychosocial wellbeing of children; little research has been done on the characteristics of vulnerable groups and factors that promote resilience.

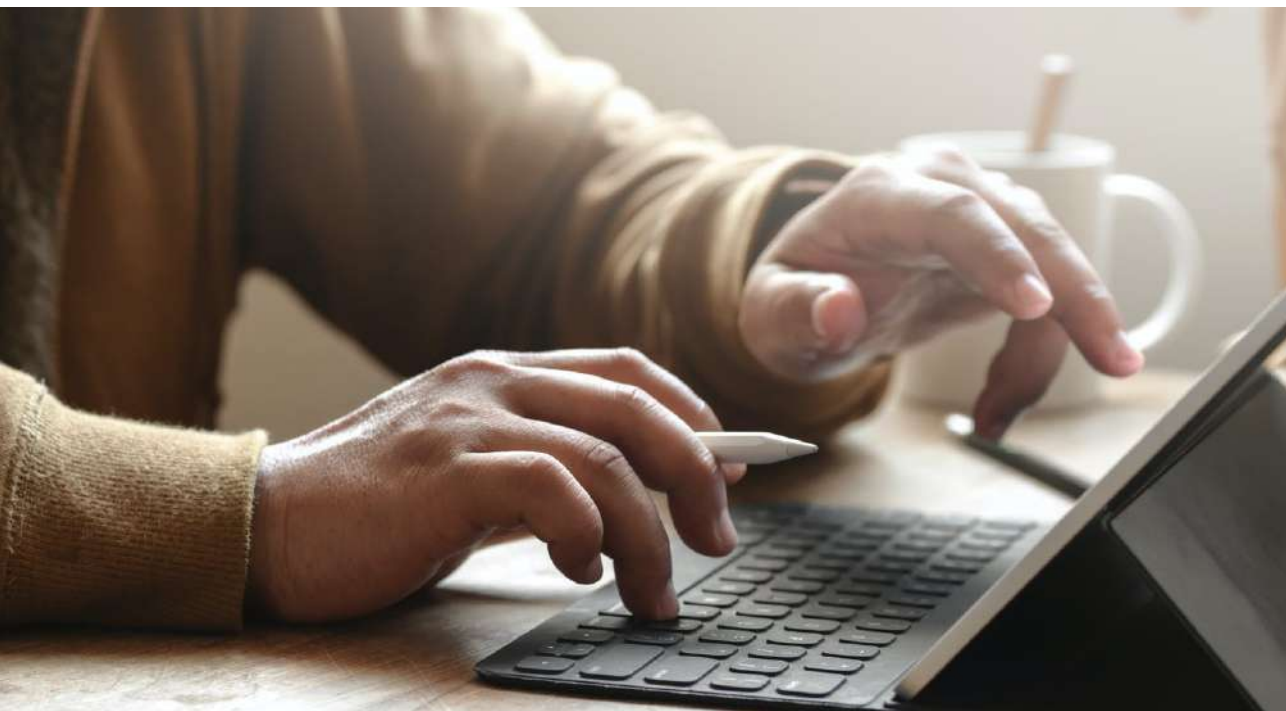
Methods We conducted a large-scale cross-sectional population study of Hong Kong families with children aged 2–12 years. Parents completed an online survey on family demographics, child psychosocial wellbeing, functioning and lifestyle habits, parent–child interactions, and parental stress during school closures due to COVID-19. We used simple and multiple linear regression analyses to explore factors associated with child psychosocial problems and parental stress during the pandemic.

Results The study included 29,202 individual families; of which 12,163 had children aged 2–5 years and 17,029 had children aged 6–12 years. The risk of child psychosocial problems was higher in children with special educational needs, and/or acute or chronic disease, mothers with mental illness, single-parent families, and low-income families. Delayed bedtime and/or inadequate sleep or exercise duration, extended use of electronic devices were associated with significantly higher parental stress and more psychosocial problems among pre-schoolers.

Conclusions This study identifies vulnerable groups of children and highlights the importance of strengthening family coherence, adequate sleep and exercise, and responsible use of electronic devices in promoting psychosocial wellbeing during the COVID-19 pandemic.

C-SPACE study

COVID-19: Supporting Parents, Adolescents
and Children during Epidemics



Report 06: Changes in children and young people's mental health symptoms from March to October 2020

Date: 11 November 2020

**Report Authors: Simona Skripkauskaitė,
Samantha Pearcey, Jasmine Raw, Adrienne
Shum, Polly Waite and Cathy Creswell**

For immediate release

**Mental health difficulties in children increased during Lockdown1,
but have decreased since**

The latest [report](#) from the Co-SPACE study highlights that for participating **primary school aged children**:

- **Over the course of the first national lockdown (between March and June), behavioural and restless/attentional difficulties increased**, while most children were not attending school.
- **Behavioural, emotional, and restless/ attentional difficulties have generally decreased from July** (i.e. when home schooling demands typically reduce), throughout the summer holidays, and as children returned to school in September.

Participating parents and carers reported that their children displayed increasing behaviour difficulties from March to June 2020, including temper tantrums, arguments and not doing what they were being asked to do by adults. They also became more fidgety and restless and had greater difficulty paying attention. However, parents and carers reported a decrease in these difficulties from July to October. Since then, children have also been reported to



Economic
and Social
Research Council



Child and adolescent mental health during the COVID-19 pandemic: Initial findings from the Co-SPACE study

Cathy Creswell
University of Oxford

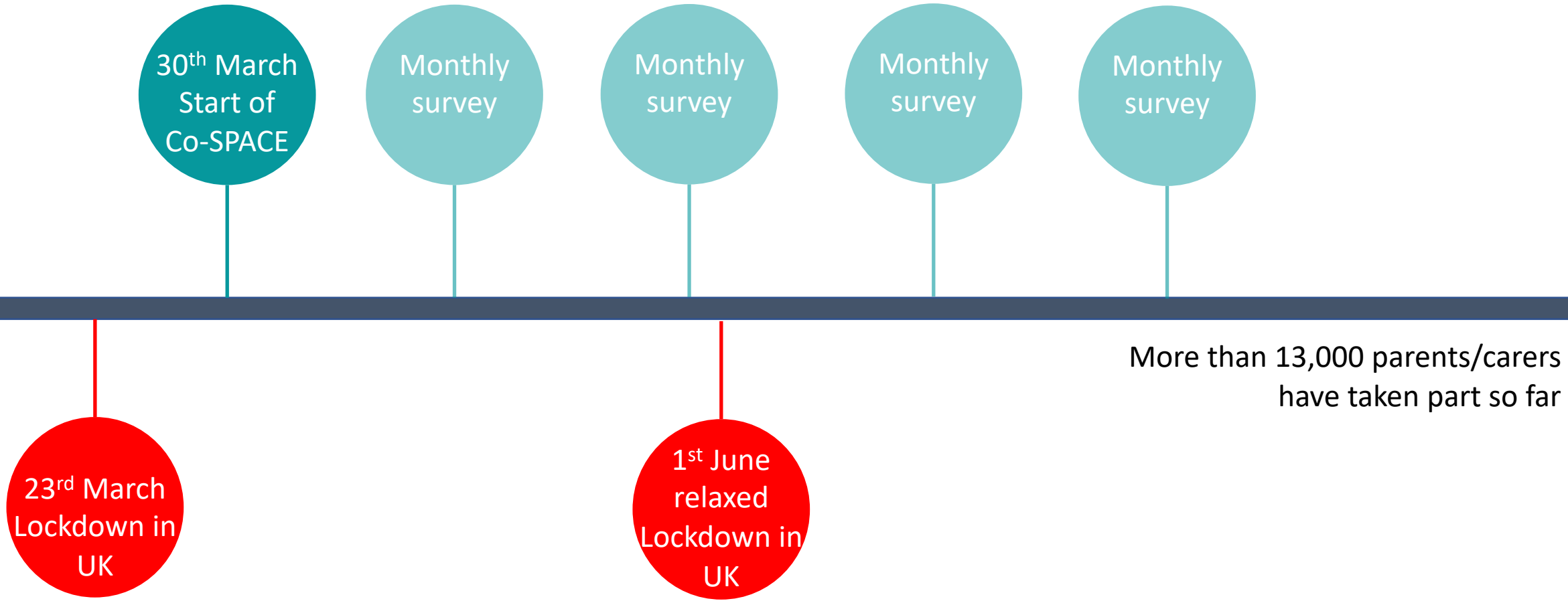
NIHR | Applied Research Collaboration
Oxford and Thames Valley

NIHR | Oxford Health Biomedical
Research Centre



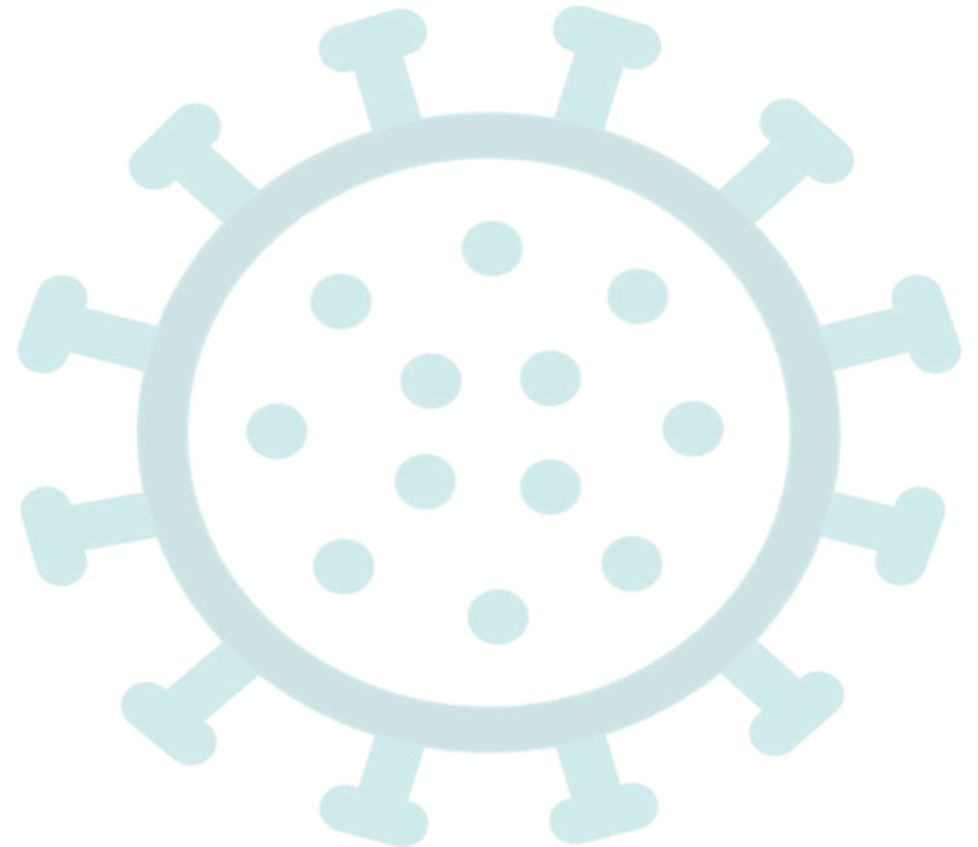
Co-SPACE study
COVID-19: Supporting Parents, Adolescents
and Children during Epidemics





MEASURES

- PRIMARY OUTCOME: Strengths and Difficulties Questionnaire
- SECONDARY OUTCOMES:
 - Parent Depression Anxiety and Stress (DASS-21)
 - *Child and parent COVID-19 concerns*
 - *Current stressors*
- Baseline characteristics:
 - Child, parent age, gender, ethnicity
 - Socio-economic status
 - Parent current work status
 - No. people in household
 - Size of house, access to outdoor space
 - If child attending school and why



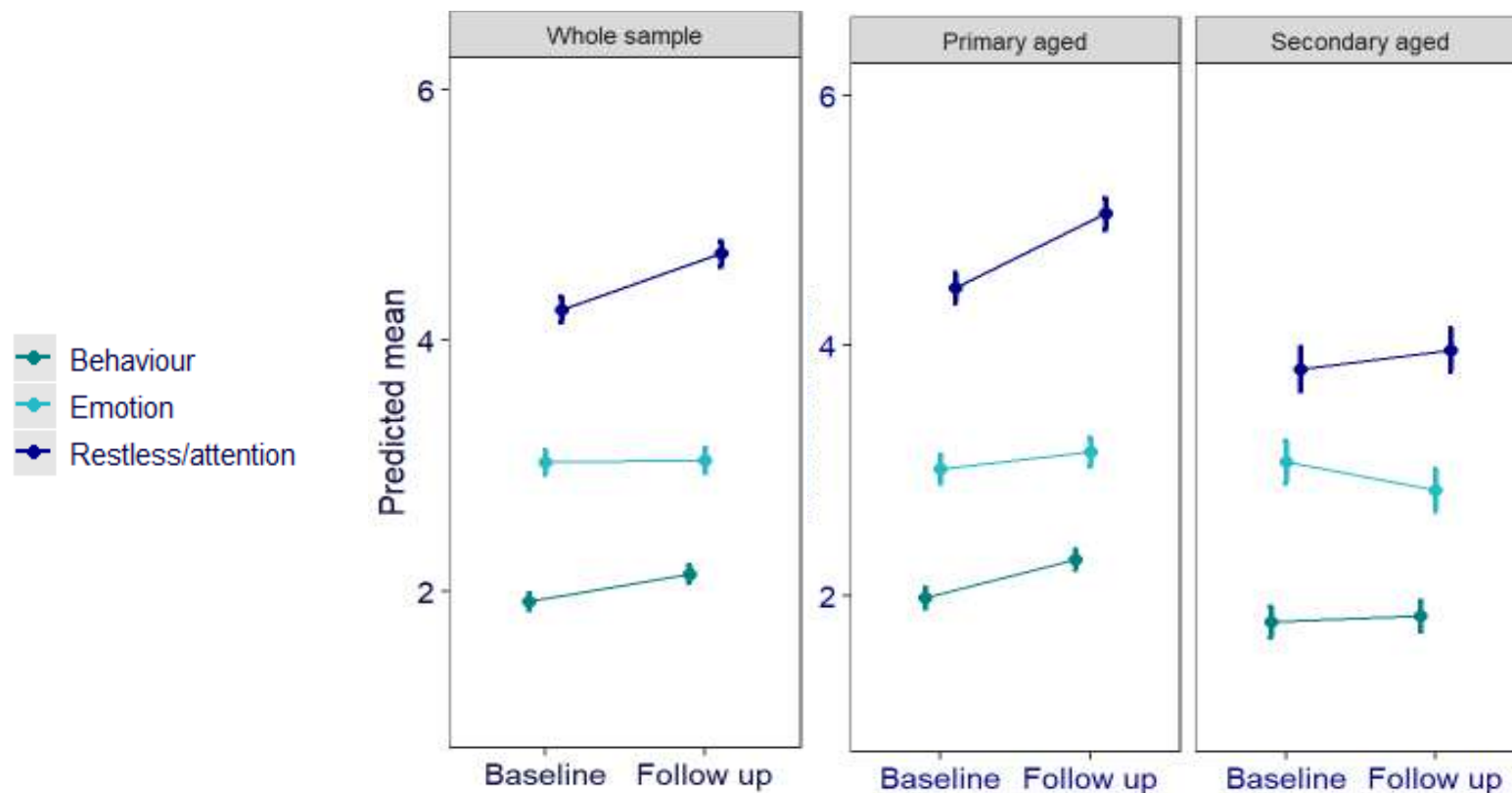
PARTICIPANTS

(Baseline: 30th March – 24th November 2020)



