ISSN 0268–2621
Designed by Baseline Creative, Bath
Printed by Doppler Press, Brentwood, Essex CM15 9TB

EDITORIAL

David Trickey

As a newcomer to the Editorial Board of *Bereavement Care*, I make no apology for being slightly in awe of my fellow editors. They are all well known in the field of bereavement and trauma. Through their clinical practice, their development and running of services, their research and teaching, they have done an amazing amount to ease the psychological suffering of the bereaved. Their achievements must have touched millions of people either directly or indirectly. I consider it a real privilege to be working with them.

Mental health professionals are increasingly being called upon to be evidence-based and to measure their clinical outcomes

As a clinical psychologist on the Child and Family Team at the Traumatic Stress Clinic in London, my work involves assessment and intervention with children and families who have been traumatised, as well some training and supervising of the work and research of others. About a third of my clients are refugee or asylum-seeking families who have usually suffered multiple traumatic bereavements, and then had to leave their homes and come to the UK. Approximately aother third are children and families coping with the homicide of a family member: these are usually cases where either one parent has killed the other, or a family member has been abducted and murdered. The final third is made up of other complex or chronic trauma cases that are deemed to need the specialist help of the Traumatic Stress Clinic rather than the service available locally from their Child and Adolescent Mental Health unit.

In this work, I draw on a knowledge of psychological models of functioning to inform my understanding of a client's problems, employing a variety of clinical skills and using interventions broadly based on tried and tested approaches. However, all of this is meaningless and likely to be ineffective if I am not prepared to give of myself and enter into a genuine relationship, albeit a professional one, with my client.

Mental health professionals are increasingly being called upon to be evidence-based and to measure their clinical outcomes. I welcome the emphasis on justifying what we are doing and hope to be able to make my own contribution to this evidence-base by carrying out and publishing research. At times, though, this presents an interesting dilemma. Of course my priority is to help and support my client and I believe that compassion is more important than questionnaires. However, by also undertaking research it is possible that I can add to our understanding of what helps and hinders the bereavement process, and thereby enable me to help future clients even more effectively.

I hope to be able to contribute to *Bereavement Care* by encouraging the publication of good quality research, whilst maintaining the journal's track record of being accessible, meaningful and useful to its readers. Feel free to let me know how I'm doing!