

Mental Health and Juvenile Justice

Using Screening to Identify Youths with Mental Disorders

Thomas Grisso
University of Massachusetts
Medical School

Types of Mental Disorders among Teens

Disorder

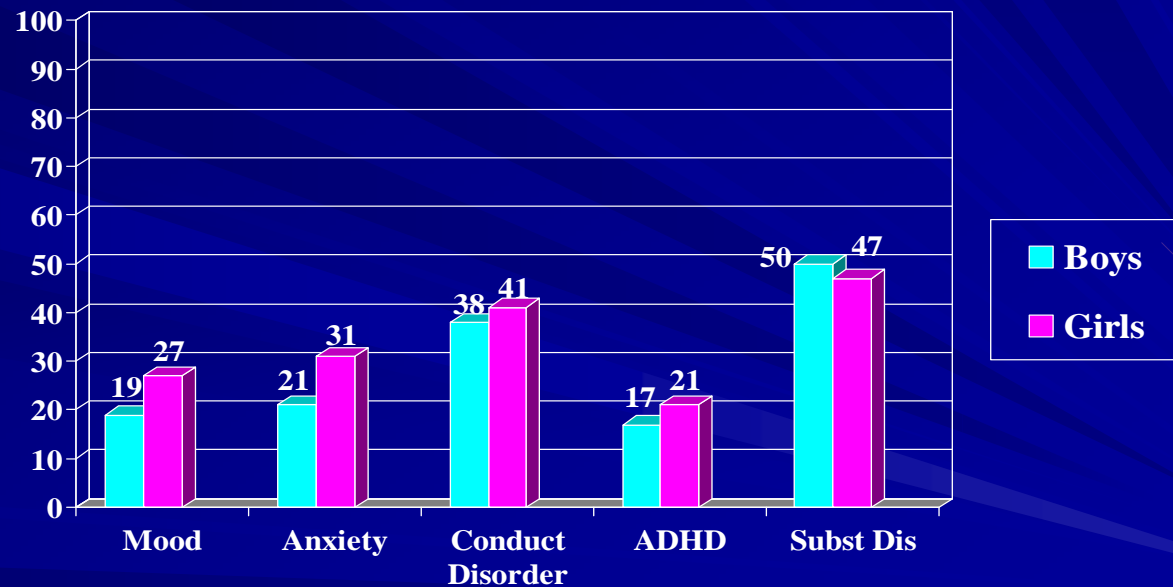
Implications for behavior

- | | |
|--|---|
| ■ Anxiety disorders | Risk of impulsive reactions due to fear |
| ■ Mood disorders | Depressed, sullen, angry, self-harm risk |
| ■ Attention Deficit Hyperactivity Disorder | Poor attention, misses cues, impulsive actions |
| ■ Substance use disorders | Withdrawal reactions |
| ■ Thought disturbances (e.g., schizophrenia) | Might respond to bizarre thoughts unpredictably |
| ■ Disruptive behavior disorders (conduct disorder) | Angry, manipulative behavior |

Research on Mental Health Needs of Youth in Juvenile Justice Settings

The proportion of youths meeting criteria for mental disorders

- 2-in-3 youths (70%) for juvenile justice settings
- 2-in-10 youths (20%) in the general adolescent population



Reasons for Identifying Youths' Mental Health Conditions

■ Benefits....

- **Safety:** Avoid imminent self-harm or harm to others
- **Health and welfare:** Immediate treatment for serious disorders to reduce suffering
- **Delinquency prevention and rehabilitation:** Determine need for mental health intervention to prevent further delinquency
- **Documentation:** Knowing the need in order to develop policy and management plans

Elements of a Juvenile Justice Response

■ Screening

- Brief MH screening at intake point
- To identify youth with potential MH-SA needs

■ Assessment

- More detailed evaluation of youth “screened in” (as follow-up)
- To determine individualized current and long-range needs

■ Services

- Interventions to meet three MH-SA needs of youth
 - Emergency, crisis and stabilization services
 - Treatment for youths with chronic disorders and histories
 - Community MH services in aftercare

