

An Italian paediatric department at the time of Coronavirus: a resident's point of view

'It will be an easy rotation.' This is what I thought on the first day of internship in the children's psychiatric department, which shares rooms with the general paediatric department, at IRCCS Burlo-Garofolo in Trieste. There were all the ingredients: challenging cases, inspiring environment and an insatiable curiosity. What could go wrong?

A couple of days after that silly thought, Italy was locked down. Everyday life in the whole country was changing, as well as the appearance of the paediatric department. Despite being a third level leading centre in paediatric research and care, the clinic witnessed a drop in hospital admissions for organic paediatric diseases. The paediatric department was emptying as if nobody felt sick anymore. These empty beds were taken up by the children's psychiatric department's new cases: psychomotor agitation, self-injurious behaviour and suicide attempts. I stopped counting how many times the phone rang because parents were concerned about the violent conduct of their children. When these conditions occurred, doctors filled in the medical certificate so that children with attention deficit hyperactivity disorder, autism spectrum disorders, or conduct disorders could have their yard time.

Coronavirus appeared to have triggered a relapse of mental health disorders, causing the demand for treatment to shift towards psychiatric conditions. It appeared clear that all the strategies we put in place to help children with mental health difficulties could no longer be used. Due to the national quarantine, many mental health facilities have been closed, depriving these children of the possibility of psychological support. The children's neuropsychiatric department is making up for the shortage of mental health facilities, providing specialist advice and offering answers to unsolved questions.

So, 18 days after the start of my internship, in the department, there were more

mentally ill patients than those who suffered from other conditions and I no longer thought that it would be an easy rotation. Instead, another thought came to my mind: 'how was it possible that nobody got sick anymore?' Where were stomach aches or respiratory problems? Was Coronavirus the only existing problem? Soon the answer appeared clear: fear. The fear of catching the viral infection in hospitals prevented people from visiting them. So, children were falling sick, but they stayed home. Only rarely did the fear of another disease outweigh that of the Coronavirus, enough to convince a family to go to the hospital. In the meantime, the conditions of the children worsened: they had abdominal pain, which had led to peritonitis, vomiting that had degenerated into intussusception and diabetic onset that had become severe ketoacidosis. These conditions that could have been easily managed,

due to the lack of prompt intervention, now required an aggressive approach.

That is what an Italian paediatric department looks like during the Coronavirus pandemic. On the one hand, we have more psychiatric patients but fewer strategies to face mental health interventions in the context of a national crisis setting. On the other, we have fewer paediatric patients but more severe conditions due to the delay in treatment caused by Coronavirus terror.

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