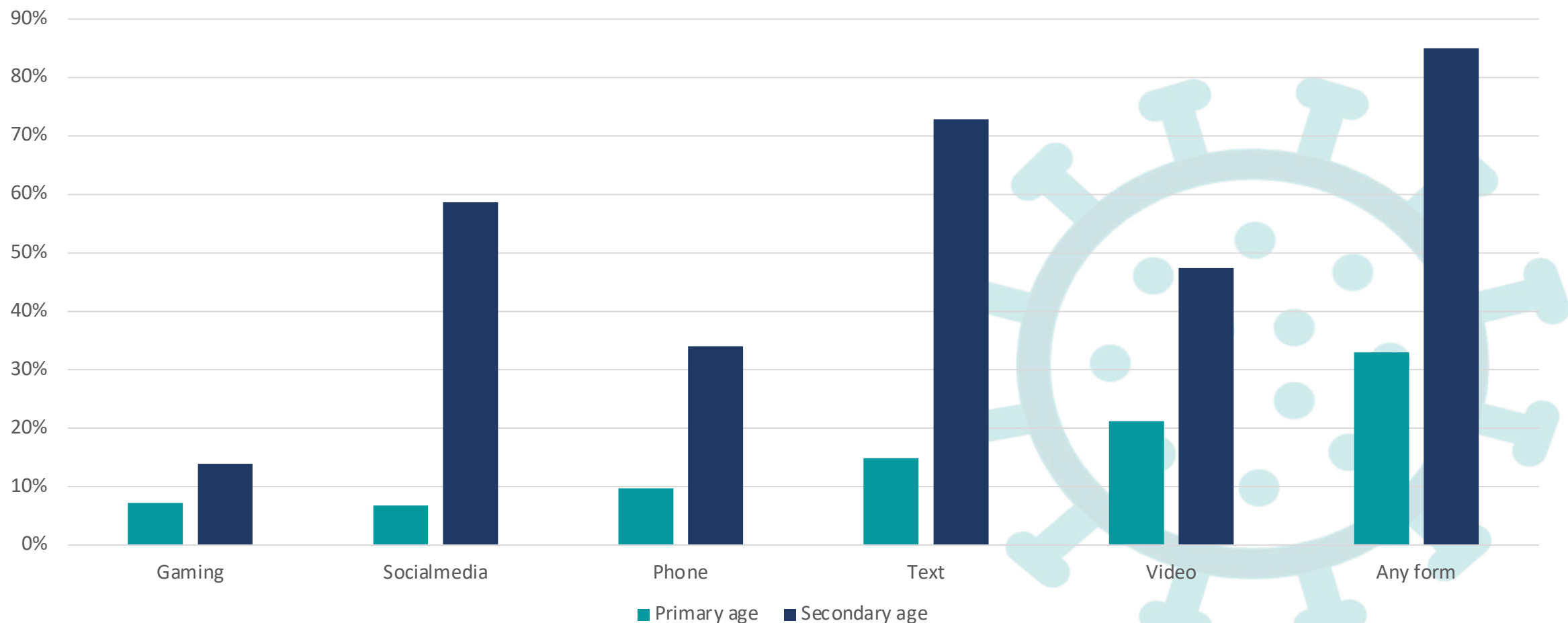
	CO-SPACE
Total n	8.531
Parent gender	91% female
Parent employment	35% part-time 36% full-time 11% self-employed
Household income	10% < 16k pa 28% < 30k pa
Child gender	48% female
Child age group	59% 4-10 years
Child ethnicity	92% White British
Child SEND / Neurodevelopmental disorder (NDD)	18%
Child pre-existing mental health condition (% any- excluding NDD)	15%

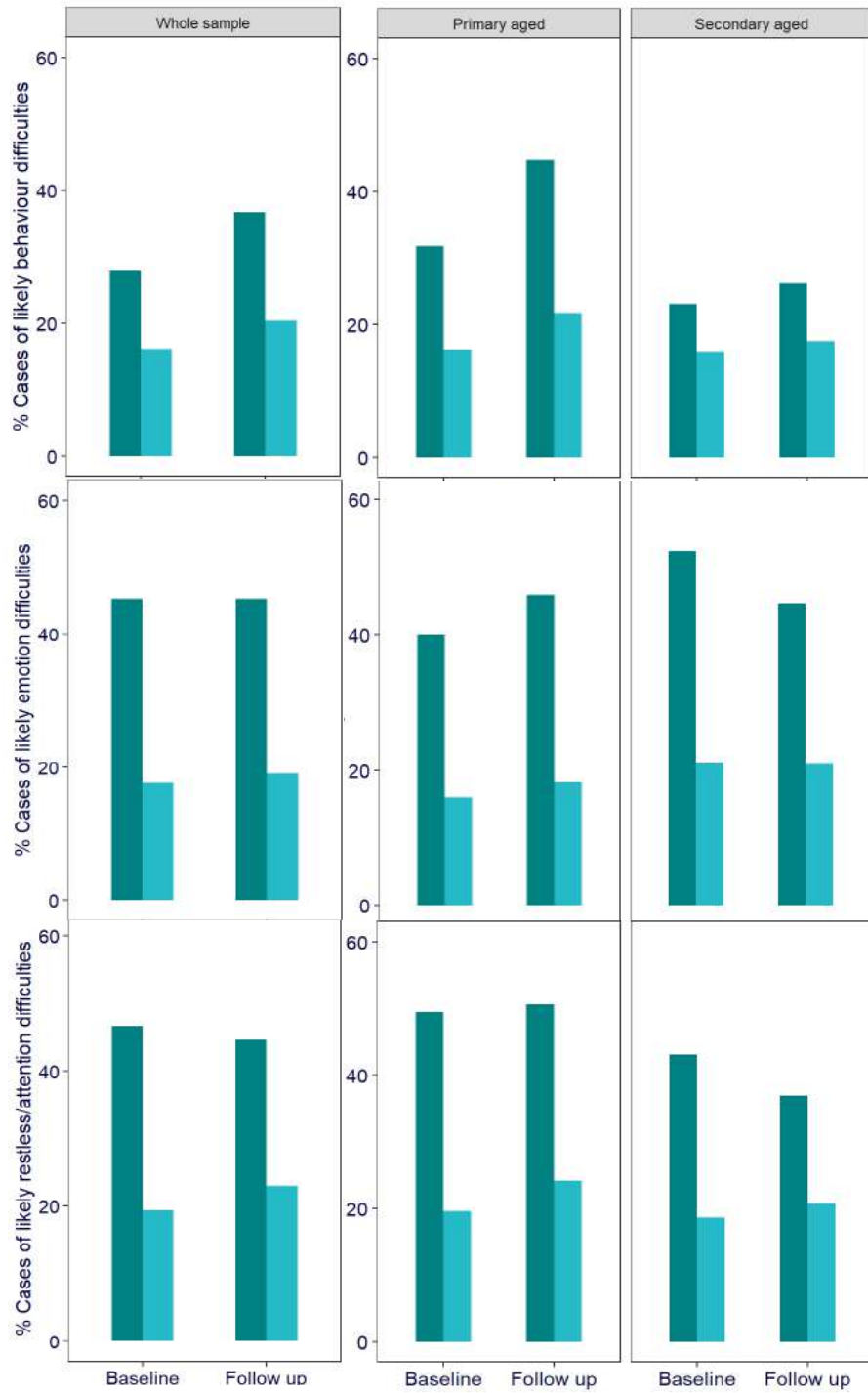
STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (MEAN SCORES)



WHAT MIGHT ACCOUNT FOR AGE DIFFERENCES?

% regularly communicating with peers during lockdown

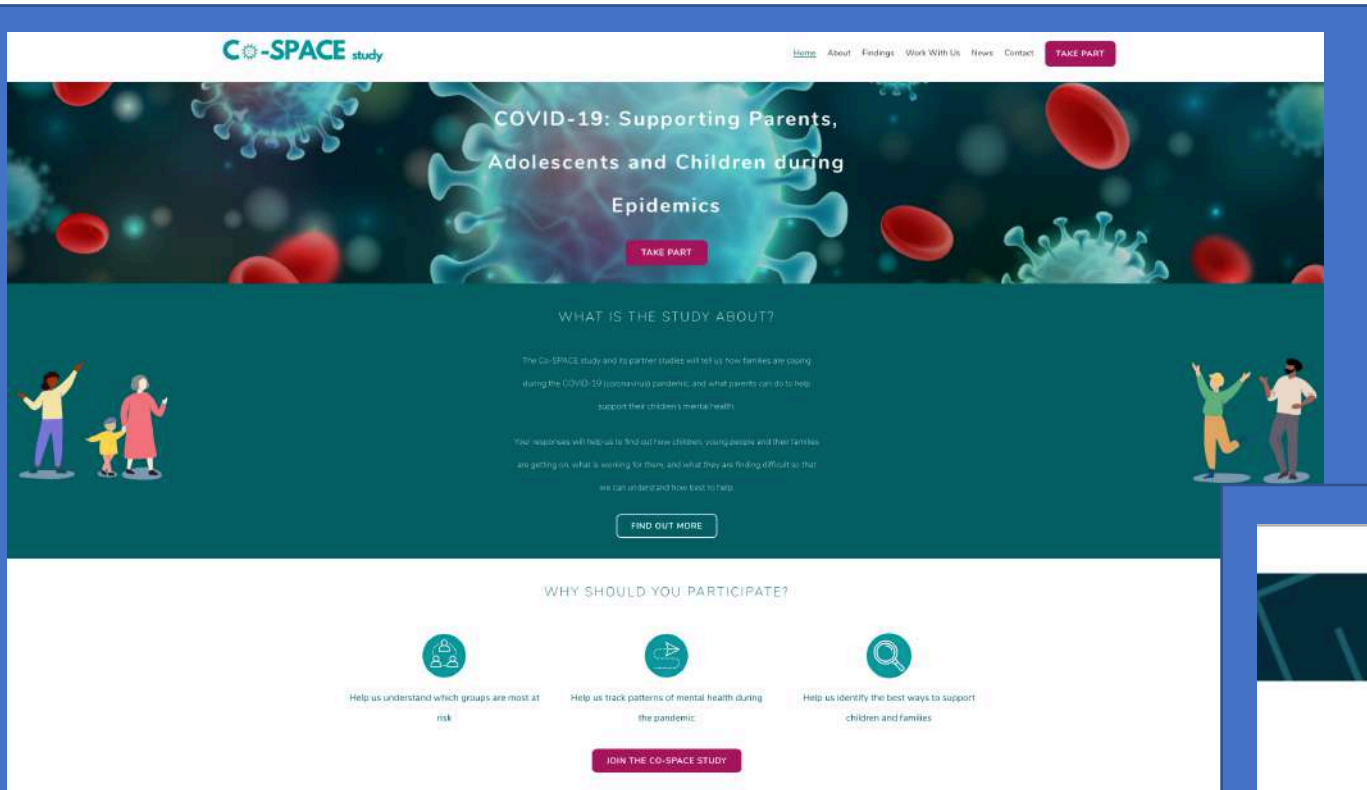




SDQ(CASENESS)- HOUSEHOLD INCOME

<https://cospaceoxford.org/>

Co-SPACE study
COVID-19: Supporting Parents, Adolescents
and Children during Epidemics



The screenshot shows the homepage of the Co-SPACE study. At the top, there is a navigation bar with links: Home, About, Findings, Work With Us, News, Contact, and a prominent red 'TAKE PART' button. The main header features a dark background with a large, stylized virus particle and the text 'COVID-19: Supporting Parents, Adolescents and Children during Epidemics', accompanied by another 'TAKE PART' button. Below this, a section titled 'WHAT IS THE STUDY ABOUT?' explains the study's purpose: to help families coping with the COVID-19 pandemic and support children's mental health. It includes illustrations of a family and two people. A 'FIND OUT MORE' button is at the bottom of this section. The next section, 'WHY SHOULD YOU PARTICIPATE?', lists three reasons with icons: understanding high-risk groups, tracking mental health patterns, and identifying support methods. A final 'JOIN THE CO-SPACE STUDY' button is at the bottom.

