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EDITORIAL

Dora Black

I feel like shouting for joy that my loved ones and I are alive and I want to rush off and contemplate beautiful things! What has provoked this? I have just emerged from under a huge pile of reprints of journal articles about childhood bereavement which I have been reading over the past month for a review chapter just completed[1]. But before I consign them to the filing drawer, I will pause to share a few of them with our readers.

Should we be pleased that there appears to have been a relative fall in the proportion of lone mothers who are widowed? In 1971 one in four lone mothers was a widow, in 1995 it had fallen to one in 25 [2]. Of course this is mainly due to a rise in the total number of lone mothers, but the good news is that there has been a slight fall in the absolute number of widowed lone mothers as a result of a decline in mortality amongst married men and women. The bad news is that there has been a marked increase in deaths by homicide in this country in recent years (13.2 per million population in 1998-9 compared with 10.1 per million population in 1981 according to Home Office statistics). Similarly, at the Traumatic Stress Clinic our work with, amongst others, children who have witnessed one parent killing the other, does not lessen.

Another small-scale study[3] I came across, looked at whether bereaved children consult general practitioners more frequently, and found that they did, both in the year before the deaths of their fathers (from cancer) and afterwards. One-third of these consultations was for symptoms for which no organic cause could be found. The authors say 'the support needs of these bereaved children did not appear to be addressed'.

Other researchers set out to identify whether or not psychiatric disturbance in parentally-bereaved children and surviving parents is related to service provision[4]. They found that after the death of a parent, both the children *and* their surviving parent had higher than expected levels of psychiatric difficulties. Boys were more affected than girls and bereaved mothers had more mental health difficulties than fathers. There was a correlation between disturbance in the parent and level of disturbance in the child. Children under five years of age were less likely to be offered services than were older children, even if their parents desired it; they were more likely to get help if a parent committed suicide or if the death was anticipated. Service provision did not appear to depend on what the parent wished, or the level of psychiatric disturbance in either child or parent. The researchers conclude: 'There is a role for general practitioners and primary care workers in identifying psychologically distressed surviving parents whose children may be psychiatrically disturbed, and referring them to appropriate services'.

The researchers found that service provision did not appear to depend on what the parent wished, or the level of psychiatric disturbance in either child or parent.

Can we hope that these messages will get through to those who need to hear them? If so, bereavement counsellors need to equip themselves to work with children and young people as they will be getting more referrals. As always, this journal tries to help. Two papers in this issue should give encouragement to those counsellors faced with a child or adolescent who 'doesn't want to talk about it', to hang on in there!

1. In: Rutter M, Taylor E (eds). Child and Adolescent Psychiatry: Modern approaches, 4th edn. Oxford, UK: Blackwell, in press (publication expected 2001).
2. Haskey J. One-parent families and their dependent children in Great Britain. *Population Trends* 1998; **91**(1): 5-14.
3. Lloyd-Williams M, Wilkinson C, Lloyd-Williams F. Do bereaved children consult the primary health care team more frequently? *Paediatric Bereavement* 1998; **7**: 120-4.
4. Dowdney L, Wilson R, Maughan B, Allerton M, Skuse D. Psychological disturbance and service provision in parentally bereaved children: prospective case-control study. *British Medical Journal* 1999; **319**: 354-7.