One goal of the mental health programme is to extend mental health support and treatment to children and their families.

This report aims to present in summary a programme of primary, secondary prevention and intervention for children and adolescents after an earthquake disaster, in order to minimize the traumatic distress, to reduce the risk of psychiatric comorbidity and chronicity and promote normal developmental progression.

Briefly we want to mention some important facts for PTSD in childhood population

There is a growing body of evidence to show that most children react adversely after exposure to traumatic events and that a significant proportion of child survivors of disasters are likely to develop acute and chronic PTSD symptoms, which may persist for long, long periods. Deleterious effects have been documented on children's interpersonal relations, mood, memory, learning, academic achievement, impulse control and a range of behaviours, social isolation.

Comorbid conditions are common, such as depression, anxiety disorders, separation anxiety, fears, alcohol and drug use or dependence, disruptive behaviours, enuresis, school phobia or refuse, sleep disturbances etc.

There are striking findings showing that 3 years or more after the earthquake, there are still high rates of PTSD and high levels of depression, anxiety disorders and behavioral disorders among groups exposed to the earthquake.

We have to mention that children and adolescents have the highest risk to develop PTSD and comorbid disorders than adults. A variety of factors influence response to trauma and affect recovery. They include characteristics of the stressor and exposure to it (the child's degree of exposure to the traumatic event seems to be a critical variable), exposure to secondary adversities, gender, age (the younger ones are in higher risk to PTSD), developmental level, psychiatric history, pre-disaster personality, family factors (parents symptomatology, parents reaction. Effects appear to be greater when parents themselves suffer from PTSD reactions or are otherwise unable to provide emotional support to their children.), socioeconomic and culture factors, witnessing, death or injury of others, being separated from family or friends, subjective appraisal of life threat, degree of helplessness, the active/passive role of the survivor during and after the traumatic event and subsequent feeling of guilt.

We want to demonstrate a mental health approach to the assessment and treatment of children and adolescents exposed to a major catastrophic disaster in two levels. The first level involves, health and mental health resources. The second level involves school community.

ASSESSMENT

- The extent and nature of exposure and the degree of morbidity in the target child population
- Evaluation of PTSD and the possibility of its chronicity in children and adolescents (Children PTSD Index, Reaction Index)
- Comorbid conditions (Depression Self Rating Scale which is a modified version of the Birleson Self-Rating Scale for depression, and Spence Self-
Rating Scale for anxiety disorders. Also we can use and other self report scales for children and adolescents that can research the other cormobid disorders, we mention earlier.

- Factors that influence the response to trauma and the recovery in children and adolescents
- The nature and frequency of traumatic reminders and seconary stressers and adversities fased by children and their families.
- The course of recovery among children with different exposures
- Questionnaires for teachers in order to collect more informations about the childrens reactions.
- We can use the Child Behavioral Checklist for parents. These measures can be used to provide a profile of behavioral adjustment of children and adolescents that may not have been reflected through the assessment of PTSD symptomatology. This checklist designed to obtain parents rating of their children behavior problems.

The goals from the assessment are 1) to have the opportunity to identify possible clinical or subclinical cases in child population, 2) to collect epidemiological informations and facts about the effects, the lifetime, e.t.c of a traumatic event, such as an earthquake disaster, the levels of current severity of PTS reactions and cormobid contidions, especially depression and anxiety across groups, in children and adolescents, the most sensitive population to trauma, and 3) the instruments of the assessment can be used in the training programmes aswell or to be used for further assessment and intervention from the local mental health services in the future.

PREVENTION AND INTERVENTION

- Educational and training programme for school counsellors or school psychologists, head and classroom teachers, school health personnel, support stuff, all whom may have been affected in differing degrees by the disaster itself and by differing responsibilities and adversities in its aftermath. Assistance to school personnel and administrative staff is essential to restore the school community, an important component of childrens recovery environment.
- Educational programme for children and adolescents, that will provide the opportunity to the children and the adolescents to express their thoughts, their feelings, to have an emotional relief, to increase childs understanding generally the mean of the PTS reactions and the traumatic reference, to be able to identify the traumatic reminders and the sources of secondary stressers, assistance with cognitive discrimination, to increase tolerance for extectable reactivity, to address emotional responses, to enhance coping skills, e.t.c

School-based prevention and intervention will provide 1) curricular interventions addressing traumatizing events and stress responders, 2) opportunities for disclosure and discussion, 3)small group activities, 4) projective techniques such as play, drawing, artwork and storytelling that can be used for further discussion and evaluation and, 5)formal and informal opportunities for assessing psychological response, correcting misperceptions and fears, and encouraging normalization and recovery. Also these school-based programme will give to the school stuff the informations and the
capacity to recognize early in children the suspect signs of PTSD or other comorbid disorders and to address them to the experts as soon as possible. These programmes also will help teachers to recognize the extent of the psychological problems of their ones.

- Training programme for doctors and other health stuff, especially with those who daily are involved with children, adolescents, parents or families, in order to identify the high risk population. Also consultation about the effects of trauma and the recovery process, or how to deal the clinical or subclinical cases in child population in the first place may be both necessary and useful.

- Training programme for therapists about the PTSD and comorbid problems (principal therapeutic informations and leads about individual psychotherapy for children and adolescents (cognitive-behavioural therapy, play therapy, dramatherapy, e.t.c), family therapy, parental therapy, group therapy for children, adolescents or parents and consultive therapy.

- Educational programme for social services and especially for social workers, in order to be able to recognize under the social problems of some families the possibility of subclinical PTSD and other comorbid disorders.

- Educational programme for parents. The goal working with parents will include 1) the ability to recognize of suspect signs for PTSD or other relatives conditions of their children, instead of dismissing them and to ask help from the experts, 2) how to support their children when it is necessary, 3) how to help their children to express their thoughts, feelings or their fears, 4)how to deal with their ones difficulties, 4) how to help their children to regain a sense of security, 5) how to decrease secondary stressers e.t.c.

- Finally in the place of prevention, we can design educational papers in a simple language for the community that will help people to understand the course of PTSD and the comorbid conditions, how to recognize the suspect signs in their children or in themselves, what to do, how to provide support to their children, how to react creatively to their childrens problems, e.t.c