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EDITORIAL

Martin Newman

As this is the first editorial I have written for *Bereavement Care* since joining the Editorial Board, perhaps it would be appropriate for me to introduce myself. I work as a consultant in child and adolescent psychiatry in London and have long been interested in the psychological effects of trauma. I was able to develop these interests working with Dora Black and colleagues at the Royal Free Hospital, seeing children and families where one parent had killed the other. It is a great pleasure and privilege for me to have been asked to join Colin Murray Parkes and Dora Black as Editor and I am grateful to them, and to Rosie Dalzell, Managing Editor, for making me so welcome.

Certain risk factors, reflecting chronic family adversities, are significantly associated with psychiatric disorder in children and an accumulation of these factors can be particularly harmful

At work, young people are referred to me from a variety of sources, including general practitioners, health visitors, schools, and social services. Often I am asked to see children after a bereavement. It is not always clear what support or advice the child(ren) and families involved have already been offered and it often seems as if they have had very little. Some professionals, like some families, are fearful of discussing bereavement with a child, or even an adult, for fear of causing distress.

Each of us during our lives experiences stress. Indeed, a moderate amount of stress, with which we can deal, may facilitate the development of coping skills and help us overcome physical and emotional problems in the future. It is not possible, or desirable, to protect us from all stresses.

However, Rutter and his colleagues have shown that certain risk factors, reflecting chronic family adversities, are significantly associated with psychiatric disorder in children and an accumulation of these factors can be particularly harmful. The factors studies were severe marital discord, low social status, overcrowding or large family size, paternal criminality, maternal psychiatric illness, and the placement of a child in the care of the local authority. A child with only one of these risk factors fared almost as well as children with none. The presence of two risk factors increased the probability of disorder fourfold. Among children with four or more, 21% had manifest psychiatric disorder, compared with only 6% with two or three risk factors.

Others have looked at factors that appear to protect a child from psychiatric disorder. These factors include a positive self-image and good self-esteem, receiving affection from adults and having secure emotional attachments, together with an external support system that encourages, supports and reinforces a child's coping efforts. A good relationship with an adult outside the family (such as a teacher) is also of benefit.

These findings guide us in creating a framework for helping both children and adults at times of stress, including bereavement, building on their strengths and promoting resilience. We know that out of adversity many people find inspiration and strength, and go on to use their personal resources in new ways, helping others.

Further reading

Rutter M. Psychosocial adversity and child psychopathology. *British Journal of Psychiatry* 1999; **174**: 480-493.