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Cover. *Figures mourning over an open coffin* by Thomas Rowlandson. Pen and ink wash, c1760 (detail).

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THIS IS THE LAST EDITORIAL I shall write for

Bereavement Care. It is time I gave way to a younger generation so I have resigned, knowing that Martin Newman and David Trickey will ably keep the flag flying for bereaved children and adolescents.

Colin Murray Parkes and I co-edited of the first issue of *Bereavement Care* in the spring of 1982, 25 years ago. In it Margaret Torrie, who in 1959 had founded the UK national charity Cruse, wrote an article, 'How it all began', and noted that the public's attitude to widows had already improved, thanks to Parkes' research and to Cruse. However, there was still little knowledge about how bereavement affected children. Looking back on the past quarter-century I can say that for bereaved children and adolescents the knowledge, resources, skills and expertise available have increased greatly over that time and can also be accessed much more easily.

The advent of the worldwide web has revolutionised the way that information can be retrieved – just look at our Webwatch reviews in this issue (p15) for an example. One site I can commend has been devised by Robert Goodman, at the Institute of Psychiatry (www.youthinmind.co.uk). It is a mine of regularly updated, useful information about child and adolescent mental health, with separate sections for the child, the parent and the teacher, recommendations for books to read, and ways to assess your own or your child's mental health.

So do we still need bereavement supporters in the 21st century? And how should they be trained and supervised? I think the 'listening ear' will always be needed, but publicity given to the recent, admittedly rare, failures of professional care has now led, in the UK, to a Department of Health (2007) paper on proposed legislation, *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*. This recommends statutory regulation for, amongst others, counsellors including those working in voluntary organisations. If this becomes law, Cruse and other organisations providing support will need to consider the implications carefully.

This is an exciting time in scientific research. Behavioural genetics holds great promise for teasing out the interaction between genetic endowment and environmental hazards, which will lead to the earlier identification of children most at risk from, say, loss of a parent by death, and to better understanding of who will benefit best from different therapies (see, for example, Eley *et al*, 2004). Amid these new ideas, I leave you with confidence that this journal will continue to provide you with the tools you need to help bereaved people. ●

DEPARTMENT OF HEALTH, 2007: London: DH Publications, www.dh.gov.uk/Home/fs/en
ELEY TC *et al* (2004). Parental vulnerability, family environment and their interactions as predictors of depressive symptoms in adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43: 298-306.

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