Psychological effects of COVID-19 on children of frontline nurses

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Dear Editor,

For the last one and half years, COVID-19 has caused an overwhelming loss of life as a respiratory infectious disease. Based on statistics of physical illness, children are the least affected group. However, that is not the case for mental health. In most cases, nurses and other front liner health workers depend on others like grandparents, relatives, or babysitters, to take care of their children. Due to the closing of schools as a non-pharmaceutical intervention to control COVID-19, youth spend more time on the internet, social media, online gaming, or any such influential addicting technologies1. In addition, nurses now have to maintain prolonged quarantine after duty which increases the duration of separation from their family, which can further aggravate the mental health status of their children. These circumstances often are associated with depression, stress, loneliness, and other psychological distressed conditions².

The pandemic has decreased their opportunities for outdoor activities and physical exercise, which is a crucial factor in exacerbating their mental health issues. Closing of educational and social institutes, and emphasis on social distancing, all affect the situation adversely. Such experiences in early childhood are prone to cause a persistent elevation of cortisol and proinflammatory cytokines, resulting in adverse health outcomes later in adult life³. Stress can delay cognitive development, increase somatic complaints, worsen obesity, asthma, diabetes, sleep disturbances, recurrent infections, and the list goes on³.

Electronic media have played a vital role in rescuing these home-stuck kids from their confinement, but they also have drawbacks. Some have fallen victim to internet and cell phone addiction, facing difficulty readapting everyday life⁴. In several reports, a rise in child abuse has been mentioned while the support system naturally decreased due to the lockdown⁵. All these unexpected events resulted

in repercussions such as a tendency to argue, drug addiction, self-harming activities, and sometimes even suicidal thoughts or attempts in the most extreme cases.

Action for change does not require a plethora of changes in the infrastructure, neither demands a large budget. All that is needed are some intervention programs to serve children and caregivers, implemented by the local government. These programs should focus on improving parental skills and responsiveness in understanding children, so as to better protect them from negative experiences. Mentoring the parents can pave the way for developing problem-solving skills in their children, boosting their self-esteem, and helping them to nurture them in the right way to set goals for a promising future⁶. Parents need to monitor children for any signs of change in behavior and act on it patiently, keeping their naivety in mind. Special support from governments is required so that the healthcare professionals can take care of their children and continue their responsibilities during this global crisis.

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AUTHORS' CONTRIBUTIONS

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