Impact of MAYSI-2 Mental Health Screening in Juvenile Detention
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ABSTRACT
The National Youth Screening Instrument—version 2 (MAYSI-2) and the perceived consequences of mental health disorders among youths in the juvenile justice system is two to three times higher than youths in the general population. 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 into place and how they actually function within juvenile-justice facilities.

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

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

Data were collected using semi-structured interviews, focus groups, and on-site observation. Participants 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 Southwest (n=19). Data analysis revealed a series of emergent 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 research questions were cross-tabulated with information gained from on-site observations of the range of positive and negative uses of the MAYSI-2 in juvenile detention facilities.

RESULTS
A few key themes emerged from the research. These quotes are provided below to represent the nature of responses that characterize each theme.

**ADDITION AND IMPLEMENTATION**
"We wanted to catch kids who might otherwise slip through the cracks."
"To help staff be better at what they do.
"We knew the kids had mental health needs and...needed services."
"We were hoping that it would validate what staff were doing, in a sense, to detect depression...and it does."
"We needed to have the continuance that the MAYSI-2 would bring. Our mental health service provider is under contract."
"We had a tough time in the beginning convincing staff that it would be useful and just convincing them to do it."
"It's important to keep tweaking it. Given how important the MAYSI process is, it's not a hassle. It's a win-win.
"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.
"A center needs to have enough staff so that things can get done right even when a lot of kids come in at once."
"Dietitian staff and the management team need to make sure their roles and responsibilities are clearly defined.
"They need to think about how and when [screening] is going to take place and what happens with the MAYSI-2 [report].

**PERCEIVED CONSEQUENCES**
"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..."
"Implementation was facilitated by features of the MAYSI-2 that "made things easier"—e.g., short administration time and computer administration.
"We needed to..."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: 1. Policy must come before implementation: 2. Limited staff: 3. Negative individual staff attitudes and perceptions: 4. Validating other sources of information: 5. What factors influenced the rapid adoption of the MAYSI-2?

**CONCLUSIONS AND RECOMMENDATIONS**
Findings regarding the first three research questions suggest the following recommendations:
1. Develop a policy that advises routine administration of the MAYSI-2.
2. Use a standard set of instructions for completing the MAYSI-2 when introducing youths to the instrument.
3. Use a standard set of instructions when introducing youths to the MAYSI-2 or any other screening instrument.
4. Develop policy and practice to ensure legality and a clinically appropriate uses of mental health screening data.

REFERENCES