Co-SPACE study

Home About Findings Work With Us News Contact TAKE PART

COVID-19: Supporting Parents, Adolescents and Children during Epidemics

TAKE PART

WHAT IS THE STUDY ABOUT?

The Co-SPACE study and its partner studies will tell us how families are coping during the COVID-19 (coronavirus) pandemic, and what parents can do to help support their children's mental health.

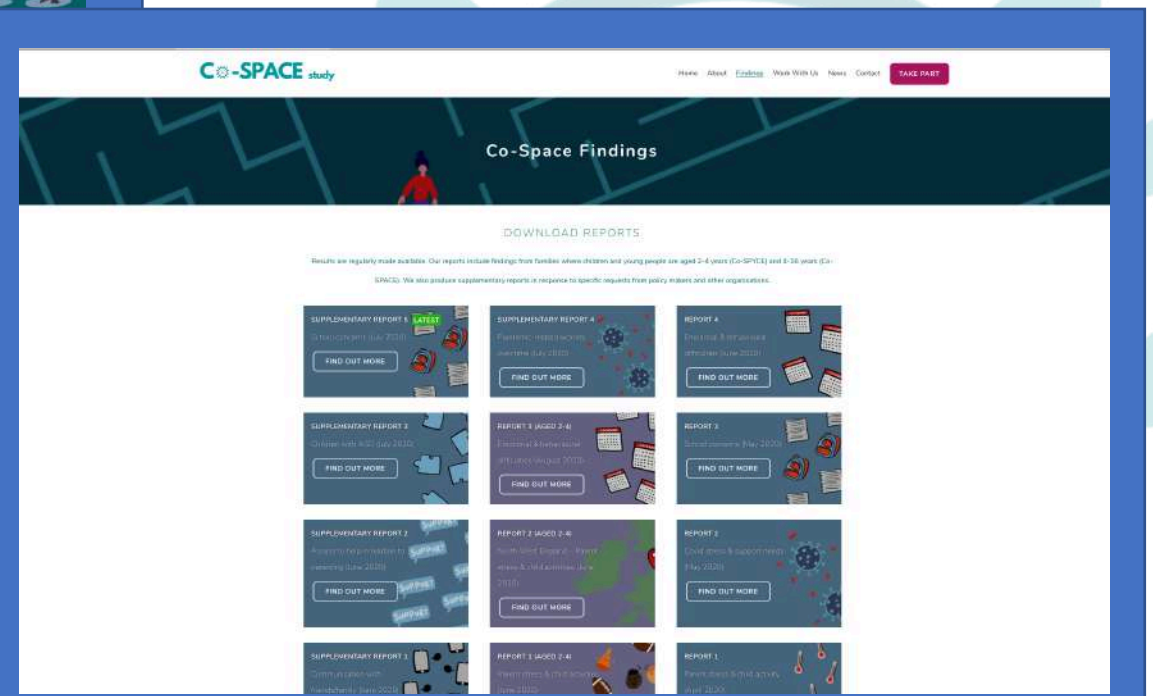
Your responses will help us to find out how children, young people and their families are getting on, what is working for them, and what they are finding difficult so that we can understand how best to help.

FIND OUT MORE

WHY SHOULD YOU PARTICIPATE?

- Help us understand which groups are most at risk
- Help us track patterns of mental health during the pandemic
- Help us identify the best ways to support children and families

JOIN THE CO-SPACE STUDY



The screenshot shows the 'Co-Space Findings' page. It has a navigation bar similar to the homepage, with a 'TAKE PART' button. The main header is dark with the text 'Co-Space Findings'. Below this, a section titled 'DOWNLOAD REPORTS' includes a note about the regular availability of reports and a link to download them. A grid of 12 report cards is displayed, each with a title, date, and a 'FIND OUT MORE' button. The reports are organized into three columns: Supplementary Reports, Report 4, and Reports 1-3.

Co-SPACE study

Home About Findings Work With Us News Contact TAKE PART

Co-Space Findings

DOWNLOAD REPORTS

Results are regularly made available. Our reports include findings from families where children and young people are aged 2-4 years (Co-SPACE) and 5-16 years (Co-SPACE). We also produce supplementary reports in response to specific requests from policy makers and other organisations.

SUPPLEMENTARY REPORT 4: LATEST Children aged 2-4 years September (July 2020) FIND OUT MORE	SUPPLEMENTARY REPORT 4 Children aged 2-4 years September (July 2020) FIND OUT MORE	REPORT 4 Children aged 5-16 years September (July 2020) FIND OUT MORE
SUPPLEMENTARY REPORT 3 Children aged 2-4 years July (July 2020) FIND OUT MORE	REPORT 3: JACED 3-4 Children aged 3-4 years July (August 2020) FIND OUT MORE	REPORT 3 School closures (July 2020) FIND OUT MORE
SUPPLEMENTARY REPORT 2 A survey of parents of children aged 2-4 years June 2020 FIND OUT MORE	REPORT 2: JACED 3-4 Children aged 3-4 years June 2020 FIND OUT MORE	REPORT 2 School closures & support needs May 2020 FIND OUT MORE
SUPPLEMENTARY REPORT 1 Children aged 2-4 years March 2020 FIND OUT MORE	REPORT 1: JACED 2-4 Children aged 2-4 years March 2020 FIND OUT MORE	REPORT 1 Parents' views & support needs April 2020 FIND OUT MORE





Article

Stress, Resilience, and Well-Being in Italian Children and Their Parents during the COVID-19 Pandemic

Maria Cusinato ¹, Sara Iannattone ^{2,3}, Andrea Spoto ³, Mikael Poli ⁴, Carlo Moretti ¹,
Michela Gatta ² and Marina Miscioscia ^{2,4,*}

¹ Pediatric Diabetes Unit, Department of Women's and Children's Health, Padua University Hospital, 35128 Padua, Italy; maria.cusinato@phd.unipd.it (M.C.); carlo.moretti@aopd.veneto.it (C.M.)

² Child and Adolescent Neuropsychiatry Unit, Department of Women's and Children's Health, Padua University Hospital, 35128 Padua, Italy; sara.iannattone@studenti.unipd.it (S.I.); michela.gatta@unipd.it (M.G.)

³ Department of General Psychology, University of Padua, 35131 Padua, Italy; andrea.spoto@unipd.it

⁴ Department of Developmental Psychology and Socialization, University of Padova, 35131 Padua, Italy; Mikael.poli@studenti.unipd.it

* Correspondence: marina.miscioscia@unipd.it; Tel.: +39-049-821-11-60

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6.2. Children's Well-Being and Resilience

Concerning the differences between children's age subgroups in the SDQ's total score, the result of the independent sample *t*-test was not statistically significant ($t_{461} = 0.937$, $p = 0.354$; $M_{5-12} = 11.35$, $SE = 0.319$; $M_{13-17} = 10.73$, $SE = 0.587$), indicating that we could include all children into a single age group.

The one-sample *t*-test, computed using the mean scores of the Italian normative sample of the SDQ as test values, did not show any statistically significant difference between the normative sample's scores and our children's (aged 6–10) scores.

Psychological burden of quarantine in children and adolescents: A rapid systematic review and proposed solutions

Nazish Imran¹, Irum Aamer², Muhammad Imran Sharif³,
Zubair Hassan Bodla⁴, Sadiq Naveed⁵

ABSTRACT

As COVID-19 grips the world, many people are quarantined or isolated resulting in adverse consequences for the mental health of youth. This rapid review takes into account the impact of quarantine on mental health of children and adolescents, and proposes measures to improve psychological outcomes of isolation. Three electronic databases including PubMed, Scopus, and ISI Web of Science were searched. Two independent reviewers performed title and abstract screening followed by full-text screening. This review article included 10 studies. The seven studies before onset of COVID 19 about psychological impact of quarantine in children have reported isolation, social exclusion stigma and fear among the children. The most common diagnoses were acute stress disorder, adjustment disorder, grief, and post-traumatic stress disorder. Three studies during the COVID-19 pandemic reported restlessness, irritability, anxiety, clinginess and inattention with increased screen time in children during quarantine. These adverse consequences can be tackled through carefully formulated multilevel interventions.

KEYWORDS: COVID-19; Children; Adolescents; Quarantine; Mental health; Stigma.

doi: <https://doi.org/10.12669/pjms.36.5.3088>

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1. Nazish Imran, MBBS; FRCPsych (London); MRCPsych (London); MHPE. Associate Professor, Department of Child and Family Psychiatry,
 2. Irum Aamer, MBBS; FCPS. Senior Registrar, Academic Department of Psychiatry and Behavioral Sciences,
 3. Muhammad Imran Sharif, MBBS; FCPS. Senior Registrar, Department of Child and Family Psychiatry,
 4. Zubair Hassan Bodla, MBBS. Medical Officer, Department of Child and Family Psychiatry,
 5. Sadiq Naveed, MD; MPH. Assistant Professor of Psychiatry and Behavioral Sciences, University of Kansas Medical Center, Kansas, USA.
- 1-4: King Edward Medical University/Mayo Hospital, Lahore, Pakistan.

Correspondence:

Nazish Imran, MBBS; FRCPsych (London); MRCPsych (London); MHPE. Associate Professor, Department of Child and Family Psychiatry, King Edward Medical University/Mayo Hospital, Lahore, Pakistan. Email: nazishimrandr@gmail.com

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- * Revision Accepted: June 24, 2020

INTRODUCTION

Children and adolescents account for 42% of the world's population with 26% being younger than 15 years of age.¹ Initial studies suggest that although children and adolescents are less likely to be infected with COVID-19 and they stay asymptomatic or have milder symptoms of illness if get infected, but they are not indifferent to the psychological distress of pandemic.² Children aged 2 years are reported to be aware of the changes around them.³ Uncertainties regarding pandemic itself, strict social distancing measures, widespread and prolonged school closures, parental stressors, and loss of loved ones are likely to affect children and adolescent's wellbeing in addition to specific psychological effects of quarantine and isolation.^{4,5}

The word "quarantine" originated from the Italian words "quaranta giorni," which mean 40 days.⁶ Quarantine is a state of enforced isolation

School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review



Russell M Viner, Simon J Russell, Helen Croker, Jessica Packer, Joseph Ward, Claire Stansfield, Oliver Mytton, Chris Bonell, Robert Booy

In response to the coronavirus disease 2019 (COVID-19) pandemic, 107 countries had implemented national school closures by March 18, 2020. It is unknown whether school measures are effective in coronavirus outbreaks (eg, due to severe acute respiratory syndrome [SARS], Middle East respiratory syndrome, or COVID-19). We undertook a systematic review by searching three electronic databases to identify what is known about the effectiveness of school closures and other school social distancing practices during coronavirus outbreaks. We included 16 of 616 identified articles. School closures were deployed rapidly across mainland China and Hong Kong for COVID-19. However, there are no data on the relative contribution of school closures to transmission control. Data from the SARS outbreak in mainland China, Hong Kong, and Singapore suggest that school closures did not contribute to the control of the epidemic. Modelling studies of SARS produced conflicting results. Recent modelling studies of COVID-19 predict that school closures alone would prevent only 2–4% of deaths, much less than other social distancing interventions. Policy makers need to be aware of the equivocal evidence when considering school closures for COVID-19, and that combinations of social distancing measures should be considered. Other less disruptive social distancing interventions in schools require further consideration if restrictive social distancing policies are implemented for long periods.

Lancet Child Adolesc Health 2020

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**UCL Great Ormond Street
Institute of Child Health**

(Prof R M Viner PhD,

S J Russell PhD, H Croker PhD,

J Packer MEd, J Ward MBBS),

UCL Institute of Education

(C Stansfield PhD), **University**

College London, London, UK;

MRC Epidemiology Unit,

University of Cambridge,

Cambridge, UK (O Mytton PhD).

Parenting-Related Exhaustion During the Italian COVID-19 Lockdown

Daniela Marchetti,¹ PhD, Lilybeth Fontanesi,¹ PhD, Cristina Mazza,² PsyD, Serena Di Giandomenico,¹ PsyD, Paolo Roma,³ PhD, and Maria Cristina Verrocchio,¹ PsyD

¹Department of Psychological, Health and Territorial Sciences, G. d'Annunzio University of Chieti-Pescara,

²Department of Neuroscience, Imaging and Clinical Sciences, G. d'Annunzio University of Chieti-Pescara, and

³Department of Human Neuroscience, Sapienza University of Rome

All correspondence concerning this article should be addressed to Lilybeth Fontanesi, PhD, Department of Psychological, Health and Territorial Sciences, G. d'Annunzio University of Chieti-Pescara, Via dei Vestini 31, 66100 Chieti (CH), Italy. E-mail: lilybeth.fontanesi@unich.it

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HIGH-RISK GROUPS

PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Medicine and Grief During the COVID-19 Era

The Art of Losing

Amrapali Maitra, MD, PhD

Department of Internal Medicine, Brigham and Women's Hospital, Harvard Medical School, Cambridge, Massachusetts.

