Impact of MAYSI-2 Mental Health Screening in Juvenile Detention

Valerie Williams, M.A., M.S. and Thomas Grisso, Ph.D., Law and Psychiatry Program, Department of Psychiatry, University of Massachusetts Medical School

ABSTRACT

This poster reports on factors that influenced the rapid adoption and implementation of the Massachusetts Youth Screening Instrument-version 2 (MAYSI-2) and the perceived consequences of routine MAYSI-2 mental health screening. Semi-structured interviews and focus groups were conducted with administrators, managers, and front-line staff in juvenile detention centers in three states (n=19). Results will allow us to better inform juvenile justice facilities regarding the conditions under which screening can more often result in increases in mental health services to youth entering the system and help guide future efforts to provide technology to juvenile justice programs in the interest of youths.

INTRODUCTION

Recent evidence suggests that the prevalence of mental disorders among youths in the juvenile justice system is two to three times higher than youths in the general population.[1] Within the past five years, mental health screening upon entry to a juvenile justice facility has become standard practice across the nation. We know more about the validity and reliability of mental health screening tools used in this context than we do about the factors that facilitate their implementation. If they are not implemented properly, their adequate validity is virtually lost. Effective screening procedures require attention to how they are put in place and how they actually function within juvenile justice facilities.

Introduced in 2000, the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2) is now the most widely used mental health screening tool in juvenile justice secure facilities in the U.S.[2] The National Youth Screening and Assistance Project (NYSAP), funded by the MacArthur Foundation, provides technical assistance nationwide for juvenile justice programs implementing mental health screening.

CONTACT US

Valerie Williams, MS, MA
Phone: (508) 856-8081
Fax: (508) 856-8700
Email: Valerie.Williams@umassmed.edu

Tom Grisso, Ph.D.
Phone: (508) 856-3625
Fax: (508) 856-6426
Email: Thomas.Grisso@umassmed.edu

METHOD

We began a study in 2003 focused on the uses and consequences of the MAYSI-2.[1] This project addressed the following research questions:

- What factors influenced the rapid adoption of the MAYSI-2?
- What were the barriers to and facilitators of implementation?
- How is the MAYSI-2 actually being used in juvenile justice settings? What are the variations in its use?
- What have been the consequences and outcomes of routine MAYSI-2 mental health screening, as perceived by juvenile detention professionals?

Data were collected using semi-structured interviews, focus groups and on-site observation. Respondents included administrators, managers and front-line staff at juvenile detention centers in three states—one each in the Northeast (n=17), Midwest (n=1) and the Southwest (n=1). These data were coded using an iterative, constant-comparative process to identify emerging themes and recurrent patterns. AnSWR®, a code and retrieve software program for computer analysis of qualitative data, was used to facilitate this analysis. Data regarding the third research question were supplemented with information gained from on-site observations of the range of positive and negative uses of the MAYSI-2 in juvenile detention facilities.

RESULTS

ADOPTION AND IMPLEMENTATION

A few example quotes are provided below to represent the nature of responses that characterize each theme.

- Doing a better job: *"We wanted to catch kids who might otherwise slip through the cracks;" "to help staff be better at what they do."*

- Leveraging resources and services: *"We knew the kids had mental health needs and…needed services" but "we needed numbers to show the situation."*

- Validating other sources of information: *"We were hoping that it would validate what staff conducting intakes detect…and it does."*

- Maintaining quality over time: *"We needed to have the continuity that the MAYSI would bring. Our mental health service provider is under contract. What if that contract is not renewed?"*

Themes related to barriers and resistances to adoption and implementation of the MAYSI-2 or mental health screening in general:

- Lack of understanding: *"We had a rough time in the beginning convincing staff that it would be useful and just convincing them to do it."; "It's important to keep letting staff know how important the MAYSI process is. It's not a hassle. It's a win-win."*

- Negative individual staff attitudes and perceptions: *"Anything new makes staff skeptical. They are already under a lot of pressure…a lot of work. To them, it seemed like just another thing to do."; "Our [staff] view the MAYSI as unnecessary paperwork and some staff see it as a chance for excuse making."*

