The new Coronavirus, also known as SARS-CoV-2 or COVID-19 had a massive impact around the world, with high rates of mortality and morbidity that caused a loss of income and contained billions of people to social isolation [1]. The COVID-19 has rapidly taken on pandemic proportions by affecting over 100,000 people in 100 countries, thus reaching the necessary epidemiological criteria to be declared a Pandemic according to Nature [2]. Despite all the scientific articles that have published recently, the long- and short-term consequences about population mental health are still unknown: the study of the acute phase mental health impacts of COVID-19 could be crucial to inform the Government and Mental Health Services about population's general well-being [1]. This global pandemic forced many countries to implement regional and national containment measures or lockdowns [3].

For example, on January 31, 2020 the Italian Government implemented the first measures to limit viral transmission and on March 10, 2020, the Italian Ministry of Health announced a general lockdown, to ensure that the number of patients hospitalized to the emergency room would not be greater than the Hospitals capacity [2,4]. Since then, the lockdown context has drastically altered people's lives, as well as the global, public and private economy: massive reductions had been registered in the fields of tourism, aviation, agriculture and finance industry. The economic recession, along with mass lockdowns and uncertainties or fears due to the COVID-19 outbreak could increase rates of suicide and mental disorders related to suicide in countries like USA, Canada, Pakistan, India, France, Germany and Italy. Many scientific researches also reported an increase of psychological distress in the general population [5].

Although this information could be generally imagined as principally referred to adult population, it must be highlighted that approximately 28% of the world’s population is constituted...
by children, and 16% by those aged between 10 to 19 years. Thus, COVID-19 psychosocial and mental health implications can also affect children and youth: the quality and the magnitude of impact on younger people depends on several vulnerability factors such as developmental age, educational status, mental health condition, economic status, condition of quarantine and fear of infection, female gender and being a student [3,5]. Other studies focused on searching protection factors that could potentially contrast psychological illnesses during pandemic: these researchers found that the spread of updated and accurate COVID-19 related health information from authorities, the implementation of precautionary measures (such as handwashing and mask-wearing), positive coping styles, secure and avoidant attachment styles, social support and time to rest were all associated with lower levels of anxiety and stress [5].

Most of the risk and protective factors that had been presented previously were confirmed by a recent study realized by Pigaiani et al. [6], in which a sample of 306 Italian adolescents answered to a 30-item on-line questionnaire about their general lifestyle and habits during quarantine. Data analysis showed the following results: students who found it hard to stay at home, being female, doing physical activity, and engaging in different activities than before were all associated with reporting subjective change in one’s psychological well-being (compared to pre-COVID-19 status); almost all adolescents used technology to remain in contact with partners and friends, and being able to work at home and do personal homework quietly was associated with a lower likelihood of reporting a subjective change in one’s psychological well-being. Thus, these results suggest several "active" and planning "adaptive coping strategies that adolescents adopted to release quarantine stress factors, since the use of technology to connect with others is related to lower levels of loneliness and greater sense of well-being, and physical activity reduces the risk of depression, anxiety and psychological distress [7].

In addition to all psychological distress factors, quarantine may have a negative impact on children’s weight, due to the lack of chances for practicing physical activity and playing outside. Therefore, in addition to the quarantine distress, some children and adolescents could be stressed by diet plans physical health problems related to being overweight. In addition, it is possible that depressive and anxiety mood may help to increase the person’s overweight status: it is in fact known that persons who show depressive symptoms have increased appetite, tend to overeat and reduce physical activity [8]. Moreover, the body-size dissatisfaction may put these children and adolescents at risk for further distress and psychopathology [9].

In sum, the psychological impact of COVID-19 around the world could be perceived as a general sense of fear and anxiety that affects not only adult lives but also children’s and youth existences, and in the opinion of some authors, worrying much more young people than older persons. Nonetheless, the nature and size of psychological effect of Coronavirus emergency still need to be investigated, since it could be possible that new forms of mood disorders are emerging from several stressors related to lockdowns, social isolations, and new hygienic habits that Governments are imposing to the population. The aim of this article is to rapidly investigate the main psychological symptoms related to COVID-19 that had been reported in literature until now, and to offer some recommendations about children and adolescents, which could be particularly affected by the current emergency.

**Materials and Methods**

Authors performed a manual research on Google Scholar to identify the most relevant studies that described COVID-19 psychological impact among general population and youth. The search terms that were used were “Psychological impact”, “COVID-19”, “adolescents”, “children”, and “quarantine”. Only publications in English were selected and thematically organized. The authors described the most major findings about psychological impact of quarantine on young children and school students and provided final recommendations to the above.