Mental Health Screening

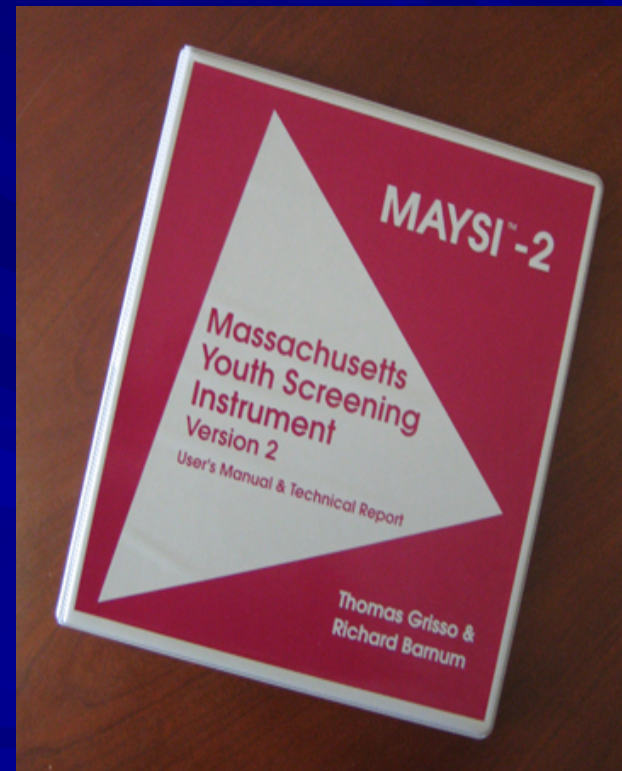
- Used with every youth at intake
- Identifies youths who might have mental health needs
- Acts as early warning for emergencies
- Assists in deciding need for a more detailed and individualized assessment
- Should be done with an evidence-based mental health screening tool

Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)

Mass. Dept of Youth Services
and

William T. Grant Foundation
1995-1999

MacArthur Foundation
2000-2008



www.maysiware.com/MAYSI2.htm

History of the MAYSI Project

1994

Identified the need, developed the prototype

1996

Field testing, norms, initial validation

1998

Preparation for release

2000-8

Released to JJ agencies, developed technical support office, **National Youth Screening Assistance Project**

2002-5

Developed national norms and **MAYSIWARE**

2003-5

Evaluation of impact of MH screening on MH services in JJ programs

2006-8

Technical Assistance for MacArthur Foundation's **"Models for Change"** Initiative

Format

- 52 item questionnaire, scoring key, and summary form
- Youth self report—circle “yes-no”
- 5th-grade reading level; English and Spanish
- 10-15 minutes for administration and scoring
- Paper-and-pencil, or **MAYSIWARE™** software for MAYSI-2 administration, scoring, data-basing

Content

- 52 items ask youth if the behavior, thought or feeling in the item is “true for you”
 - For six primary scales, “In the past few months”
 - For Traumatic Experiences: “Have you ever...”
- A few items do not contribute to any scales (included for research purposes)

MAYSI-2 scales...

■ Alcohol/Drug Use

- Frequent use of alcohol/drugs
- Risk of substance abuse or withdrawal reaction when access to drugs is limited
- **Note:** under-reporting common in youths not in secure custody

■ Angry-Irritable

- Experiences frustration, lasting anger, moodiness
- Risk of angry reaction, fighting, aggressive behavior

■ Depressed-Anxious

- Experiences depressed and anxious feelings
- Risk of depression or anxiety disorders

continued

Scales (cont'd)....

■ Somatic Complaints

- Experiences bodily aches/pains associated with stress
- Risk of psychological distress not otherwise evident

■ Suicide Ideation

- Thoughts and intentions to harm oneself
- Risk of suicide gestures or attempts

■ Thought Disturbance

- Unusual beliefs and perceptions
- Risk of thought disorder

■ Traumatic Experiences

- Lifetime exposure to traumatic events
- Not intended to measure a symptom—merely experiences that may increase risk of psychological stress

Cut-Off Scores

- Each of the six clinical scales has two levels of cut-off scores

Caution (clinically significant)