- Limited staff: *"A center needs to have enough staff so that things can get done right even when a lot of kids come in at once."*

Themes related to factors facilitating implementation of mental health screening:

- Policy must come before implementation: *"Detention staff and the management team need to make sure their roles and responsibilities are clearly defined;" "They need to think about how and when it's [screening] going to take place and what happens with the MAYSI-2 [scores]."*

- Buy-in at all levels: *"It's a lot about relationship building and education"; "The MAYSI must be relevant to detention officers and probation officers. These are the front-line staff. It has to be a resource not an overhead expense…"*

- Ease of use: Implementation was facilitated by features of the MAYSI-2 that "made things easier"—e.g., short administration time and computer administration.

- Conducting a pilot: *"I think trying it out got people motivated. Seeing it work made it more real."; "Other places making it work first helped us to see it could be done…that it's not such a hassle."*

VARIATIONS IN USE

We observed fairly wide variations across facilities with regard to several administration variables.

- Administration Timing - Various sites give the MAYSI-2 within the first 6, 12, 24, or 48 hours after admission. Our evidence indicates these variations do not influence the proportion of youths screened in for further services. But delays in administration run risks of failing to identify potential crisis conditions for certain youths.

- Repeat Administrations - Repetitive administrations of the MAYSI-2 can occur when youth are transferred from one facility to another and are re-administered the MAYSI-2. Youths' answers can change when they receive it repeatedly in a short period of time.

- Instructions to Youth - Some facilities supply appropriate instructions about the purpose and use of the MAYSI-2 and some provide information that is extensive but somewhat inaccurate.

- Data and Resource Management - Some facilities and agencies use MAYSI-2 databases routinely to identify their needs for mental health referral. These efforts provide examples for new sites to follow in using MAYSI-2 data to lobby for resources.

- Availability of Results to Third Parties - Some centers have had to respond to efforts by third parties (e.g., probation, prosecutors) to obtain MAYSI-2 data for use in the adjudicative process and to defense attorneys who object to "testing" of their clients.

PERCEIVED CONSEQUENCES

Our efforts to classify administrators, managers, and front-line staff's responses suggest four main categories of change:

- Improved staff perceptions of mental disorders among youths: *"We noticed changes in staff attitudes….now staff view kids not as a problem but as a person with behavior problems"; "The results have a personal impact on staff in that they think about youth differently"; "We talk more about mental health issues day-to-day since the MAYSI."*

- Better communication with youth: *"Kids really do open up to the computer"; "Kids that were never detained before don't know staff are there to help them until they see the questions on the MAYSI and see that it's okay to talk about these issues that happened. In the outside world, all of this has been hush-hush."; "We would never have asked kids these questions without the MAYSI."*

- Acquisition of resources: *"The needs identified by the MAYSI in part led to the opening of a residential program at detention by probation"; "We got a Walk-in Center and a mobile unit in part because of the MAYSI results we were able to report…we also got two full-time masters-level people and some psychiatrist time"; "Kids are now getting counseling through the ----, and they are going to residential treatment facilities instead of boot camps."*

- Increased efficiency: *"I'd describe our center as chaotic before we started using the MAYSI"; "I think the most profound effect [of the MAYSI] has been on mental health providers. Kids get to them now"; "Although no one would come out and say it, the MAYSI increased how quickly assessments were done."*

CONCLUSIONS AND RECOMMENDATIONS

Findings regarding the first three research questions suggest the following recommendations:

- Develop a policy that avoids repetitive administration of the MAYSI-2.

- Use a standard set of instructions for completing the MAYSI-2 when introducing youths to the instrument.

- Use a standard set of instructions when introducing youths to the MAYSI-2 or any other screening tool.

- Develop policy and practice to assure legally and clinically appropriate uses of mental health screening data.

REFERENCES

1. Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K. & Mericle, A.A. (2002). Psychiatric disorders in youth in juvenile detention. Archives of General Psychiatry, 59, 1133-1143.

2. Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument-version 2: User's Guide and Technical Report. Sarasota, FL: Professional Resource Press.