In a matter of months, coronavirus 2019 (COVID-19) has transformed not just how we live but also how we leave this world.¹ Physicians and nurses struggle to accompany patients who die alone and support families who cannot follow the usual customs of grief: gathering at hospitals, attending funerals, sitting shiva.²

As a resident physician, I feel unnerved by these challenges. In the poem "One Art,"³ Elizabeth Bishop writes, "The art of losing isn't hard to master." The small losses (like "door keys," "my mother's watch," or "the hour badly spent") are "no disaster." But they give way to greater tragedies. During the long months of COVID-19, our tally of losses has accumulated. First, we lost the intimacy of holding hands or hugging our children after work, fearful of skin teeming with invisible harm. We lost the ability to walk into a patient's room without fretting about the risk hanging in the shared air. And we have lost hundreds of thousands of people to an illness we cannot yet contain.

As an immigrant, I am well practiced in the art of losing. For me, our present uncertainty is intertwined with a history of departures. My parents relinquished the bustling warmth of Kolkata, India, seeking an expanded world of possibilities. I was just a baby. Ten years later, we left the green hills of Wellington, New

to my bones. Lost a first patient—heartbreak for a young physician—then a second, and a third.

In the pandemic's wake, I find myself revisiting memories of my most personal losses. When my paternal grandfather, *dada bhai*, abruptly died, I was unable to take leave from medical school in California, so I mourned from afar. He was cremated at the banks of the Hooghly River, a tributary of the holy Ganges that carries souls to eternal life. Over Skype, I watched his body disintegrate to ash on a pyre while a priest shaved my father's head for the last rites.

A few years later, my maternal grandmother, *dididi ma*, passed away in her bed. Through FaceTime, I witnessed her expression harden to wax as the color left her face. Mourners streamed through her room, wailing, decorating her body with wreaths of white flowers. Both were losses that I faced at a distance. The membrane between virtual grief and everyday life is thin: beyond the glowing laptop screen that framed the rituals of my grandmother's funeral, a leafy houseplant made mockery of my sorrow and a bowlful of oranges blinked too bright. Far from lost keys or lost continents, the loss of a loved one was gutting, no matter how hard I tried—following Bishop—to avert the pain:



Tabella 2. Criteri diagnostici DSM-5 per il disturbo da lutto persistente complicato.

A. L'individuo ha vissuto la morte di qualcuno con cui aveva una relazione stretta.

B. Dal momento della morte, almeno uno dei seguenti sintomi è stato presente per un numero di giorni superiore a quello in cui non è stato presente e a un livello di gravità clinicamente significativo, ed è perdurato negli adulti per almeno 12 mesi e nei bambini per almeno 6 mesi dopo il lutto:

1. Un persistente desiderio/nostalgia della persona deceduta. Nei bambini piccoli, il desiderio può essere espresso nel gioco e nel comportamento, anche tramite comportamenti che riflettono l'essere separato da, e anche riunito a, un caregiver o un'altra figura oggetto di attaccamento.
2. Tristezza e dolore emotivo intensi in seguito alla morte.
3. Preoccupazione per il deceduto.
4. Preoccupazione per le circostanze della morte. Nei bambini, questa preoccupazione per il deceduto può essere espressa attraverso i contenuti del gioco e il comportamento e può estendersi fino alla preoccupazione per la possibile morte di altre persone vicine.

C. Dal momento della morte, almeno 6 dei seguenti sintomi sono stati presenti per un numero di giorni superiore a quello in cui non sono stati presenti e a un livello di gravità clinicamente significativo, e sono perdurati negli adulti per almeno 12 mesi e nei bambini per almeno 6 mesi dopo il lutto:

Sofferenza reattiva alla morte

1. Marcata difficoltà nell'accettare la morte. Nei bambini, questa difficoltà dipende dalla capacità di comprendere il significato e la definitività della morte.
2. Provare incredulità o torpore emotivo riguardo la perdita.
3. Difficoltà ad abbandonarsi a ricordi positivi che riguardano il deceduto.
4. Amarezza o rabbia in relazione alla perdita.
5. Valutazione negativa di sé in relazione al deceduto o alla morte (per es., senso di autocolpevolezza).
6. Eccessivo evitamento di ricordi della perdita (per es., evitamento di persone, luoghi o situazioni associati al deceduto; nei bambini questo può includere l'evitamento di pensieri e sentimenti che riguardano il deceduto).

Disordine sociale/dell'identità

Desiderio di morire per essere vicini al deceduto. Dal momento della morte, difficoltà nel provare fiducia verso gli altri. Dal momento della morte, sensazione di essere soli o distaccati dagli altri.

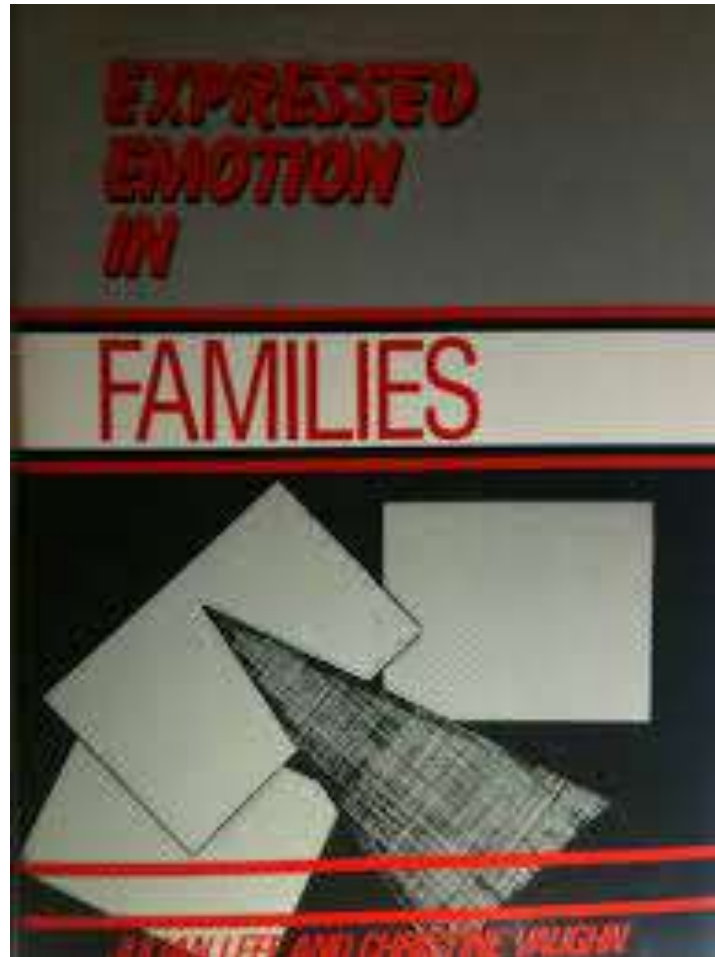
Sensazione che la vita sia vuota o priva di senso senza il deceduto, o pensiero di "non farcela" senza il deceduto. Confusione circa il proprio ruolo nella vita, o diminuito senso della propria identità (per es., sentire che una parte di se stessi è morta insieme al deceduto).

Dal momento della perdita, difficoltà o riluttanza nel perseguire i propri interessi o nel fare piani per il futuro (per es., amicizie, attività).

D. Il disturbo causa disagio clinicamente significativo o compromissione del funzionamento in ambito sociale, lavorativo o in altre aree importanti.

E. La reazione di lutto è sproporzionata o non coerente con le norme culturali e religiose o appropriate per l'età.

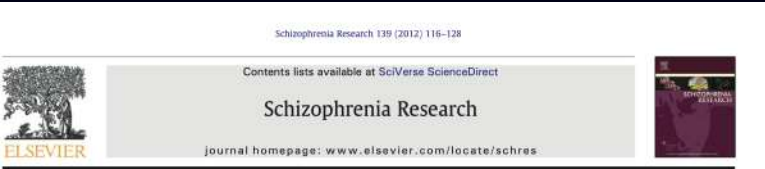
Specificare se con lutto traumatico, ovvero: lutto dovuto a omicidio o suicidio con persistenti pensieri gravosi riguardo alla natura traumatica della morte (spesso in risposta a ricordi della perdita), tra cui gli ultimi momenti del deceduto, il grado di sofferenza e delle ferite, o la natura dolorosa o intenzionale della morte.



EDITORIAL

Expressed emotion: current status¹

Almost three decades of controversy have surrounded the concept of ‘expressed emotion’. This fascinating saga has been carefully chronicled in the recent book by Leff and Vaughn, *Expressed Emotion in Families* (1985). The original work derived from the unexpected finding that long-stay patients survived longer in community settings and maintained better social functioning when they were discharged to lodgings, siblings, or distant relatives, than when they returned to parental or spousal households, or to professionally staffed hostels (Brown *et al.* 1958). The emotional response of key household members to the patient’s behavioural disturbance appeared to be the best predictor of successful transfer to the community.



Review
Risk factors for relapse following treatment for first episode psychosis: A systematic review and meta-analysis of longitudinal studies
M. Alvarez-Jimenez ^{a,b,*}, A. Priede ^c, S.E. Hetrick ^{a,b}, S. Bendall ^{a,b}, E. Killackey ^{a,b}, A.G. Parker ^{a,b,e}, P.D. McGorry ^{a,b}, J.F. Gleeson ^d
^a Centre for Youth Mental Health, The University of Melbourne, Australia
^b Orygen Youth Health Research Centre, Australia
^c University Hospital 'Marques de Valdecilla', Santander, Spain
^d Australian Catholic University, School of Psychology, Melbourne, Australia
^e Headspace Centre of Excellence, The National Youth Mental Health Foundation, Australia



Expressed emotion (EE) in families of individuals at-risk of developing psychosis: A systematic review
Emma Izon ^{a,b,*}, Katherine Berry ^a, Heather Law ^b, Paul French ^{a,b}
^a Division of Psychology and Mental Health, The University of Manchester, Manchester, United Kingdom
^b Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom



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^a Centre for Youth Mental Health, The University of Melbourne, Australia
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^c University Hospital 'Marques de Valdecilla', Santander, Spain
^d Australian Catholic University, School of Psychology, Melbourne, Australia
^e Headspace Centre of Excellence, The National Youth Mental Health Foundation, Australia



Expressed emotion (EE) in families of individuals at-risk of developing psychosis: A systematic review
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^a Division of Psychology and Mental Health, The University of Manchester, Manchester, United Kingdom
^b Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

Expressed Emotion and Relapse in Young Schizophrenia Outpatients

by Suzanne King and Mike J. Dixon

Abstract

High familial expressed emotion (EE) reliably predicts 9-month relapse rates in schizophrenia patients. Difficulties interpreting the EE-relapse finding arise, however, because EE is usually assessed during a hospital admission, yet relapse following discharge is predicted. Researchers in Scotland assessed EE in relatives while the patients were out of hospital; using conservative relapse criteria, they failed to find higher subsequent 6- and 12-month relapse rates among patients living in high-EE homes (McCreadie and Phillips 1988). Our goal was to determine the ability of EE to predict relapse in a sample of 69 schizophrenia outpatients using both conservative criteria (for 6- and 12-month rates) and standard relapse criteria (for 9- and 18-month rates). According to the conservative criteria, EE failed to predict 6- and 12-month relapse. According to the standard criteria, 9-month relapse rates were significantly greater among patients in high-EE households. In parental homes, relapse at both 9 months and 18 months was best predicted by fathers' critical comments and mothers' emotional overinvolvement. Relapse was not associated with medication compliance and the amount of contact with high-EE relatives.

Key words: Expressed emotion, relapse, mothers and fathers.
Schizophrenia Bulletin, 25(2):377–386, 1999.

who left the hospital to live with one or more relatives who made many critical comments about the patient during a private interview or who displayed a marked degree of emotional overinvolvement in the patient's life had a significantly greater risk of relapse within 9 months of hospital discharge (51% relapse rate) than did patients living with relatives who were less critical and less emotionally overinvolved (13%) (Hooley 1986). These studies also indicated that, among patients living in so-called "high-EE" homes, the risk of relapse more than doubled for patients who were in face-to-face contact with high-EE relatives 35 hours per week or more (69% relapse rate) compared with those with fewer than 35 weekly contact hours (28%). When subgroups were created according to medication compliance, the compliant groups consistently had lower relapse rates than noncompliant groups, with the lowest rate (12%) among compliant patients in low-EE homes and the highest rate (92%) among noncompliant patients in high contact with high-EE relatives.
More than a dozen studies from around the world have repeated the original EE methodology and obtained similar results (Parker and Hadzi-Pavlovic 1990; Hooley *et al.* 1995). In fact, knowing whether a patient lives in a high- or low-EE household is a more powerful predictor of relapse than knowing whether the patient is taking a placebo or a neuroleptic medication, for which the comparative relapse risks are about 70 percent versus 40 percent (Hahlweg *et al.* 1989b).

Advances in Psychiatric Treatment (2003), vol. 9, 342–348

Expressed emotion across cultures

Dinesh Bhugra & Kwame McKenzie

Abstract Expressed emotion has been used as a construct in understanding the interaction between patients and their carers and families. A considerable amount of data from Western cultures suggests that high expressed emotion can lead to relapse in vulnerable individuals, even when they are on medication. However, the data from other cultures are less solid. This paper reviews some of the existing findings and recommends that various components of expressed emotion must be seen in the cultural context and embedded in the normative data of the population before the concept can be considered in association with the pathogenesis of relapse.