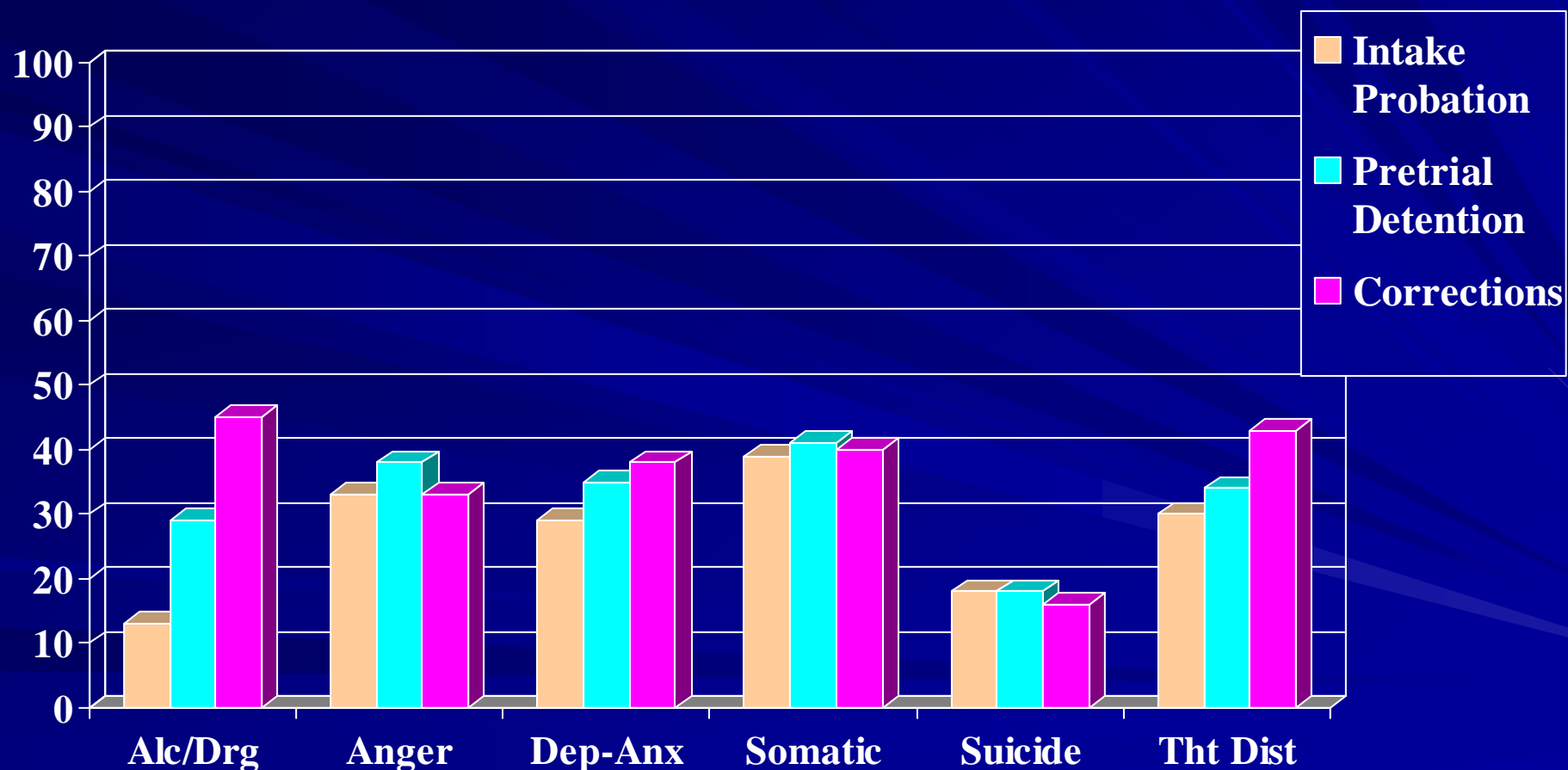
Warning (top 10%)

- How cut-off scores were developed
 - Used Massachusetts and California samples (over 4000 youths in all)
 - Caution equals clinically significant range based on more comprehensive measures
 - Warning identified as top U.S. 10% in JJ programs

MAYSI-2 Norms

Three Points of MAYSI-2 Administration

Percent above "Caution" cut-off



Combining services and research

■ Our strategy

- Implement MAYSI-2 screening nationwide
- Use implementation to do research to address questions about mental health and services in juvenile justice

■ What factors influenced the rapid adoption of the MAYSI-2 and how is it actually being used in juvenile settings? What are detention staff's perceptions regarding the impact of MAYSI-2 screening? (Valerie Williams)

■ What can be learned about mental health symptoms of youth involved in the juvenile justice system from mental health screening? (Gina Vincent)