**Results**

According to one of the most recent publications, young people reported greater psychological distress and lower psychological well-being in relation to normative data available before the pandemic, with doubled rates of probable mental illness compared to before the spread of COVID-19 [7]. In another research, it has been shown that COVID-19 exposure is associated with higher prevalence of depression and anxiety symptoms among adolescents, especially among those who declared to have low social support. The risk of depression in adolescents increases also after staying at home for a long time and with lack of sport availability. Moreover, other factors that can affect negatively on youth mental health could be the indefinite closure of schools and the uncertainty of academic development [3].

In addition to depression and anxiety, other symptoms caused by COVID-19 outbreak were stress, frustration, uncertainty, generalized fear and behaviors that may vary from a panic behavior or collective hysteria to pervasive feelings of hopelessness and desperation, or even to suicidal behavior. Furthermore, other studies reported a higher prevalence of psychological symptoms, emotional disturbance, mood alterations, irritability, insomnias, post-traumatic stress symptoms, anger, confusion, grief, numbness, and emotional exhaustion after quarantine. Other authors reported that some individuals, especially young children, can develop specific and uncontrolled fears about their health, worries to infect others and fear to infect their family members, and that social isolation leads to feelings of boredom, loneliness, distress, frustration and uncertainty for the future [10]. All these symptoms could have a great negative impact on both physical and mental well-being.
of children and adolescents, depending on several vulnerability factors such as the developmental age, current educational status, having special needs, pre-existing mental health condition, being economically under privileged and child/parent being quarantined due to infection or fear of infection.

Additionally, it was found that children, especially those aged between 3 to 6 years old, are more likely to show symptoms of clingingness, irritability, inattention, agitation, separation related anxiety, poor appetite, disturbed sleep and nightmares during the current pandemic. Finally, the absence of the structured setting offered by schools led to a disruption in the children routine, causing feelings of boredom, lack of innovative ideas, lower levels of expressed affect, higher rates of attention seeking and dependence on parents. These aversive effects related to the pandemic can be particularly challenging for children with special needs (such as those affected by autism, ADHD, cerebral palsy or developmental delays), which aren’t able to tolerate uncertainty situations and have difficulties in following instructions [11].

From the adolescent’s point of view, social distancing measures reduced interactions with friends and quarantine led to an increase in the time spent at home with family, and thus challenging adolescents’ intimacy and autonomy needs with less privacy and few personal spaces, which can contribute to psychological distress. In addition, adolescents generally experience more intense emotions than adults, with higher frequency and volatility: due to this exaggerated emotionality, COVID-19 related stressors may contribute to adolescents’ fluctuations towards increasing negative effects and decreasing positive effects, which predict symptoms of depression and anxiety [12].

Discussion and Conclusion

To conclude, an increasing number of Italian journals and Italian psychiatrists are talking about a new type of internalizing symptom called “limbo anxiety”, which refers to the sense of uncertainty and general anxiety about the future since the COVID-19 outbreak. This new diagnostic label could lead to new clinical considerations about which diseases will be presented in the next version of DSM, since it is now well known that the Pandemic has somehow changed people’s mental-health well-being. Meanwhile the scientific community is waiting for the new DSM version, several authors wrote some simple recommendations which can improve children and adolescent’s well-being:

a) Increase awareness about COVID-19 by giving fact-based information through presentations and video material provided by authorized organizations like WHO, UNICEF or Governments. Parents need to speak with a neutral language with children about the information they learned, and to talk about how children are processing the information to provide them emotional tools useful to cope with the current situation (Shah et al. 2020). Besides, with adolescents the communication must be more opened and non-directive, to guarantee a better knowledge about COVID-19 and measures of containment.

b) Employ “positive parenting”, to create consistent daily routines with enough chances to play, read, rest and engage in physical activities or in creative pursuits like art, music or dance, since behavioral activation can improve problem solving skills and development.

c) Teach coping mechanisms and promote healthy behaviors to encourage children and adolescents to self-regulate their own emotions without depending on others.

d) Value the peer support system by encouraging children and adolescents to keep in touch with their friends and talk with them about their problems and feelings [13].

e) Finally, Mindfulness Based Therapy (MBT) is a psychological intervention which focuses on the cultivation of non-judgmental awareness in the present moment, famous to be particularly helpful in alleviating stress; thus this type of therapy could be extremely useful for children and adolescents who show significant symptoms of COVID-19 related psychological distress [14].

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