PARENTS WITH MENTAL AND/OR SUBSTANCE USE DISORDERS AND THEIR CHILDREN

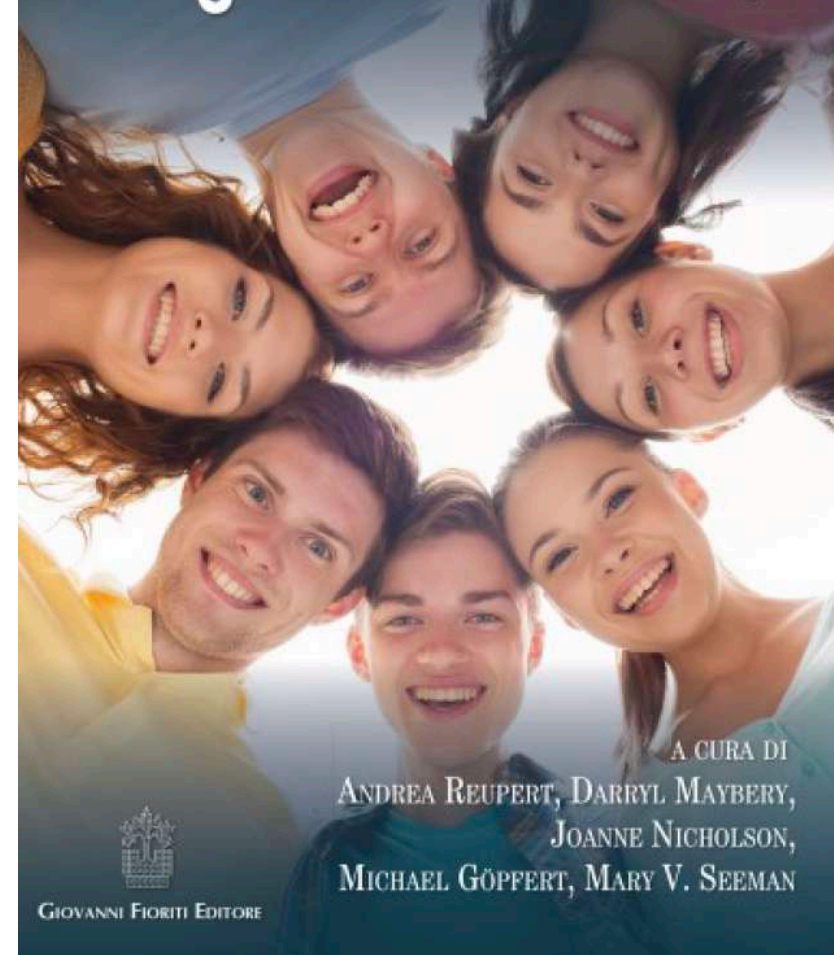
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PUBLISHED IN: Frontiers in Psychiatry and Frontiers in Public Health



 **frontiers** Research Topics

I disturbi psichiatrici dei genitori

Genitori problematici
e le loro famiglie



A CURA DI
ANDREA REUPERT, DARRYL MAYBERY,
JOANNE NICHOLSON,
MICHAEL GÖPFERT, MARY V. SEEMAN


GIOVANNI FIORITI EDITORE

Prevalence of parental mental illness and association with socioeconomic adversity among children in Sweden between 2006 and 2016: a population-based cohort study

Matthias Pierce, Kathryn M Abel, Joseph Muwonge Jr, Susanne Wicks, Alicia Nevriana, Holly Hope, Christina Dalman, Kyriaki Kosidou



Summary

Background Children of parents with mental illness are a vulnerable group, but their numbers and their exposure to adversity have rarely been examined. We examined the prevalence of children with parents with mental illness in Sweden, trends in prevalence from 2006 to 2016, and these children's exposure to socioeconomic adversity.

Methods We did a population-based cohort study among all children (aged <18 years) born in Sweden between Jan 1, 1991, and Dec 31, 2011, and their parents, followed up between Jan 1, 2006, and Dec 31, 2016. We included children who were identified in the Total Population Register and linked to their birth parents, excluding adopted children and those with missing information on both birth parents. We used a comprehensive register linkage, Psychiatry Sweden, to follow up for indicators of parental mental illness and socioeconomic adversity. Marginal predictions from a standard logistic regression model were used to estimate age-specific, 3-year period prevalence of parental mental illness and trends in prevalence for 2006–16. Using cross-sectional data on each child, indicators of socioeconomic adversity were compared between children with and without concurrent parental mental illness using logistic regression.

Findings Of 2 198 289 children born in Sweden between Jan 1, 1991, and Dec 31, 2011, we analysed 2 110 988 children (96·03% of the total population). The overall prevalence of children with diagnosed parental mental illness between 2006 and 2016 was 9·53% (95% CI 9·50–9·57). This prevalence increased with age of the child, from 6·72% (6·65–6·78) of the youngest children (0 to <3 years) to 10·80% (10·73–10·89) in the oldest (15 to <18 years). The prevalence of diagnosed parental mental illness increased from 8·62% (8·54–8·69) in 2006–09 up to 10·95% (10·86–11·03) in 2013–16. Children with any type of parental mental illness had markedly higher risk of socioeconomic adversity, such as living in poorer households or living separately from their parents.

Interpretation Currently, 11% of all Swedish children have a parent with a mental illness treated within secondary care. These children have markedly higher risk of broad socioeconomic adversity than do other children. There is a need to understand how socioeconomic adversity and parental mental illness influence vulnerability to poor life outcomes in these children.

Funding European Research Council, National Institute for Health Research, Region Stockholm, and the Swedish Research Council.

Lancet Public Health 2020;
5: e583–91

Centre for Women's Mental Health, Faculty of Biology, Medicine and Health Sciences, University of Manchester, Manchester, UK (M Pierce PhD, Prof K M Abel MD, H Hope PhD); Greater Manchester Mental Health NHS Foundation Trust, Prestwich, Manchester, UK (M Pierce, Prof K M Abel); Center for Epidemiology and Community Medicine, Stockholm, Sweden (J Muwonge Jr MSc, S Wicks PhD, Prof C Dalman MD, K Kosidou MD); and Department of Global Public Health, Karolinska Institute, Stockholm, Sweden (S Wicks, A Nevriana MSc, Prof C Dalman, K Kosidou)

Correspondence to:
Kyriaki Kosidou, Department of Global Public Health, Karolinska Institute, Stockholm 17177, Sweden
kyriaki.kosidou@ki.se

**Genitori sani e
figlio malato**

**Genitore
figlio malato**

**Quantita' di
tempo passata
insieme faccia-
a-faccia**



'Intimate Partner Violence (IPV) e lockdown

COVID-19, Lockdown, and Intimate Partner Violence: Some Data from an Italian Service and Suggestions for Future Approaches

Giussy Barbara, MD,^{1,2} Federica Facchin, PhD, PsyD,³ Laila Micci, PsyD,² Mitia Rendiniello, PsyD,²
Paolo Giulini, MD,⁴ Cristina Cattaneo, MD, PhD,^{2,5} Paolo Vercellini, MD,^{1,6} and Alessandra Kustermann, MD²

Abstract

Intimate partner violence (IPV)—defined as physical, psychological, sexual, and/or economic violence typically experienced by women at home and perpetrated by their partners or expartners—is a pervasive form of violence that destroys women's feelings of love, trust, and self-esteem, with important negative consequences on physical and psychological health. Many reports from several countries have underlined a remarkable increase in the cases of IPV during the COVID-19 emergency. In this opinion article, we discussed the hypothesis that such an increase may be related to the restrictive measures enacted to contain the pandemic, including women's forced cohabitation with the abusive partner, as well as the exacerbation of partners' pre-existing psychological disorders during the lockdown. In addition, we retrospectively analyzed some data derived from our practice in a public Italian referral center for sexual and domestic violence (Service for Sexual and Domestic Violence [SVSeD]). These data interestingly revealed an opposite trend, that is, a decrease in the number of women who sought assistance since the beginning of the COVID-19 outbreak. Such a reduction should be interpreted as a negative consequence of the pandemic-related restrictive measures. Although necessary, these measures reduced women's possibilities of seeking help from antiviolence centers and/or emergency services. Owing to the COVID-19 outbreak, there is an urgent need for developing and implementing alternative treatment options for IPV victims (such as online and phone counseling and telemedicine), as well as training programs for health care professionals, especially those employed in emergency departments, to facilitate early detection of IPV.



nuovo coronavirus

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Personale esperto risponde tutti i giorni 24 ore su 24.
-  **Utilizzare l'App1522 per smartphone.**
L'App è scaricabile attraverso i sistemi più diffusi di iOS e Android.
-  **Utilizzare l'App YouPol per trasmettere in tempo reale messaggi**
agli operatori della Polizia di Stato.
È possibile telefonare direttamente dall'App al numero unico di emergenza 112;
nel caso questo non sia attivo risponderà la sala operativa 113 della Questura.
-  **Rivolgerti ad un Centro Antiviolenza.**
Queste strutture sono aperte come prima dell'emergenza COVID-19.
-  **Andare al Pronto Soccorso** se hai bisogno di cure mediche immediate e non procrastinabili.
Gli operatori sociosanitari del Pronto Soccorso sapranno, oltre che curarti, indirizzarti verso
un percorso di uscita dalla violenza.
-  **Recarti in farmacia**, se nell'immediato non puoi raggiungere un Centro Antiviolenza
o il Pronto Soccorso. Il farmacista potrà fornirti informazioni utili.
-  **Contattare il Telefono Verde AIDS e IST 800 861061** se hai subito violenza sessuale.
Personale esperto risponde dal lunedì al venerdì, dalle ore 13.00 alle ore 18.00.
Puoi accedere anche al sito www.uniticontrolaids.it.
-  **Telefonare al 112 senza esitare, né rimandare:**
 - se hai subito un'aggressione fisica o minaccia di aggressione fisica
 - se hai subito una violenza psicologica
 - se stai fuggendo con i tuoi figli (eviti in questo modo una denuncia per sottrazione di minori)
 - se il maltrattante possiede armi (Dipartimento Pari Opportunità – Presidenza del Consiglio dei Ministri).

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A cura del Gruppo ISS "Comunicazione Nuovo Coronavirus"
maggio 2020



Research Notes

COVID-19 and the rise of intimate partner violence

Jorge M. Agüero

Department of Economics and El Instituto, University of Connecticut, 365 Fairfield Way, Unit 1063, Storrs, CT 06269-106, USA



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Lockdowns
Peru
COVID-19

ABSTRACT

Stay-at-home policies have been implemented worldwide to reduce the spread of the SARS-CoV-2 virus. However, there is a growing concern that such policies could increase violence against women. We find evidence in support of this critical concern. We focus on Peru, a country that imposed a strict nationwide lockdown starting in mid-March and where nearly 60% of women already experienced violence before COVID-19. Using administrative data on phone calls to the helpline for domestic violence (*Línea 100*), we find that the incidence rate of the calls increased by 48 percent between April and July 2020, with effects increasing over time. The rise in calls is found across all states and it is not driven by baseline characteristics, including previous prevalence of violence against women. These findings create the need to identify policies to mitigate the negative impact of stay-at-home orders on women's safety.

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EDITORIALS

Violence against women during covid-19 pandemic restrictions



Protections for women and girls must be built into response plans

Elisabeth Roesch *consultant*¹, Avni Amin *technical officer*¹, Jhumka Gupta *associate professor*², Claudia García-Moreno *acting unit head*¹

American Journal of Criminal Justice (2020) 45:668–679

<https://doi.org/10.1007/s12103-020-09533-5>

When Stay-at-Home Orders Leave Victims Unsafe at Home: Exploring the Risk and Consequences of Intimate Partner Violence during the COVID-19 Pandemic

Catherine Kaukinen¹

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Violence against women during the COVID-19 pandemic: An integrative review

Odette R. Sánchez | Dama B. Vale | Larissa Rodrigues | Fernanda G. Surita*

Department of Obstetrics and
Gynecology, University of Campinas,
Campinas, Brazil

*Correspondence
Fernanda G. Surita, Department of
Obstetrics and Gynecology, School of
Medical Science, University of Campinas,
101 Alexander Fleming Street, 13083-883,
Campinas, SP, Brazil.
Email: surita@unicamp.br

Funding Information
Coordenação de Aperfeiçoamento de
Pessoal de Nível Superior

Abstract

Background: During the COVID-19 pandemic, incipient data have revealed an increase in violence against women (VAW).

Objective: To analyze the existing scientific literature on strategies and recommendations to respond to VAW during the implementation of social distancing measures in response to the COVID-19 pandemic.

Search strategy: An integrative review was conducted based on articles published between December 2019 and June 2020. Suitable articles were identified from the PubMed, SciELO, and LILACS databases, using relevant terms.

Selection criteria: Eligible studies included opinion and primary research articles describing the dynamics of VAW during quarantine and in the context of the restrictive measures taken during the COVID-19 pandemic and proposing recommendations to respond to this issue. **Data collection and analysis:** Data were extracted from eligible publications and qualitative synthesis was used.

Main results: The 38 articles included in the study showed that some factors increasing women's vulnerabilities to violence were exacerbated during the social distancing and lockdown period. Health professionals are essential for screening and responding to VAW during the pandemic.

Conclusions: Strategies must include integrated actions aiming to prevent and respond to violence during and after the COVID-19 pandemic. These must be designed based on lessons learned from previous public health emergencies.

