EDITORIAL

Social work, school violence, mental health, and drug abuse: A call for evidence-based practices

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As former Secretary of Health and Human Services, Donna Shalala challenged our nation to assume "the first, most enduring responsibility of any society"—ensuring the health and well-being of our children (Shalala, 2001). Social work has long been at the forefront of this challenge, working to identify, respond to, and develop better understanding of the risks faced by children and adolescents (Wells, 1995). Because our national policies have yet to place children first, social workers must continue their advocacy and action on behalf of children. A proposed NASW policy statement calls for youths to become a national, state, and local policy priority and for improved services, service systems, and programs that are universally available and accessible (Thompson & Henderickson, 2002).

Articles in this issue address three dimensions of crisis for children and youths: school violence, mental health, and drug abuse. Youth violence is now regarded as one of the most serious of public health problems. Although data indicate that youth violence peaked nearly a decade ago (U.S. Department of Health and Human Services [DHHS], 2001), recurring scenes of school shootings have heightened daily anxiety and a quest for effective means to keep children safe. The persistence of violence underscores the importance of research on effective prevention and treatment. Indeed, the Surgeon General's report concludes that "the most urgent need is a national resolve to confront the problem of youth violence systematically, using research-based approaches, and to correct damaging myths and stereotypes that interfere with the task at hand" (DHHS, p. 6).

Youth violence is a global concern. In Israel, political violence is feared to exacerbate youth and school violence. In this issue's lead article, Benbenishty, Astor, Zeira, and Vinokur report on a study of perceived violence and fear of attending school among Arab and Jewish junior high school students in Israel. Their findings confirm the importance of distinguishing and separately testing factors associated with students' perception of school violence and their fear-related absences from school. They found that students who observed peers using drugs and alcohol, bringing weapons to school, and fighting or harassing one another were more likely to rate school violence as a serious problem. Yet, such observations were not significantly related to personal absenteeism because of fear of school violence. Rather, direct victimization—by staff and by student peers—was associated with missing school because of fear of violence. Additional research on cultural issues is needed, given the apparent differences in how the Arab and Jewish students perceived and experienced school violence. Gender differences were also apparent, with boys' fear of attendance related to staff maltreatment, and girls' fear of attendance affected more by peer victimization.

Although violence is no longer viewed as just a criminal justice issue, most violence research has been conducted by criminologists (Elliott, Hamburg, & Williams, 1998). Social workers have much to contribute to understanding violence, given the profession's frontline involvement with family violence, school violence, and community violence. Social work concerns about violence stem, in part, from its disproportionate effect on women, racial and ethnic minority groups, and gay, lesbian, and bisexual individuals. Accordingly, research is needed to develop violence prevention and intervention strategies tempered for the needs of different developmental stages and client groups (Pollack & Sundermann, 2001; Small & Tetrick, 2001).

Former Surgeon General David Satcher (2000) challenged the United States to ensure that "our health system responds as readily to the needs of children's mental health as it does to their physical well-being" (p. 2). Externalizing behaviors such as those studied by Elze are a particular focus for social work mental health practice and research. Over the past 15 years, a

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growing body of knowledge has accrued about adolescent conduct problems, risk factors, processes, and targets for intervention (Hann & Borek, 2001). Social workers are challenged to work for increased and improved services for children and adolescents, to inform and educate the public about adolescent health issues, to mobilize stakeholders to collaboratively identify and address social problems, and to develop and implement effective prevention and multiple intervention strategies (Thompson & Henderickson, 2002).

Elze's study confirms the influence of social context on adolescent functioning. She examined risk factors for mental health and behavioral problems among self-identified gay, lesbian, and bisexual adolescents. Her study departs from most research on this population by addressing the role of factors unrelated to sexual orientation, as well as factors specific to sexual orientation. Her assessment of a broader than usual array of independent variables proved fruitful; most factors contributing significantly to internalizing and externalizing problems were unrelated to sexual orientation. Most of the variance in youths' mental health and behavioral problems was associated with socioeconomic status, family mental health problems, family functioning, and other stressful events. Factors related to sexual orientation did contribute additional variance, in that internalizing problems among gay, lesbian, and bisexual youths were exacerbated by their self-reported discomfort with their sexual orientation. From a research perspective, Elze's findings point to the importance of fully specifying the guiding explanatory model; from a practice perspective, they underscore the importance of social workers' viewing gay, lesbian, and bisexual youths in toto, assessing their psychosocial functioning both specific to and beyond the realm of their sexual orientation.

Use of alcohol and drugs is another pressing public health problem among adolescents, and rates of drug use are high among American Indian youths. The article by Kulis, Napoli, and Marsiglia explores the effects of ethnic pride and biculturalism on American Indian youths' normative resistance to drug use. Although the seventh graders studied generally evidenced strong antidrug norms, intentions, and parental injunctive, they were not confident in their ability to resist drug offers. The findings indicate that academic achievement, American Indian pride, and aspects of biculturalism contribute to antidrug norms.

Tackling the vexing social, family, community, and psychosocial problems besetting vulnerable populations is not the work of social work alone. Effective responses require the best thinking of, and collaborative work with, professionals in many other disciplines. Bronstein reports on the development and properties of an index of interdisciplinary collaboration and describes its uses in evaluating the extent and effectiveness of social workers' collaboration with professionals in other disciplines.

This issue adds to what we know about the violence- and mental health-related risks and protective factors for adolescents. The articles addressed the most vulnerable of populations and the most vexing of social problems. Yet the question remains: What and where are the effective treatments, programs, and services? The proposed NASW policy statement on adolescent health calls for a minimum of 25 percent of all physical health, mental health, and substance abuse dollars to be spent on research-based prevention and intervention services (Thompson & Henderickson, 2002). This proposed policy conveys a welcome, yet daunting, challenge to proponents of evidence-based practice, myself among them. How soon, and how clearly, can we deliver the goods? If at least one-fourth of social work's prevention and intervention services are to be research-based, then the social work research community must redouble its efforts to develop and test the effectiveness of new programs and treatments. Given the public health priority and urgency of the problems and the mandate for evidence-based practice, the need for effectiveness studies is compelling. This journal will always have space for articles that deliver on this challenge—articles that can provide the practice community with the evidence-based approaches it needs and invites.

An important starting place to building evidence-based knowledge for practice is critiquing the research base of existing programs and treatments. As is reflected in the call contained in this issue, *Social Work Research* invites scholars to write critical review articles synthesizing what

is known about evidence-based practice methods in a particular field of social work practice, with a particular population, or for a particular problem or set of desired outcomes. The editors and reviewers of *Social Work Research* await your contributions! ■

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