

FINK! STILL AT LARGE

A recent study of U.S. 10th-grade adolescents at the University of Washington, Seattle, showed a positive association between victimization by bullies and substance use. Are these findings plausible?

Yes, the study findings are plausible. Bullying can be the underlying issue in the beginning of substance use. Some children turn to using alcohol and marijuana in their effort to deal with the depression that has developed as a result of being bullied.

The investigation under discussion, published April 27 online by Jeremy W. Luk and his colleagues, found that depression was tied to bullying victimization for adolescent males and females (Prev. Sci. 2010 April 27[doi:10.1007/s11121-0179-0]). However, they found that only among adolescent females were these associations linked to substance use.

"It is possible that female adolescents were more affected by relational problems that were due to victimization, contributing to the moderation by sex in the mediational pathway from victimization to substance use," wrote Mr. Luk, of the University of Washington, Seattle.

My own work has found that killing or being killed are serious sequelae of bullying. In addition, this form of victimization can lead to suicide. Add in the devastating impact of cyberbullying and the increasing reports of youth who have been driven to

killing themselves, and it becomes clear just how awful this form of schoolyard fun really is ("Fink! Still at Large," February 2008, p. 30). It is important to point out that bullies also can be victims ("Fink! Still at Large," December 2003, p. 5). They also are more likely to engage in antisocial behaviors such as drug abuse, and they clearly need our help.

I have worked in the School District of Philadelphia for more than a decade, and despite the establishment of a zero tolerance policy for harassment of any kind, more attention needs to be paid to bullying. Children must feel safe in school, and the child who is being bullied every day is not safe. In addition, there needs to be recognition that children who are being bullied cannot learn.

The bullied child feels worthless and excluded, and often feels as if he/she has no one to turn to for help. When a child screams "leave me alone," too often, he is met with gales of laughter from his tormentors. Feelings of worthlessness are one of the major symptoms of depression, so it should not surprise us to find that depression and suicide are important sequelae to being bullied.

In addition, as the authors of the article suggest, depression is an entryway to substance abuse. We have known for decades that children as well as adults use alcohol and drugs to self-medicate for depression. Therefore, the findings of the study are all quite logical.

We must reject the notion that children are cruel. Caring for others should be part of the value system that we convey to our children.

I have recommended to the Philadelphia school district that all assertive/aggressive boys in 2nd, 3rd, and 4th grades be placed in groups of 10 children and counseled for a year to try to change their behavior in school. Hitting, hurt-

ing, fighting, and assaulting are occurring in our schools regularly. We need to look at preventive models to reduce aggression and bullying. It is my contention that reducing aggression in our elementary schools would lead to fewer arrests in 6th, 7th, and 8th grades and fewer murders at ages 17, 18, and 19.

I have chaired the Philadelphia Youth Homicide Committee for 17 years and have looked for markers that would warn of the potential of young people for either killing someone or being killed. We have found that important markers are serious chronic truancy, multiple suspensions from school, and bullying. We have followed these signs over many years, and they have regularly proven to be valid.

Prevention means we should be addressing these issues and bringing an end to these activities to prevent youth murder. But just like addressing the prevention of bullying, there is an absence of will to prevent truancy and multiple out-of-school suspensions. A movement is afoot, however, to institute in-school suspensions—which I believe would reduce the serious problem of youth murder in our city.

One of the decedents at the Youth Homicide Committee was a 17-year-old who had accumulated 56 suspensions—before he was killed. The schools didn't want him, and suspension was the easiest way to solve the problem. For those of us who provide services to these children, however, suspensions are not the solution because they reinforce the basic idea that these children are worthless and not wanted.

A series of antiviolence programs has been given official sanction because they are effective. One of these is an antibullying program known as the Olweus Bullying Prevention Program. The method requires a paid parent/teacher coordinator at the school who guides the school in its implementation. At a cost of \$10,000 per coordinator for each of the 230 schools in Philadelphia, the total would be \$2.3 million per school year. Many lives could be saved.

The Olweus program consists of five steps:

- ▶ Every adult in the school, from the principal to the janitor, must sign on to participate in antibullying efforts.

- ▶ Assemblies announcing that the school is an antibullying school must take place, in addition to other kinds of marketing to the children—



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such as signs on the walls—about this designation.

- ▶ Whenever an adult interrupts a bullying event, the teacher must stop the lesson and take 5-10 minutes to lead a discussion about the incident.

- ▶ The bully must be made into an antihero.

- ▶ Parents must become involved.

The last two ideas are the most difficult to implement. Generally, the other children make the bully into a hero by backing him so they, themselves, will not be victimized and/or join the bully in the victimization. Teachers and administrators have to continue to remind the children that bullying will not be tolerated.

Although it is difficult to get parents to come into school for instruction on this issue, parent involvement is key.

Cyberbullying is relatively new horror. After all, it is easier to hurt someone when you do not have to look in their face and can remain anonymous. In one case, an 8th grade girl saw a 7th grade girl talking to the 8th grader's boyfriend. She and several of her friends sent the 7th grader 500 e-mails that were hostile and filled with threats of exclusion. The child hanged herself soon after the harassment. Other cases share similar themes.

Psychiatrists have a huge role to play in getting communities to respond to this problem. Child psychiatrists, in particular, have to make sure to ask about bullying to find out whether it is among the etiological factors in the development of depression and/or substance abuse in a child. Psychiatrists must promote prevention of mental illnesses and sociocultural factors that contribute to the development of mental illness.

The current trend to help patients seek mental wellness is a part of this. We should be the leaders in these events to create healthier communities. It is our duty to help parents to know more about raising children, and helping children deal with traumas and abuses. ■

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Continued from previous page

failed to address our vulnerability on scope but failed to mention the total lack of tort reform. The importance of this omission cannot be overstated. It is the 800-pound gorilla in the room. Tort reform is most important to the private practitioner.

Failure to address the issue cannot be born out of naiveté. It has to be a calculation based on fear of upsetting the political forces who promoted the law. Reportedly, by endorsing the law, the APA gets "a seat at the table" when it comes to modifying various aspects of it in the fu-

ture. But does surrendering to the political force of the trial lawyers lobby now ensure compromise in the future? Will the particular concerns of the APA outweigh the promises and political deals made to the other APA and the nurse practitioners for their support? The answer to these questions might not be to our liking.

I'm sure some will argue that the quest for mental health parity has, at least, partly been achieved. That is no comfort, however, because so much of this care will be provided by nonphysicians. As the cliché goes, sometimes we have to be careful about what we wish for. In the

case of the APA, we might have gotten our wish right between the eyes.

Ethan Kass, D.O., MBA
Coral Springs, Fla.

Correction

A recent Policy & Practice article and headline about the amount of money wasted by Americans each year on medications contained an erroneous figure (May 2010, p. 30). The number should have said that \$163 billion is wasted.

LETTERS

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