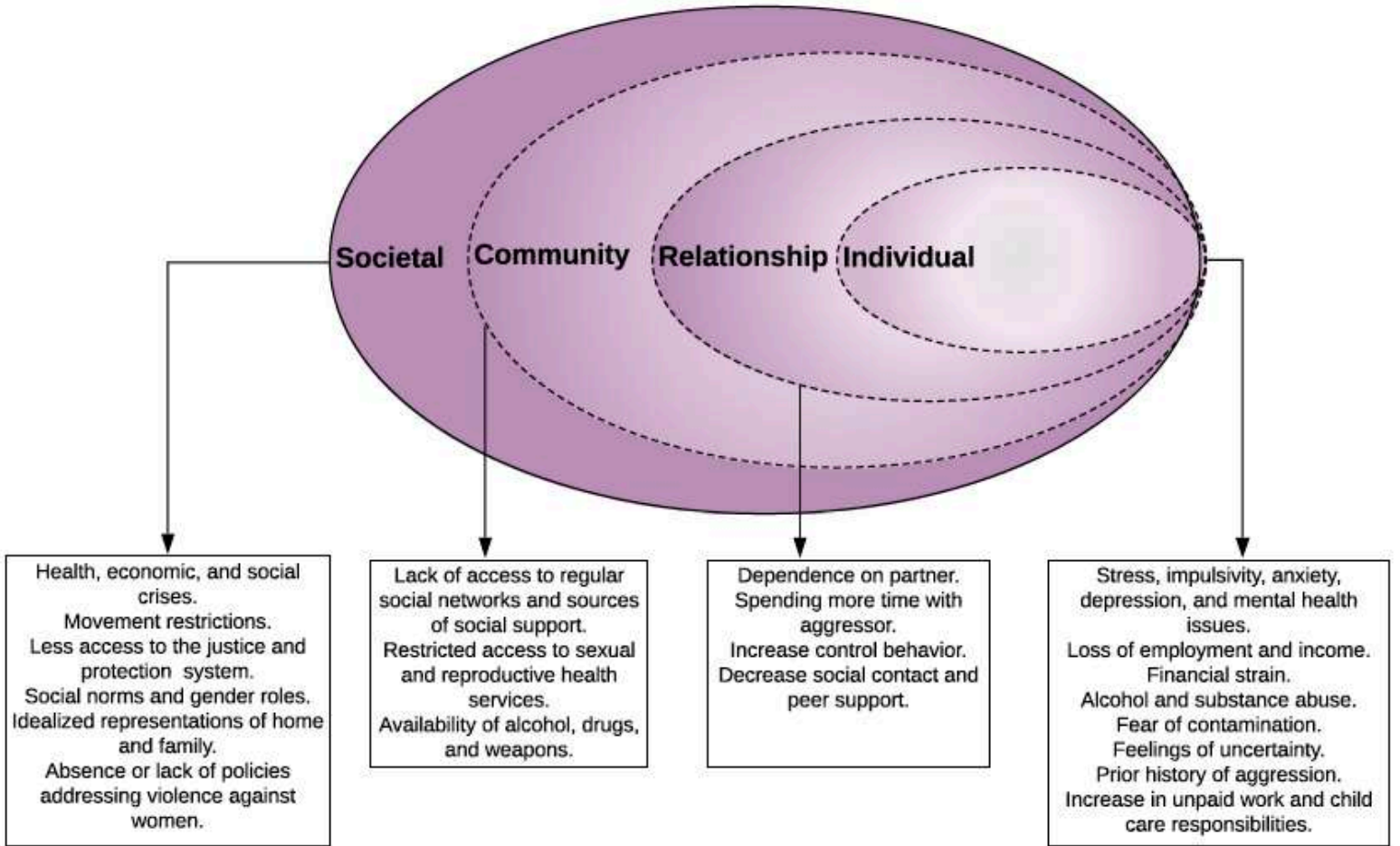


FIGURE 4 Ecological model for understanding violence during the COVID-19 pandemic. Source: Adapted from Krug et al.³⁸

POPOLAZIONE
E FAMIGLIESOCIETÀ
E ISTITUZIONIISTRUZIONE
E LAVORO

ECONOMIA

AMBIENTE
E TERRITORIO

CERCA NEL SITO

Statistiche A-Z

Glossario

[\[ENGLISH \]](#)

TAVOLE DI DATI

IL NUMERO VERDE 1522 DURANTE LA PANDEMIA (PERIODO MARZO-OTTOBRE 2020)



L'Istat con questa uscita prosegue l'analisi dei dati contenuti nel dataset del numero verde 1522 contro la violenza sulle donne e lo stalking nel periodo compreso tra marzo e ottobre 2020. Il numero verde è promosso e gestito dal Dipartimento per le Pari Opportunità (DPO) presso la Presidenza del Consiglio. Seguendo un suggerimento fornito a livello internazionale, le informazioni raccolte dal numero verde contro la violenza e lo stalking possono fornire alcune evidenze relative all'andamento del fenomeno della violenza domestica durante il periodo della pandemia e, a distanza di qualche mese, il suo monitoraggio. In assenza di uno studio statistico aggiornato e svolto in tempo reale, infatti, l'analisi dei dati provenienti dalle chiamate al 1522, soprattutto se messa a confronto con lo stesso periodo degli anni precedenti, può fornire indicazioni utili all'evoluzione del fenomeno nel corso del lockdown, ma soprattutto del trend delle richieste di aiuto. Le campagne di sensibilizzazione promosse dal Dipartimento per le Pari Opportunità della Presidenza del Consiglio dei Ministri sui canali televisivi e rilanciate sui social tra la fine di marzo ed aprile hanno rinforzato, infatti, il messaggio dell'importanza della richiesta di aiuto per uscire dalla violenza, che alla luce dei nuovi dati aggiornati, confermano la loro rilevanza.

Il numero delle chiamate valide sia telefoniche sia via chat nel periodo compreso tra marzo e ottobre 2020 è notevolmente cresciuto rispetto allo stesso periodo dell'anno precedente (+71,7%), passando da 13.424 a 23.071. La crescita delle richieste di aiuto tramite chat è triplicata passando da 829 a 3.347 messaggi. Tra i motivi che inducono a contattare il numero verde raddoppiano le chiamate per la "richiesta di aiuto da parte delle vittime di violenza" e le "segnalazioni per casi di violenza" che insieme rappresentano il 45,8% delle chiamate valide (in totale 10.577). Nel periodo considerato, rispetto allo stesso periodo dell'anno precedente, esse sono cresciute del 107%. Crescono anche le chiamate per avere informazioni sui Centri Anti Violenza (+65,7%).

Il numero verde, durante il periodo di lockdown, ha fornito informazioni e consulenze anche ad utenti che erano portatori di necessità diverse da quelle della violenza e dello stalking (3.493

PERIODO DI RIFERIMENTO: **MARZO-OTTOBRE 2020**DATA DI PUBBLICAZIONE: **25 NOVEMBRE 2020**

ALLEGATI

[INDICE DELLE TAVOLE](#)

(pdf 109 kb)

[TAVOLE](#)

(xlsx 78 kb)

[NOTA METODOLOGICA](#)

(pdf 272 kb)

[GLOSSARIO](#)

(pdf 103 kb)

CONTATTI

**PER INTERVISTE, DICHIARAZIONI E
CHIARIMENTI AI MEDIA**

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Numero di richieste di al aiuto telefono 1522 per vittime di violenza. Mesi marzo-ottobre 2013-2020

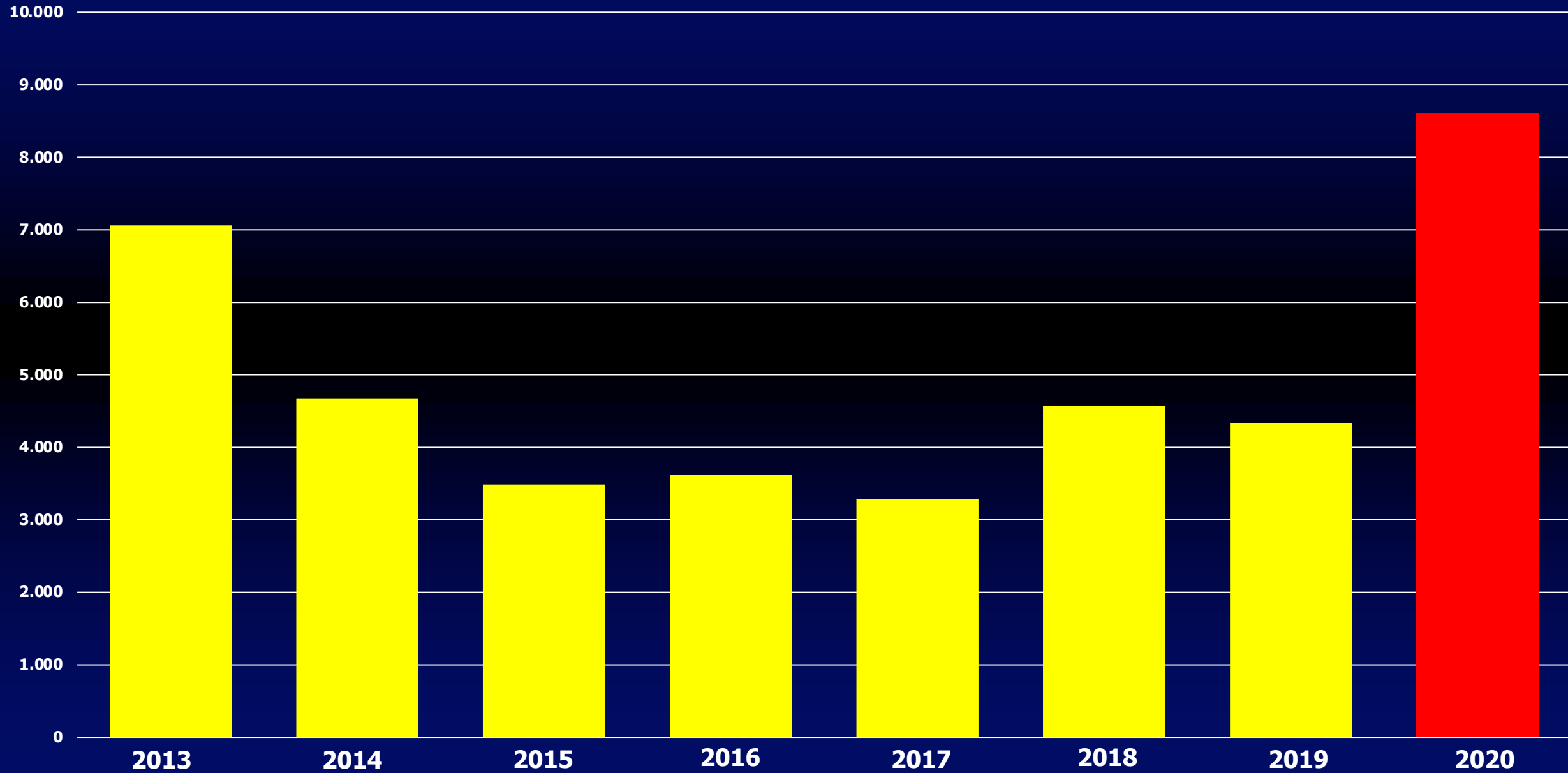
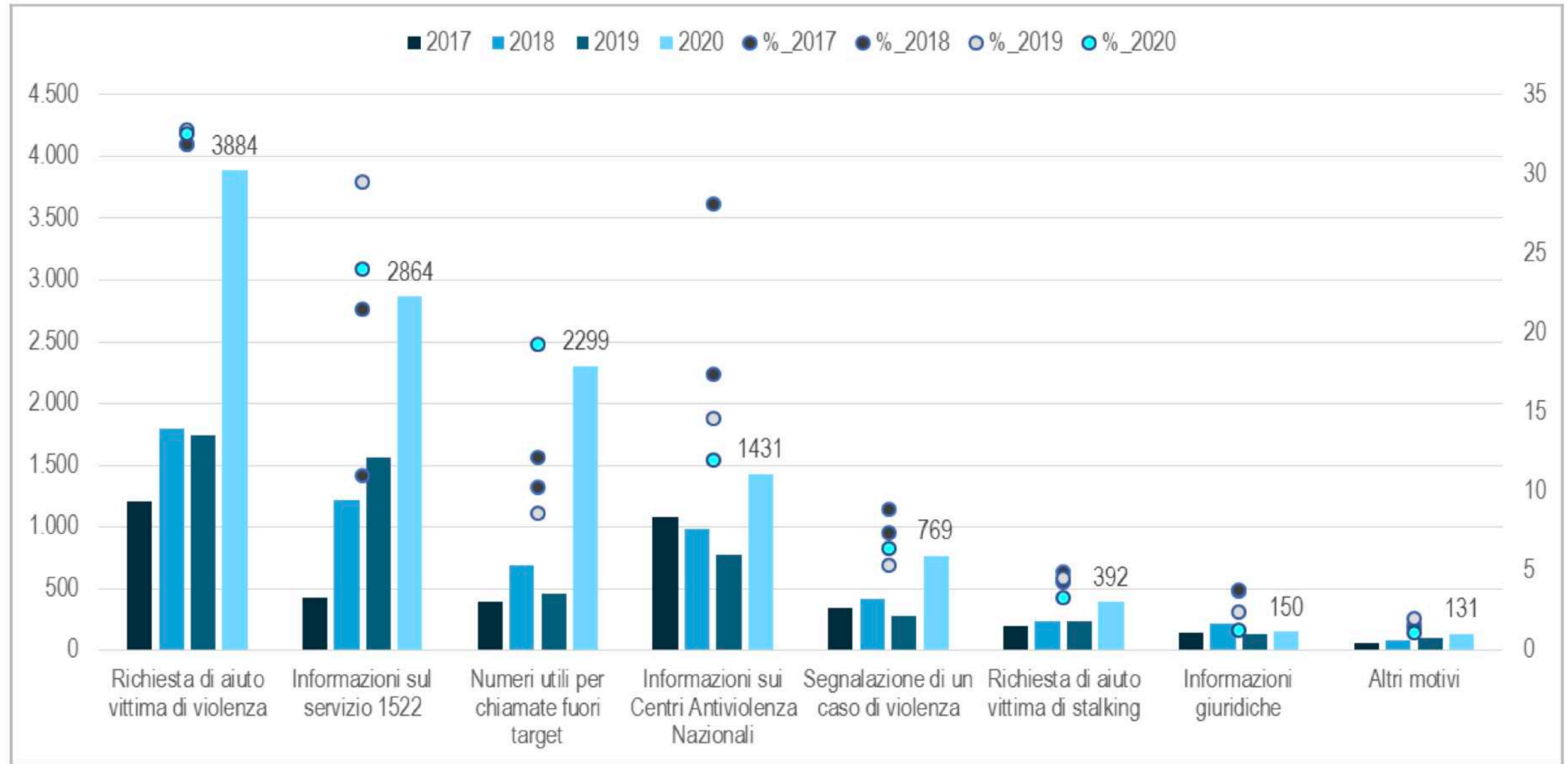


Fig.4 - Motivo della chiamata al 1522 (Confronto trimestre Marzo-Maggio 2017/2020, valori assoluti e variazioni percentuali)



Fonte: Elaborazione Istat su dati Dipartimento per le Pari Opportunità

**Eventi
stressanti e
resilienza**

The resilience framework as a strategy to combat stress-related disorders

Raffael Kalisch^{1,2,3,4*}, Dewleen G. Baker^{5,6}, Ulrike Basten^{4,7}, Marco P. Boks⁸, George A. Bonanno⁹, Eddie Brummelman^{3,10,11}, Andrea Chmitorz^{1,3,12}, Guillén Fernández^{3,13}, Christian J. Fiebach^{4,7,14}, Isaac Galatzer-Levy¹⁵, Elbert Geuze^{8,16}, Sergiu Groppa^{1,4,17}, Isabella Helmreich^{1,3,12}, Talma Hendler^{3,18,19}, Erno J. Hermans^{3,13}, Tanja Jovanovic²⁰, Thomas Kubiak^{1,3,21}, Klaus Lieb^{1,3,4,12}, Beat Lutz^{1,4,22}, Marianne B. Müller^{1,4,12}, Ryan J. Murray^{3,23,24,25}, Caroline M. Nievergelt^{5,6}, Andreas Reif^{3,4,26}, Karin Roelofs^{3,13,27}, Bart P. F. Rutten²⁸, David Sander^{3,24,25}, Anita Schick^{1,2,3}, Oliver Tüscher^{1,3,4,12}, Ilse Van Diest^{3,29}, Anne-Laura van Harmelen^{3,30}, Ilya M. Veer^{3,31}, Eric Vermetten^{16,32,33}, Christiaan H. Vinkers⁸, Tor D. Wager^{34,35}, Henrik Walter^{3,31,36}, Michèle Wessa^{1,3,4,37}, Michael Wibral^{4,38} and Birgit Kleim^{3,39}

Consistent failure over the past few decades to reduce the high prevalence of stress-related disorders has motivated a search for alternative research strategies. Resilience refers to the phenomenon of many people maintaining mental health despite exposure to psychological or physical adversity. Instead of aiming to understand the pathophysiology of stress-related disorders, resilience research focuses on protective mechanisms that shield people against the development of such disorders and tries to exploit its insights to improve treatment and, in particular, disease prevention. To fully harness the potential of resilience research, a critical appraisal of the current state of the art — in terms of basic concepts and key methods — is needed. We highlight challenges to resilience research and make concrete conceptual and methodological proposals to improve resilience research. Most importantly, we propose to focus research on the dynamic processes of successful adaptation to stressors in prospective longitudinal studies.

RESILIENZA: COSA E'?

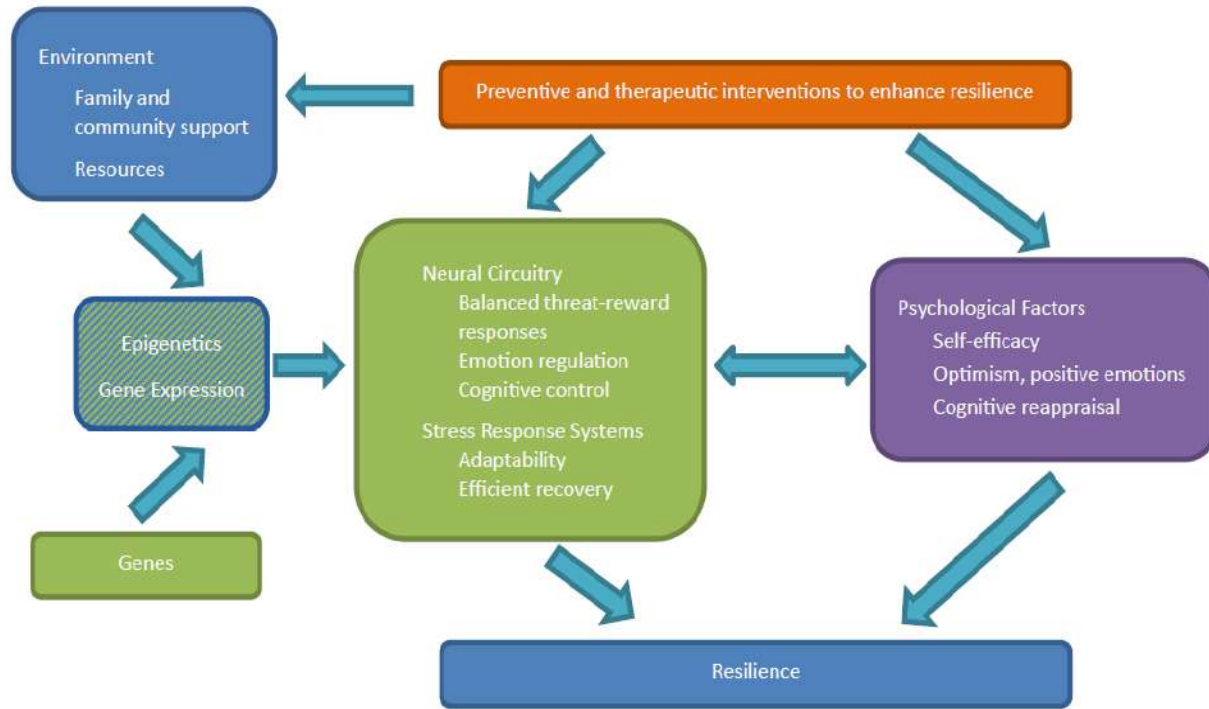
- Il termine "resilienza" proviene dalla metallurgia: indica, nella tecnologia metallurgica, la capacità di un metallo di resistere alle forze che vi vengono applicate.
- Per un metallo la resilienza rappresenta il contrario della fragilità.
- *La resilienza è la capacità di far fronte in maniera positiva ad eventi traumatici, di riorganizzare positivamente la propria vita dinanzi alle difficoltà.*

Eventi stressanti e salute mentale

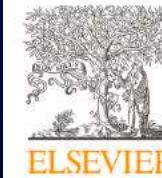
✧ Numerosi studi condotti su popolazioni esposte a gravi eventi stressanti mostrano che non si assiste necessariamente a un aumento di condizioni di marcato malessere psicologico, con la sola eccezione dei disturbi post-traumatici da stress, che peraltro riguardano solo una piccola percentuale della popolazione, caratterizzata da particolari fattori di rischio (aver sofferto di gravi lesioni fisiche, aver sperimentato un senso imminente di morte, aver assistito alla morte, soprattutto violenta, di persone care, ecc).

✧ A far male non è la “quantità” di stress a cui si è esposti, bensì il modo in cui esso viene processato mentalmente (*mind-set*). Situazioni stressanti possono infatti rafforzarsi psicologicamente (la cosiddetta *'stress-related growth'*) e riorientare i nostri rapporti (a partire da quelli familiari) verso nuove priorità e atteggiamenti più positivi. I disastri possono rinforzare il sentimento di *'appartenenza'*, con il sentirsi parte di un evento collettivo in cui il proprio comportamento può produrre effetti socialmente vantaggiosi (→ contenimento del contagio).

RESILIENZA



European Neuropsychopharmacology (2020) 35, 12-16



www.elsevier.com/locate/euroneuro



CONSENSUS STATEMENT

Stress resilience during the coronavirus pandemic

Christiaan H. Vinkers^{a,b,*}, Therese van Amelsvoort^c,
Jonathan I. Bisson^d, Igor Branchi^e, John F. Cryan^f,
Katharina Domschke^{g,h}, Oliver D. Howesⁱ, Mirko Manchia^{j,k,l},
Luisa Pinto^{m,n}, Dominique de Quervain^o, Mathias V. Schmidt^p,
Nic J.A. van der Wee^q

^a Department of Psychiatry (GGZ inGeest), Amsterdam UMC (location VUmc), Vrije University, Amsterdam Public Health and Amsterdam Neuroscience research institutes, Amsterdam, The Netherlands

^b Department of Anatomy and Neurosciences, Amsterdam UMC (location VUmc), Vrije University, Amsterdam, The Netherlands

^c Department of Psychiatry and Neuropsychology, Maastricht University, Maastricht, The Netherlands

^d Division of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine, Cardiff, UK

^e Center for Behavioral Sciences and Mental Health, Istituto Superiore di Sanità, Rome, Italy

^f Dept Anatomy & Neuroscience, University College Cork, Cork, Ireland & APC Microbiome Ireland, University College Cork, Cork, Ireland

^g Dept. of Psychiatry and Psychotherapy, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany

^h Center for Basics in NeuroModulation, Faculty of Medicine, University of Freiburg, Freiburg, Germany

ⁱ Institute of Psychiatry, Psychology and Neurosciences, King's College London, London, UKMRC London Institute of Medical Sciences, Imperial College London, London, UK

^j Section of Psychiatry, Department of Medical Sciences and Public Health, University of Cagliari, Cagliari, Italy

^k Unit of Clinical Psychiatry, University Hospital Agency of Cagliari, Cagliari, Italy

^l Department of Pharmacology, Dalhousie University, Halifax, Nova Scotia, Canada

^m Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal

ⁿ ICVS/3B's - PT Government Associate Laboratory, Braga/Guimarães, Portugal

Table 3. Psychological resilience factors: Attitudes and behaviors that can help maintain well-being during stress

1. Positive attitude: optimism and sense of humor
 - Optimism is strongly related to resilience
 - Optimism is partly inherited but can be learned through cognitive behavioral therapy
 - Putative neurobiological mechanisms: strengthens reward circuits, decreases autonomic activity
2. Active coping: seeking solutions, managing emotions
 - Resilient individuals use active rather than passive coping skills (dealing with problem and with emotions versus withdrawal, resignation, numbing)
 - Can be learned: work on minimizing appraisal of threat, creating positive statements about oneself, focusing on aspects that can be changed
 - Putative neurobiological mechanisms: prevents fear conditioning and learned helplessness, promotes fear extinction
 - a. Facing fears: learning to move through fear
 - Fear is normal and can be used as a guide for action
 - Facing and overcoming fears can increase self-esteem and sense of self-efficacy
 - Practice undertaking and completing challenging or anxiety-inducing tasks
 - Putative neurobiological mechanisms: promotes fear extinction, stress inoculation
3. Cognitive flexibility/cognitive reappraisal: finding meaning or value in adversity
 - Traumatic experiences can be reevaluated through a more positive lens
 - Trauma can lead to growth: learn to reappraise or reframe adversity, finding its benefits; assimilate the event into personal history; accept its occurrence; and recover
 - Recognize that failure is an essential ingredient for growth
 - Putative neurobiological mechanisms: alters memory reconsolidation, strengthens cognitive control over emotions
4. Moral compass: embrace a set of core beliefs that few things can shatter
 - Live by a set of guiding principles
 - For many, moral compass means religious or spiritual faith
 - Altruism strongly associated with resilience: selfless acts increase our own well-being
 - Putative neurobiological mechanisms: spirituality/religiosity associated with strong serotonergic systems; morality has neural basis, likely evolved because adaptive
5. Physical exercise: engage in regular physical activity
 - Physical exercise has positive effects on physical and psychological hardiness
 - Effective at increasing mood and self-esteem
 - Putative neurobiological mechanisms: promotes neurogenesis, improves cognition, attenuates HPA activity, aids in regulation of emotion, boosts immune system
6. Social support and role models or mentors
 - Establish and nurture a supportive social network
 - Very few can “go it alone,” resilient individuals derive strength from close relationships
 - Social support is safety net during stress
 - Role models and mentors can help teach resilience: imitation is powerful mode of learning
 - Putative neurobiological mechanisms: oxytocin mediates initial bonding/attachment
 - “Mirror”/Von Economo neurons involved in neuronal imprinting of human values



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RESEARCH ARTICLE
Mental health problems and social media exposure during COVID-19 outbreak

Junling Gao¹, Pinpin Zheng, Yingnan Jia, Hao Chen, Yimeng Mao, Suhong Chen, Yi Wang, Hua Fu, Junming Dai*

School of Public Health, Fudan University, Fudan Institute of Health Communication, Shanghai, China

* jmdai@fudan.edu.cn

Abstract

Huge citizens expose to social media during a novel coronavirus disease (COVID-19) outbreak in Wuhan, China. We assess the prevalence of mental health problems and examine their association with social media exposure. A cross-sectional study among Chinese citizens aged ≥ 18 years old was conducted during Jan 31 to Feb 2, 2020. Online survey was used to do rapid assessment. Total of 4872 participants from 31 provinces and autonomous regions were involved in the current study. Besides demographics and social media exposure (SME), depression was assessed by The Chinese version of WHO-Five Well-Being Index (WHO-5) and anxiety was assessed by Chinese version of generalized anxiety disorder scale (GAD-7). multivariable logistic regressions were used to identify associations between social media exposure with mental health problems after controlling for covariates. The prevalence of depression, anxiety and combination of depression and anxiety (CDA) was 48.3% (95%CI: 46.9%–49.7%), 22.8% (95%CI: 21.4%–23.8%) and 19.4% (95%CI: 18.3%–20.6%) during COVID-19 outbreak in Wuhan, China. More than 80% (95%CI: 80.9%–83.1%) of participants reported frequently exposed to social media. After controlling for covariates, frequently SME was positively associated with high odds of anxiety (OR = 1.72, 95%CI: 1.31–2.26) and CDA (OR = 1.91, 95%CI: 1.52–2.41) compared with less SME. Our findings show there are high prevalence of mental health problems, which positively associated with frequently SME during the COVID-19 outbreak. These findings implicated the government need pay more attention to mental health problems, especially depression and anxiety among general population and combating with “infodemic” while combating during public health emergency.



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RESEARCH ARTICLE
Social and electronic media exposure and generalized anxiety disorder among people during COVID-19 outbreak in Bangladesh: A preliminary observation

Md. Tanvir Hossain^{1,2*}, Benojir Ahmed³, Sanjoy Kumar Chandra^{4,5}, Nasrat Jahan¹, Mahfuz Zaman Gha¹, Md. Nurul Islam⁶

¹ Schooling Discipline, Social Science School, Khulna University, Khulna, Bangladesh, ² Statistics Discipline, Science, Engineering & Technology School, Khulna University, Khulna, Bangladesh, ³ School of Healthcare Faculty of Medicine and Health, University of Leeds, Leeds, United Kingdom, ⁴ Faculty and Wood Technology Discipline, Life Science School, Khulna University, Khulna, Bangladesh

* tanvirhossain@kpu.edu.bd

Abstract

Classified as a pandemic by the World Health Organization, the novel Coronavirus Disease (COVID-19) has spread to Bangladesh since early March of 2020, and people are getting daily updates from the social and electronic media. We aimed at assessing the prevalence of anxiety among Bangladeshi people during the pandemic in connection with social media exposure (SME) and electronic media exposure (EME). For this cross-sectional study, data were collected from 880 participants by a self-administered online questionnaire relating personal characteristics, self-rated health (SRH), SME, and EME with anxiety. Findings show that around half of the surveyed population experienced a spike of anxiety (40.1%) during the pandemic, ten times higher than the national anxiety rate in 2019. The participants with an increased SME of over four hours per day experienced a higher level of anxiety than individuals with < 2 hours exposure to social media. Similarly, the anxiety was higher among people with fair/bad SRH compared to individuals with excellent SRH. It is highly recommended to develop active surveillance and effective monitoring systems to reduce the spread of misinformation from both social and electronic media to improve the state of mental health conditions during the pandemic.

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ORIGINAL PAPER



Associations between COVID-19 related media consumption and symptoms of anxiety, depression and COVID-19 related fear in the general population in Germany

Antonia Bendau¹, Moritz Bruno Petzold¹, Lena Pyrkosch¹, Lea Mascarell Maricic¹, Felix Betzler¹, Janina Rogoll¹, Julia Große¹, Andreas Ströhle¹, Jens Plag¹

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Abstract

In context of the current COVID-19 pandemic the consumption of pandemic-related media coverage may be an important factor that is associated with anxiety and psychological distress. Aim of the study was to examine those associations in the general population in Germany. 6233 participants took part in an online-survey (March 27th–April 6th, 2020), which included demographic information and media exploitation in terms of duration, frequency and types of media. Symptoms of depression, unspecific anxiety and COVID-19 related anxiety were ascertained with standardized questionnaires. Frequency, duration and diversity of media exposure were positively associated with more symptoms of depression and unspecific and COVID-19 specific anxiety. We obtained the critical threshold of seven times per day and 2.5 h of media exposure to mark the difference between mild and moderate symptoms of (un)specific anxiety and depression. Particularly the usage of social media was associated with more pronounced psychological strain. Participants with pre-existing fears seem to be particularly vulnerable for mental distress related to more immoderate media consumption. Our findings provide some evidence for problematical associations of COVID-19 related media exposure with psychological strain and could serve as an orientation for recommendations—especially with regard to the thresholds of critical media usage.



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Article

Media Exposure and Anxiety during COVID-19: The Mediation Effect of Media Vicarious Traumatization

Cong Liu and Yi Liu *

School of Media and Communication, Shanghai Jiao Tong University, Shanghai 200240, China; lcong26@sjtu.edu.cn

* Correspondence: liuyi2012@sjtu.edu.cn; Tel.: +86-135-2401-1966



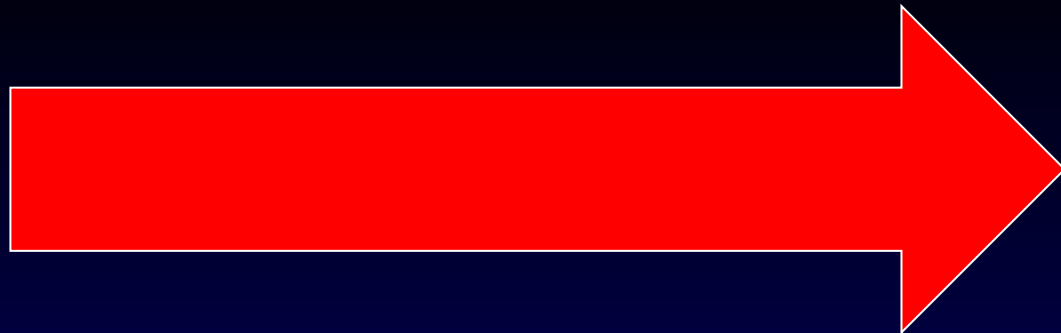
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Abstract: The rapid spread and high death rates of the COVID-19 pandemic resulted in massive panic and anxiety all over the world. People rely heavily on media for information-seeking during the period of social isolation. This study aimed to explore the relationship between media exposure and anxiety, and highlighted the underlying mechanisms mediated by the media vicarious traumatization effect. A total of 1118 Chinese citizens participated in the online survey, who were from 30 provinces in mainland China. Results showed that all four types of media (official media, commercial media, social media, and overseas media) cause vicarious traumatization to their audiences to different degrees. It was also found that the impact of media exposure on anxiety was mediated by media vicarious traumatization: there were full mediation effects for commercial media exposure and overseas media exposure, while there were indirect-only mediation effects for official media exposure and social media exposure. Audiences staying in cities with a relatively severe pandemic were more susceptible to the vicarious traumatization caused by commercial media compared to those staying in Hubei. This study expanded the concept and application of vicarious traumatization to the mediated context, and the findings provided insightful advice to media practitioners in the face of major crisis.

Keywords: COVID-19; media vicarious traumatization; anxiety; media exposure; official media; commercial media; Wuhan

Esposizione ai media ed ansia

**Maggiore la DURATA dell'esposizione a
vari tipi di media (social media, TV,
giornali) con notizie sulla pandemia**



maggior rischio di disturbi d'ansia.



Covid-19 e servizi di salute mentale in Europa

Covid-19 and mental health services in Europe

Serena Meloni, Giovanni de Girolamo, Roberta Rossi

IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Brescia

Corrispondenza: Serena Meloni; smeloni@fatebenefratelli.eu

RIASSUNTO

L'area della salute mentale è direttamente interessata alla pandemia ed alle sue conseguenze, per varie ragioni:

1. la pandemia ha innescato un *lockdown* planetario, con drammatiche ripercussioni socioeconomiche e quindi psicosociali;

2. i servizi di salute mentale (SSM), che trattano per definizione una popolazione fragile dal punto di vista psichico, biologico e sociale, hanno una complessa trama organizzativa, ed era prevedibile che questa sarebbe stata coinvolta (o travolta) dalla pandemia;

3. gli SSM dovrebbero, almeno in teoria, poter contribuire a orientare le politiche di sanità pubblica laddove queste implicano una modificazione significativa dei comportamenti individuali.

È stata operata una revisione narrativa delle pubblicazioni prodotte da ricercatori europei nel periodo febbraio-giugno 2020 e indicizzate su PubMed. In totale sono stati analizzati 34 lavori, che testimoniano dei profondi cambiamenti organizzativi, assistenziali e procedurali introdotti nei SSM a seguito di questo evento planetario eccezionale e in larga misura imprevisto. Tra le principali innovazioni registrate dappertutto va innanzitutto menzionata la fortissima spinta all'impiego di tecniche di telemedicina: queste tuttavia necessitano di un'adeguata valutazione critica, che ne metta in luce possibilità, limiti, vantaggi e svantaggi in luogo di frettolosi giudizi trionfalistici. Inoltre, va sottolineata l'esiguità di studi di tipo quantitativo condotti in questo periodo e l'assenza di studi volti per esempio a esplorare le conseguenze del prolungato e forzoso contatto faccia-a-faccia tra pazienti gravi e familiari a elevato indice di "emozioni espresse".

Parole chiave: Covid-19, servizi di salute mentale, organizzazione, disturbi mentali, Europa

MESSAGGI PRINCIPALI

■ La pandemia di Covid-19 ha apportato cambiamenti organizzativi, assistenziali, culturali e professionali nei servizi di salute mentale (SSM), come la necessità di utilizzare in modo massiccio la telemedicina.

■ Sembra emergere una difficoltà dei SSM nella gestione ottimale degli aspetti psicosociali dei disastri.

■ La revisione ha messo in luce alcune tematiche che sarà importante esplorare nelle ricerche future, tra cui il tema delle emozioni espresse e l'analisi e il monitoraggio, in termini quantitativi, dei cambiamenti che la pandemia ha apportato nei SSM.

2. mental health services, which treat by definition a fragile population from the psychological, biological and social points of view, have a complex organizational frame, and it was expected that this would be affected (or overwhelmed) by the pandemic;

3. mental health services should, at least in theory, be able to help guide public health policies when these involve a significant modification of individual behavior.

It was conducted a narrative review of the publications produced by European researchers in the period February-June 2020 and indexed in PubMed. A total of 34 papers were analyzed, which document the profound clinical, organizational and procedural changes introduced in mental health services following this exceptional and largely unforeseen planetary event.

Among the main innovations recorded everywhere, the strong push towards the use of telemedicine techniques should be mentioned: however, these require an adequate critical evaluation, which highlights their possibilities, limits, advantages and disadvantages instead of simple triumphal

Principale risultato: 'conversione' alla telemedicina

Mental Health in the Coronavirus Disease 2019 Emergency

The Italian Response

Giovanni de Girolamo, MD; Giancarlo Cerveri, MD; Massimo Clerici, MD; Emiliano Monzani, MD;
Franco Spinogatti, MD; Fabrizio Starace, MD; Giambattista Tura, MD; Antonio Vita, MD

IMPORTANCE This article briefly reports the experience of mental health services and the lessons learned during the coronavirus disease 2019 crisis. In particular, this report offers opportunities to build on experience gained in managing the coronavirus disease 2019 emergency in the Departments of Mental Health and Addiction (DMHAs) in Lombardy, the wealthiest Italian region, which has around 10 million inhabitants.

OBSERVATIONS Many challenges have occurred in the management of health services. In many hospitals, entire wards, including some psychiatric wards, have been reorganized to admit patients with coronavirus disease 2019, and many physicians and nurses have been diverted to wards managing patients with coronavirus disease 2019. Most day facilities for patients with psychiatric needs have been temporarily closed, whereas in residential facilities, patients who usually are free to come and go during the day have had to be confined in the facilities with very limited or no leave. These changes have produced considerable stresses on people with severe mental disorders. Many outpatient clinics have limited appointments to those with the most urgent cases, and home visits, a common practice in most DMHAs, have been drastically reduced with potentially detrimental consequences for patients' well-being. Another potential detrimental consequence of being forced stay at home has been an increase in the hours spent face to face with families with high amounts of conflict.

CONCLUSIONS AND RELEVANCE Departments of Mental Health need to be equipped with appropriate e-health technologies and procedures to cope with situations such as this. Additionally, there needs to be a rollout of interventions to mitigate the potentially harmful consequences of quarantine. Departments of Mental Health should be able to assume a leadership position in the psychosocial management of disasterlike situations, and this requires the acquisition of new skills, notably how to correctly inform the population about risk, train and disseminate effective preventive and management procedures for disasters, support health personnel and rescuers, and support those experiencing bereavement.

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Author Affiliations: Unità Operativa di Psichiatria Epidemiologica e Valutativa, IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Brescia, Italy (de Girolamo); Department of Mental Health and Addiction, ASST Lodi, Lodi, Italy (Cerveri); Department of Mental Health and Addiction, ASST Monza, Monza, Italy (Clerici); Department of Mental Health and Addiction, ASST Bergamo Ovest, Treviglio, Italy (Monzani); Department of Mental Health and Addiction, ASST Cremona, Cremona, Italy (Spinogatti); Department of Mental Health and Addiction, AUSL di Modena, Modena, Italy (Starace); Psychiatry Unit, IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Brescia, Italia, Italy (Tura); Department of Mental Health and Addiction, ASST Brescia, Brescia, Italy (Vita); Psychiatric Clinic, University of Brescia, Brescia, Italy (Vita); Psychiatric Clinic, University of Milan Bicocca, Monza, Italy (Clerici).

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Corresponding Author: Giovanni de Girolamo, MD, IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Via Pilastroni, 4, 25125 Brescia, Italy (gdegirolamo@fatebenefratelli.eu).

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Mental Health in the Coronavirus Disease 2019 Emergency—The Italian Response

Giovanni de Girolamo, MD¹; Giancarlo Cerveri, MD²; Massimo Clerici, MD^{3,10}; et al

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CONCLUSIONI

Alcune raccomandazioni:

- ✧ Strategie per diminuire la QUANTITA' di tempo trascorsa faccia-a-faccia con genitori ad elevato indice di EE, o disturbati.**
- ✧ Diminuire la quantità di tempo trascorsa a contatto con social media.**
- ✧ Strutturare il tempo quotidiano.**
- ✧ Aumentare l'attività fisica.**
- ✧ Trasmettere informazioni chiare, semplici ed univoche.**